


Reflections on medicalization in education: Perspectives of school psychology and human rights

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ABSTRACT

The phenomenon of medicalization in education has been a growing concern due to the increase in diagnoses and the use of medications among school-age children. The medicalization of school life often results in a reductionist approach, ignoring the social, political, and cultural factors that influence student learning and behavior. In addition, medicalization can lead to exclusion, labeling and treating students differently, reinforcing stigmas and isolating them from their peers.

The formulation of generalized diagnoses, based on standardized and widely disseminated symptoms, can disregard the individual particularities of children, their environment and the issues that involve them during the process of development in childhood. School medicalization, which connects neurological problems to school failure or inappropriate behavior, has become common in schools and health services.

To address this issue in a more conscious and equitable way, it is essential to adopt a broader and more contextualized perspective, considering the social, political, and cultural aspects that influence the teaching-learning process. Promoting inclusive education, which respects diversity and human rights, is essential to ensure a healthy and welcoming school environment for all students. Critical reflection on medicalization in education is an important step towards more conscious and equitable pedagogical practices.

According to this, this work proposes an in-depth investigation on medicalization in education, in order to provide a critical analysis to deal with the challenges arising from this phenomenon. By adopting a critical and interdisciplinary approach, it seeks not only to understand the causes and consequences of medicalization, but also to promote a more inclusive and rights-based education, which meets the needs of students in a more comprehensive and contextualized way.

Keywords: Medicalization, Education, School Psychology, Human Rights.

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INTRODUCTION

The growing trend of medicalization in education has raised concerns about its impact on students and the school environment. The widespread medicalization of issues in the educational environment has led to an increase in diagnoses and medication use among school-age children. This phenomenon not only influences individual students but also has broad social, political, and educational implications. Understanding the latent factors that drive medicalization in schools can contribute to the development of strategies that promote the well-being of students and, in this way, obtain positive learning results.

The main objective of this study was to analyze the impact of medicalization on the educational scenario, with a specific focus on the role of school psychology and human rights. By examining the complex interplay between medicalization, education, and human rights, we seek to contribute to an understanding of the challenges associated with this phenomenon. And in this sense, this research aims to advocate for a more inclusive and rights-based approach to meeting the needs of students in educational settings.

Historical-Cultural Psychology addresses the issue of the medicalization of childhood and its impact on child development, overcoming reductionist views that explain the phenomenon in an individualistic and biologizing way. Using fundamental concepts of this approach, which understand the structuring of the psyche as a biological-social unit, we sought to problematize the biological reductionism of the conceptions that sustain the growing medicalization.

The problem of the medicalization of childhood has been the subject of national and international debate, especially due to the growing use of controlled medication in increasingly younger children. This question raises questions about the broadening of the spectrum of psychiatric disorders and pathologies, which have been addressed both in the scientific field and in mass communication vehicles.

METHODOLOGY

In order to achieve the proposed objectives, this research adopted the qualitative research method. Searches were carried out in academic databases, such as SCIELO and REDALYC, using the keywords: medicalization, school psychology, education and human rights. The selection of materials was guided by relevance to the proposed discussion, with emphasis on studies that addressed medicalization in education from a critical perspective.

The research methodology proposes a qualitative analysis, where the researcher aims to analyze, interpret and identify the hidden and/or distorted meanings present in his research object. According to Chizzotti (2003, p. 221), "[...] the term qualitative implies a dense sharing with people,



facts and places that constitute objects of research, to extract from this interaction the visible and latent meanings that are only perceptible to sensitive attention [...]"

It aims, according to Lüdke and André (1986), to discover and interpret the phenomena, to clarify a situation based on the awareness of the problems and the conditions that produced them, to study the meaning and intentions of human actions with the objective of elaborating means and strategies in order to propose interference when it is not satisfactory or even to change conditions perceived as transformable.

The analysis of the data collected in the chosen texts aimed to identify patterns, trends and emerging challenges related to medicalization in education. In this way, we sought to obtain a broad and contextualized understanding of the phenomenon of medicalization in the educational environment. This interpretative approach allowed the extraction of visible and latent meanings, contributing to the elaboration of strategies and interventions that can promote positive changes in the conditions perceived as transformable in the context of medicalization in education.

THEORETICAL FRAMEWORK

THE CONCEPT OF MEDICALIZATION

According to Moysés (2001), medicalization is the process through which problems that are part of the daily life of the subjects are transferred to the medical field, that is, phenomena that can be understood from a social and political genesis, come to be seen only from a biological origin, and that are specific to each individual.

When we understand children's psychic development as natural, eminently biological, that is, when we do not understand the child as a "social being" from birth, there is room for pathologization and consequent medicalization of any alteration that presents itself in its development, taking it as of an individual/biological order. (Franco; Mendonça and Tuleski, 2020)

In this way, children and adolescents start to receive diagnoses more frequently and the treatment is mostly medication. We cannot fail to observe that such a situation is highly advantageous for the pharmaceutical industry, which is constantly growing worldwide, and corresponds to the ideals of productivity of contemporary society, as it offers the illusion that a good part of the complex human problems can be solved by ingesting a few pills. (Decotelli; Bohrer, and Bicalho, 2013).

But it is not, of course, a question of criticizing medication for diseases, nor of denying the biological basis of human behavior. What is defended is a firm opposition to attempts to transform existential problems into pathological symptoms or to explain human subjectivity exclusively through organic aspects. (Meira, 2012)



HISTORICAL-CULTURAL PSYCHOLOGY

This perspective defends the importance of theoretically grounded teaching, which promotes human development, highlighting social relations and the appropriation of culture as fundamental aspects for the constitution and development of children. Therefore, Historical-Cultural Psychology emphasizes the importance of considering the social, cultural, and historical context in which children are inserted when analyzing issues related to the medicalization of childhood and its impacts on child development. (Franco; Mendonça and Tuleski, 2020)

According to the approach, the cultural development of the child is influenced by two lines, the biological and the cultural, which are intertwined during the process of child development. Vygotsky highlights the importance of interactions and intercorrelations between these two levels of development, forming a complex system in a dialectical way. In addition, the Law of General Genetics of development, according to Vygotsky, highlights the importance of higher psychic functions, such as voluntary attention and logical reasoning, which have a social origin and are internalized throughout the child's life, structuring his personality. (Franco; Mendonça and Tuleski, 2020)

RESULTS AND DISCUSSION

STUDIES IN THE AREA

There are no studies in Brazil that map the number of children diagnosed and medicalized. On the other hand, in an unsystematic way, we have observed in the last three decades an increase in the number of children referred by schools, from an early age, for various types of specialized care, such as psychotherapy, speech therapy, neurology, psychiatry and psychopedagogy, due to learning disorders. Many of these children receive diagnoses and have the use of controlled medication as a therapeutic indication. (Franco; Mendonça and Tuleski, 2020)

Moysés (2001) has highlighted in his studies several manifestations of this process of biologization. Research carried out by the author shows that both health and education professionals unanimously attribute learning problems at school to biological causes. According to the author, these "explanations", repeated incessantly and frequently evoked as consecrated scientific truths, focus predominantly in reality on two major themes: malnutrition and neurological dysfunctions.

According to **Meira (2012)** this 'epidemic' of diagnoses results in a corresponding 'epidemic' of treatments, many of which are highly harmful to health, especially when they are not really necessary.

This can be verified from the results of the multicenter research carried out by Franco; Tabuti and Tuleski, published in 2021, which sought, through its studies, to provide situations for the implementation of actions aimed at equipping professionals from different areas who work with



children diagnosed with learning disorders from 36 regional education centers in the state of Paraná. A total of 893 children participated in the study. And of this total, the results indicate that 812 children consume controlled drugs and 87 children (10.7%) use two or more controlled drugs in combination.

The research data showed that in the first cycle of Elementary School, of the 87 children who use drug associations, 4 of them are at serious risk of suffering the effects of drug interactions caused by drug associations, not to mention the side and unwanted effects, of which one can even highlight chemical dependence, physical and psychic substances. Thus, the fact that having medication as the only treatment resource does not promote psychic development and much less learning is highlighted. (Franco; Tabuti and Tuleski, 2021)

According to the authors, the possible consequences identified in the study in relation to the use of multiple controlled drugs in children include the risk of drug interactions that can create deep marks throughout the adult life of these individuals. In this sense, the authors warn of the danger of these interactions and highlight the importance of considering the long-term impacts of the use of drug combinations in children at such a young age.

The drugs most commonly used in combination by the children in Franco's study; Tabuti and Tuleski were: association of a stimulant (methylphenidate) with an antipsychotic (risperidone), being used by 38 children; association of a stimulant (methylphenidate), an antipsychotic (risperidone or chlorpromazine) and an antidepressant, used by 5 children; The association of antipsychotic (duplicate), anticonvulsant and anxiolytic, being used by two children, with the fifth substance being a stimulant for one child and another anticonvulsant for the other.

The main diagnoses made in the first grades of Elementary School, according to the document, are related to Attention Deficit Hyperactivity Disorder (ADHD). This diagnosis is commonly repeated in the findings of Early Childhood Education, indicating a continuity in the identification of this disorder throughout the first stages of formal education. It is important to note that ADHD is one of the most commonly diagnosed disorders in children and can lead to prescriptions for psychotropic medications. (Franco; Mendonça and Tuleski, 2021)

The authors explain that the increase in the diagnosis of children with ADHD in the early grades of elementary school is related to the complexity of the cultural skills that children need to acquire at this stage, such as writing and arithmetic. These skills require a reorganization of children's behavior and psychic functions at a more advanced level, which can lead to difficulties in the learning process. In addition, it is highlighted that the education of conduct through school content is being replaced by a pharmacological approach, evidencing a trend of medicalization in the school environment. This is corroborated by the data presented on the most frequent diagnoses and



the most prescribed medications in the initial grades of Elementary School, where ADHD and Ritalin are predominant.

SCHOOL MEDICALIZATION AND THE VIOLATION OF RIGHTS

The discourse that connects neurological problems to school failure or inappropriate behavior, according to school standards, has become increasingly frequent in the daily life of schools and in public and private health services, which receive large contingents of students with school complaints.

From this perspective, it is considered that children have school difficulties due to neurological dysfunctions or disorders (congenital or caused by injuries or chemical agents), which interfere in areas considered prerequisites for learning, such as: perception and processing of information, use of cognitive strategies, motor skills, attention, language, mathematical reasoning, social skills, among others. (Meira, 2012)

The medicalization of school life has been common among children who exhibit behaviors that diverge from those expected by the school, resulting in an epidemic of diagnoses and a significant increase in the use of medications by school-age children and adolescents. The phenomenon of medicalization goes beyond the simple prescription of drugs, also involving social, political, and educational issues. (Meira, 2012)

We can identify the main problem in the way the diagnosis is formulated. By generalizing symptoms through their systematization and wide dissemination, one loses concern with what is really happening to the child, their environment and the issues that involve them during the long process of development in childhood. The list of symptoms – which is external and disregards the particularities of the individuals involved – facilitates the diagnosis, which can even be suggested by parents and teachers, for example. Diagnosing is no longer a clinical problem and becomes the definitive solution: parents believe they know what the child has, the school has a label for the problem-situation he/she faces (different from the standard student) and the psychiatrist or neurologist (often confused nowadays) can opt for drug treatment, easily supported by the pharmaceutical industry. which expands the supply of medications indicated for the most common symptoms. (Bernardino, 2010)

Medicalization and school exclusion are two critical phenomena that intersect, influencing the educational and social trajectory of many students, particularly those from vulnerable groups. When the challenges faced by students are interpreted predominantly as medical problems, it can lead to a reductionist approach that ignores the broader context of their lives. This medical perspective often fails to recognize how external factors—such as poverty, racism, and unequal access to resources—impact student learning and behavior. Additionally, medicalization can lead to a form of exclusion,



where students are labeled and treated differently, reinforcing stigmas and isolating them from their peers.

Although many children are able to attend school, this does not mean that they are having full access to their rights as students. Impeding attitudes such as discrimination, social distancing, disrespectful relationships, unequal distribution of affection, aggression, Eurocentrism in academic content, vexatious police approaches, and threats represent violations of the basic rights provided for by the ECA. It is exactly this type of violation of rights to which we refer, and which also influences the formation of subjectivities in these spaces. (Moukachar and Paula, 2021)

Exclusion represents a form of violation of several rights established by Brazilian law and results in the creation of individuals subject to oppression, alienation and exclusion. On the other hand, inclusion is the fulfillment of these rights and results in the formation of citizens with rights and responsibilities, integrated into the society to which they belong.

FINAL CONSIDERATIONS

Through this study, we can infer a criticism of medicalization, for reducing broad issues to explanations circumscribed to the domain of medicine, ignoring social, cultural and educational aspects involved in child development.

To face this problem, it is essential to promote the training of education and health professionals to identify and deal with learning difficulties in a more comprehensive way, considering social, emotional and cognitive aspects. In addition, it is essential to encourage the creation of spaces for discussion between different sectors, aiming at prevention and adequate monitoring of children without resorting to medication indiscriminately.

Investing in educational practices that value children's development, considering the social and cultural context, can contribute to more integrated school environments, and consequently a decrease in drug solutions, non-drug alternatives, such as educational and psychosocial interventions, should be prioritized to meet children's learning needs, avoiding excessive medicalization and its possible long-term impacts.

The critical analysis of medicalization in education evidenced the need to rethink school practices and discourses that tend to pathologize behavioral and learning issues. Medicalization, by shifting complex problems of daily school life to the medical field, can negatively impact the development of students and reinforce educational inequalities.

In this sense, it is essential to adopt a broader and contextualized approach, considering the social, political, and cultural aspects that influence the teaching-learning process. Promoting a more inclusive education, which respects diversity and human rights, is essential to ensure a healthy and



welcoming school environment for all students. Critical reflection on medicalization in education is an important step towards more conscious and equitable pedagogical practices.



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