

Medicalization of education: conceptions and explanations in scientific production¹

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ABSTRACT

This article presents the results of an Integrative Literature Review that aimed to identify and discuss the conceptions and explanations about the medicalization of education present in scientific production. The research was conducted in the Scientific Electronic Library Online (SciELO), *Biblioteca Virtual em Saúde*, BVS, and Latin American and Caribbean Literature in Health Sciences (LILACS) databases, encompassing publications between 2017 and 2024. Seventy-nine articles were selected, constituting the final corpus of analysis. The results indicated a predominance of conceptions and explanations based on the biologization, pathologization, and individualization of school complaints, as well as the valorization of diagnostic reports and medicalization as strategies for addressing educational contradictions. Although present, conceptions aligned with the demedicalization of education appeared significantly less frequently. It is concluded that the medicalizing logic remains hegemonic, reinforcing the need for analyses that consider the historical and social determinants involved in the schooling processes.

KEYWORDS: Medicalization. Scientific production. Psychology. Education.

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Medicalização da educação: concepções e explicações na produção científica

RESUMO

Esse artigo apresenta os resultados de uma Revisão Integrativa da Literatura que objetivou discutir as concepções e explicações construídas em torno da medicalização da educação, identificando se elas se alinham a perspectivas críticas ou acríticas de Psicologia e Educação. A pesquisa foi realizada nas bases *Scientific Electronic Library Online* (SciELO), *Biblioteca Virtual em Saúde* (BVS) e *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), contemplando produções publicadas entre 2017 e 2024. Foram selecionados 79 artigos, que constituíram o corpus final de análise. Evidenciou-se a predominância de concepções pautadas na biologização, patologização e individualização das queixas escolares, bem como na valorização dos laudos diagnósticos e da medicalização como solução para as contradições educacionais. Em menor número, identificaram-se perspectivas críticas voltadas à desmedicalização da educação. A lógica medicalizante permanece hegemônica, reforçando a necessidade da construção de análises que considerem as determinações históricas e sociais envolvidas nos processos de escolarização.

PALAVRAS-CHAVE: Medicalização. Produção científica. Psicologia; Educação.

Medicalización de la educación: concepciones y explicaciones en la producción científica

RESUMEN

Este artículo presenta los resultados de una Revisión Integrativa de la Literatura cuyo objetivo fue identificar y analizar las concepciones y las explicaciones sobre la medicalización de la educación presentes en la producción científica. Se consultaron las bases *Scientific Electronic Library Online* (SciELO), *Biblioteca Virtual em Saúde* (BVS) y *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), buscando producciones realizadas entre 2017 y 2024. Se seleccionaron 79 artículos, que constituyeron el corpus final de análisis. Los resultados pusieron de manifiesto el predominio de concepciones y

explicaciones basadas en la biologización, patologización y individualización de las quejas escolares, así como en la valorización de los laudos diagnósticos y la medicalización como estrategias para hacer frente a las contradicciones educativas. Aunque estaban presentes, las ideas relacionadas con la desmedicalización de la educación aparecieron con una frecuencia significativamente menor. Se concluye que la lógica medicalizadora sigue siendo hegemónica, lo que refuerza la necesidad de realizar análisis que tengan en cuenta las determinaciones históricas y sociales implicadas en los procesos de escolarización.

PALABRAS CLAVE: Medicalización. Producción científica. Psicología. Educación.

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Introduction

According to Patto (1996), the “problems” associated with schooling have been a constant feature of the school system in Brazil, particularly within public education. Children who fail to learn, who are labeled as “incapable,” or who remain on the margins of the educational process have always been part of the school reality, revealing a pattern of exclusion that spans generations.

In this context, explanations for school failure have historically centered on the individual characteristics of students (Patto, 1996). Responsibility for this “failure to learn” is frequently attributed to the students' alleged cognitive or behavioral difficulties or deficits, while social, economic, and institutional factors permeating the educational process are disregarded.

This individualizing perspective ultimately absolves the school, the educational system, and society from critically analyzing the concrete conditions that produce and perpetuate school failure. Consequently, interventions proposed to address this scenario often focus on strategies aimed at adjusting students to school norms and expectations, ignoring their unique characteristics and the broader social contexts in which they are situated.

In this regard, students' difficulties during the schooling process are frequently referred, as noted by Rossato (2010, p. 86) to “pedagogical, psychological, medical, and other services that might resolve such issues and/or intervene in the diagnosis or prognosis of school failure.” Thus, we concur with Garrido and Moysés (2010) in their assertion that there is growing acceptance in Brazil of

[...] the idea that a child's school difficulties are caused by medical problems. This certainty paves the way for health professionals, medical tests, labels, diagnoses, and medications—all aimed at legitimizing it and transforming children into "problem children" or "abnormal" individuals (p. 150).

This not only reveals the fragility of the analyses conducted but also demonstrates a limited stance that is detached from concrete reality. Such superficiality—still prevalent among education and health professionals—demonstrates, as Boarini (2013) points out, the difficulty in perceiving the concrete relations established both within school institutions and in society at large.

In this context, Collares and Moysés (2010) draw attention to the risk of biologizing aspects that are social in nature, shifting the focus of a debate that ought to involve political and pedagogical issues toward the medical field—thereby removing the discussion from the educational realm. The authors view this shift as a process of medicalizing teaching and learning.

From this perspective, Lopes and Carneiro (2020, p. 354) note that, given the growing presence of diagnoses, clinical reports, labeling, and medicalization in daily school life, there is a veritable "spillover of mental health diagnoses into the school's day-to-day operations." Consequently, according to the authors, the underlying assumption is that the challenges faced in the school environment stem primarily from individual

dysfunctions, diverting attention from a broader analysis of the pedagogical, social, and institutional conditions involved. Thus,

The "quick and practical" approach to diagnosis, based on identifying symptoms goes hand in hand with the medicalization of life and education. Children and adolescents often attribute their lack of academic success to a diagnosis (or pseudo-diagnosis) received from a specialist or educator, or even to a self-diagnosis fueled by internet searches, a phenomenon particularly common among adolescents. In these cases, the diagnosis is used by the subjects themselves as an anchor for their identity (Lopes; Carneiro, 2020, p. 354).

This scenario reveals a recurring practice in the daily life of public and private schools: the pathologization of academic difficulties, which are simplified and reduced to clinical reports and diagnoses. In doing so, the school not only reinforces the logic of medicalization but also undermines the understanding of the true causes of academic failure and the tensions present in the school environment.

In light of these debates, this article seeks to discuss the conceptions and explanations constructed around this phenomenon—medicalization—identifying whether they align with a critical or uncritical perspective on Psychology and Education. Furthermore, it represents a segment of a broader study titled “Medicalization of school-related complaints in scientific journals: a study based on Historical-Cultural Psychology,” which aimed to analyze scientific papers published in journals between 2017 and 2024 addressing the medicalization of school-related complaints. Given the foregoing, the aim is to contribute to the debate surrounding the medicalization of school-related complaints by offering insights for addressing the issue and, above all, for discussing effective possibilities for overcoming it.

Methodology

The research presented here falls within the realm of bibliographic studies and specifically adopts the integrative literature review format. This methodological strategy aims to systematize and articulate existing knowledge regarding a specific research subject.

According to Souza, Silva, and Carvalho (2010), an integrative review proceeds through interdependent stages: defining the research problem; surveying and selecting relevant scientific literature; organizing and rigorously analyzing the material; interpreting results in light of theoretical frameworks; and, finally, presenting the findings in an organized manner.

It should be noted that the analyses presented here derive from a subset of a broader study titled "Medicalization of school-related complaints in scientific journals: a study based on Historical-Cultural Psychology." That study aimed to map and analyze scientific literature addressing medicalization within the educational process. To this end, a survey was conducted of Brazilian publications appearing in various scientific journals, covering different types of texts such as theoretical articles, literature reviews, and research reports.

The analysis covered the period from 2017 to 2024, with search strategies implemented across the following databases: Scientific Electronic Library Online (SciELO), the Virtual Health Library (BVS), and Latin American and Caribbean Health Sciences Literature (LILACS).

In order to identify the relevant literature, a combination of descriptors linked to the phenomenon of medicalization and the educational field was used, namely: medicalization and school complaint; medicalization and school; medicalization and education; medicalization and teacher/educator; medicalization and elementary education; medicalization and early childhood education; medicalization and high school; medicalization and technical education; medicalization and college/university; medicalization and higher education; medicalization and

psychology; medicalization and health; medicalization and suffering; medicalization and medicine; medicalization and the process of becoming ill; medicalization and psychiatry; and medicalization and diagnosis.

Concurrently, the following inclusion and exclusion criteria were applied. Articles were considered eligible if they originated from studies conducted in the Brazilian context and addressed medicalization in relation to the educational process. Exclusion criteria included publications not available in full text and articles written in English.

Applying these criteria initially led to the identification of 95 articles. In the subsequent stage, titles and abstracts were reviewed, resulting in the selection of 83 studies aligned with the research topic. A full-text reading of the manuscripts followed, leading to the exclusion of four articles that did not directly address the theme of medicalization; this resulted in a final corpus of 79 studies included in this integrative literature review.

Accordingly, the selected articles were examined in light of the research objectives, one of which was to explore conceptions and explanations regarding the medicalization of education. Based on the reading of the 79 articles, four thematic axes were organized to represent these conceptions: 1) The logic of medicalization in education: biologization, pathologization, and individualization of school-related complaints; 2) Naturalization of discourse, medical knowledge, and reliance on clinical reports/diagnoses in daily school life; 3) Medicalization and the belief in a magical, quick-fix solution; 4) Moving beyond biologicistic and pathologizing views: pathways to demedicalization.

These categories reveal insights into the phenomenon of medicalization, its manifestations in daily school life, and the effects and implications of this logic for the individuals involved in educational processes. It should be noted that such conceptions do not necessarily correspond to the authors' own positions, but rather to discussions and/or conclusions highlighted by them. Indeed, in almost all the texts, the authors expressed disagreement with their own research findings.

The logic of medicalization in education: biologization, pathologization, and individualization of school-related complaints

An initial analysis of the articles revealed a significant number of publications highlighting the hegemony of the logic of medicalizing school-related complaints. Of the 79 texts analyzed, 69 (87.3%) indicate in their results and/or conclusions, predominantly pathologizing and biologizing conceptions, as well as the adoption of practices and interventions that disregard the fact that individuals become human through the concrete relationships they establish with reality.

In this context, it is worth recalling that, according to Leontiev (2004), the process of humanization occurs through the appropriation of the world and of historically created objects. It is this contact with culture and history that enables access to what truly makes us human. Such appropriation takes place through the development of communication between individuals and between the human being and the world. It is through these relations which “[...]they are determined by the concrete historical and social conditions in which one lives, and by the way one's life takes shape under these conditions” (Leontiev, 2004, p. 275), that the human being becomes human.

Thus, in light of this perspective, the medicalization of education, still strongly present and deeply rooted in the Brazilian educational system, especially in public school, is understood as a way of reducing the subject to biological and individual aspects, disregarding their historical-social constitution. Schooling problems continue to be attributed to each individual involved in the educational process, viewed in the abstract and detached from their school, social, and family trajectories, as well as from the dialectical relationships that constitute the act of teaching and learning.

It is also worth noting that this trend is observed across all levels of education, from basic education to higher education. Trindade (2021),

for instance, identified that the academic difficulties experienced by university students are predominantly framed in terms of the individuals' own characteristics, thereby reinforcing the logic of individualizing educational problems.

Among other aspects, this dynamic overlooks the socio-historical constitution of individuals, understood as beings in a constant process of transformation who become humanized through the appropriation of objectifications historically produced by culture, provided that the concrete conditions for doing so they are guaranteed.

A concrete example of this reality is the study conducted by Isfran, Ladeira, and Faria (2020), which investigated the perceptions held by public school students and pre-service teachers (at the higher education level) regarding school failure and schooling issues. Their findings revealed that the prevailing conception among both students and teachers is biologizing, pathologizing, and medicalizing, that is, centered on the individual. The authors criticize this perspective, attributing it to an uncritical form of training that aligns with the interests of capital and is disconnected from a socio-historical understanding of schooling.

Along similar lines, research by Resende and Lima (2022) sought to identify teachers' social representations regarding medicalization in daily school life and its repercussions on educational policies. The results indicated that school environments remain heavily influenced by hegemonic discourses that promote behavioral standardization and, above all, seek quick-fix solutions aimed at ensuring greater efficiency in the educational process.

In order to illustrate the phenomenon of medicalization and its strategies within schools more vividly, one can cite the results presented in the study by Santos and Cervo (2021). Through the accounts of students, parents, and professionals, this study aimed to understand the experience of medication use among students of basic education. The authors precisely point out that "medication is conceived as the only alternative for learning problems, given that the problem is viewed as organic" (Santos & Cervo, 2021, p. 174).

The study conducted by Gomes and Castro (2017) also highlighted the prevalence of medicalizing perspectives. The authors analyzed scientific publications from 2010 to 2012, aiming to identify critical and non-critical stances regarding the medicalization of education. It is worth noting that, for their analysis, they classified as "critical" those works that do not reduce human complexity to exclusively individual or biological aspects, but rather align with a historical and social understanding of the subject. Thus, the results showed that the majority of articles remained focused on a biological perspective, distancing themselves from a truly historical-social interpretation of how subjects are constituted.

Meanwhile, Silva and Batista (2020), who also analyzed scientific publications in journals, identified two ways of conceptualizing school-related complaints: one biologically based and the other social in nature. However, the authors draw attention to the fact that, in the biological conception, explanations are centered on the individual and described as symptoms of Attention Deficit Hyperactivity Disorder (ADHD), that is, the issue is conceptualized as a disease. According to the authors, "It is a definition developed based on descriptions rather than explanations. Its diagnosis and treatment are determined by physicians, with the collaboration of other professionals" (Silva & Batista, 2020, pp. 23–24).

Given the significant number of articles reaffirming the medicalizing view of school-related complaints and analyzing them from a critical perspective that seeks to grasp reality in its totality, the elements were observed suggesting that school demands -especially those related to school complaints - are being interpreted and explained based on an immediate-focused logic. This logic aligns with the interests of those holding the power to define what constitutes a problem, treating that definition as the cause itself, even though, contradictorily, these are historically produced constructs.

Consequently, broader analyses that take into account the interplay of multiple factors in the formation of school-related issues are discarded, leaving the focus at the level of the phenomenon's appearance without

accessing its deeper, structural determinants. Thus, this perspective—detached from broader contexts and focused on the particular, even when applied to many individuals within the same group—has largely disregarded the social and economic conditions inherent to the capitalist social organization, which permeate and shape the various spheres of life, including the school environment.

In this regard, it is worth noting that teaching and learning processes, as well as the psychological development of individuals, can only be understood when linked to their historicity and the concrete conditions in which they occur. Thus, this critique aligns with the views of Martins (2013), for whom psychological development can only be understood through its concrete dynamics, characterized by movement, transformation, and historicity, that is, as a process constituting itself simultaneously as both revolution and evolution.

Consequently, given the significant prevalence of the logic of individualization evident in the results of the analyzed articles, it can be stated that we are witnessing a continued strengthening of the neoliberal ideals of the prevailing order, wherein individual accountability takes precedence over the analysis of structural factors.

Naturalization of discourse, medical knowledge, and reliance on clinical reports/diagnoses in daily school life

As previously mentioned, the majority of the analyzed texts reveal, through their findings (which do not necessarily reflect the authors' own stances), that a medicalizing perspective is present in daily school life, gaining increasing ground and momentum. This perspective is anchored in the power and authority historically accorded to medicine in society, thereby contributing to the legitimization of practices that pathologize academic difficulties.

In this context, as noted by Leonardo, Silva, and Leal (2020), even student behaviors that might otherwise be viewed as mere "play" or signs of a lack of boundaries are being interpreted as illnesses or disorders; it then falls to the physician—drawing upon their knowledge and authority—to diagnose and, in most cases, medicalize them.

In this regard, the article by Franco, Tabuti, and Tuleski (2021), which sought to quantify the number of children in the first cycle of elementary education using two or more controlled medications, identify the therapeutic classes to which they belong, and analyze their potential impact on the development of the child's psyche, exemplifies how challenges in the schooling process have been attributed to the power and authority of health professionals, particularly physicians.

Furthermore, according to the authors' findings, the therapeutic classes of the prescribed medications include anticonvulsants, antipsychotics, stimulants, anxiolytics, and antidepressants. Among these, amphetamines stand out as substances that act on the Central Nervous System (CNS); and "methylphenidate was the most prescribed medication due to its action in enhancing wakefulness and alertness for a prolonged period" (Franco; Tabuti; Tuleski, 2021, p. 5).

Grounded in Historical-Cultural Psychology, Franco, Tabuti, and Tuleski (2021) offer a sharp critique of the early medicalization of childhood, warning that "the use of drug combinations by such young children carries the risk of drug interactions that could leave deep marks throughout these individuals' adult lives" (p. 7).

In this regard, Martins (2013) emphasizes that, even if an individual possesses the necessary morphophysiological conditions for development, they will only advance in their process of humanization if situated within appropriate social conditions regarding life and education. As the author states, "this occurs because such morphophysiological characteristics, in and of themselves, do not equip the individual for life in society" (Martins, 2013, p. 41). This

understanding makes it evident, as Franco, Tabuti, and Tuleski (2021) also warn, that no medication alone is capable of fostering psychological development, particularly concerning higher psychological functions.

In order to highlight—based on the analyzed articles—the weight of medical authority and the reliance on clinical reports in daily school life (striking manifestations of the medicalization of education), the results and conclusions of the study by Pereira and Nascimento (2023) are also noteworthy; this study discusses the phenomenon in light of the significant rise in Attention Deficit Hyperactivity Disorder (ADHD) diagnoses today.

The authors concluded that both schools and families frequently request diagnostic reports. According to them, this practice ultimately provides a sense of relief to families, as a physician's diagnosis of a supposed disorder, amenable to pharmacological treatment, offers a sense of hope and a solution to the difficulties being faced. The same applies to schools, which frequently refer students to health services for evaluations and care.

From this, it is evident that both families and teachers have predominantly turned to the medical field in an attempt to find solutions for school-related difficulties, placing emphasis on clinical reports, diagnoses, and the use of medication. This process shifts problems that do not fall within its purview onto the medical field, transforming collective, social, political, and pedagogical issues into individual ones, often explained through a biological logic.

Reinforcing this trend of medicalization in the school environment, the article by Bassani and Veigas (2020) presents the results of a study aimed at investigating the reasons behind the referral of 1,628 students, enrolled in 45 public elementary schools, for medical diagnosis. The authors identified eight categories of analysis arising from these referrals; two stand out due to their significant prevalence: learning difficulties, accounting for 67% of cases, and behavioral problems, at 54.8%.

Further illustrating the medicalizing conceptions that manifest through the influence of medical knowledge in the school context, as well as the growing reliance on clinical reports and diagnoses, are the findings from the article by Silva, Rodrigues, and Melo (2018). They analyzed the prevalence of diagnoses and the indiscriminate use of psychotropic drugs in children due to behavioral complaints. The authors reveal a concerning reliance by schools on medical diagnoses, which come to be viewed as a prerequisite for addressing challenges within the schooling process. They observe that once a diagnosis is established in referral records, "there is no longer as much detail regarding the school-based complaint; a shift occurs wherein the diagnosis seems to become the complaint itself" (Silva; Rodrigues; Melo, 2018, p. 743).

Thus, in addition to the aforementioned articles, studies such as those by Pereira and Nascimento (2023), Possamai, Pinto, and Fuck (2024), and Neves and Souza (2022), among others, also highlight the strength of medicalizing conceptions in legitimizing medical discourses, as well as the dependence of both schools and, in many cases, families on clinical reports and diagnoses. The prestige accorded to health professionals—especially physicians, within the school environment is therefore notable, particularly regarding the classification and labeling of children associated with so-called "school complaints."

Medicalization and the belief in a magical, immediate solution

Another recurring theme in various articles is the logic that views medicalization as an immediate and effective solution for addressing academic difficulties. The impression conveyed is that taking medication would resolve everything in the blink of an eye. From this perspective, it becomes evident that these "school complaints"—namely, difficulties in the schooling process, behaviors deemed inappropriate, and poor academic performance—are understood through an individualistic and biologizing

lens; consequently, they are almost immediately transformed into diseases and neurological disorders and, as a result, become subject to medicalization. What emerges, then, is the reinforcement of an immediate, technical rationality that disregards the historical context of the individuals involved and naturalizes exclusion under the guise of care.

In this regard, Vechiatto, Leonardo, Leite, and Eidt (2021) warn that the process of pathologizing students, whether due to academic performance falling short of school expectations or the manifestation of behaviors deemed inappropriate, has resulted in these students being referred to clinics and health centers for diagnosis and medicalization. According to the authors, this practice “causes learning and behavioral difficulties to be included in the list of diseases and labeled as ‘disorders,’ supposedly biological or organic in origin” (Vechiatto, Leonardo, Leite, & Eidt, 2021, p. 140). These are difficulties supposedly resolved by the “magic pill”—that is, medicalization.

The article by Santos and Cervo (2021), which aimed to understand the experience of medication use among children in the basic education system of a city in the interior of Paraná, powerfully illustrates the belief in the immediate, effective solution offered by medicalizing practices. The authors highlight that many education professionals view medicalization as the most efficient and rapid intervention for addressing school-related complaints, particularly regarding issues of “child restlessness” (Santos & Cervo, 2021, p. 172). This highlights the difficulty of understanding the child in all their complexity—beyond merely biological aspects centered on the individual's body.

Sharing this same perspective is the article by Silva and Mendes (2019), which aimed to understand the meanings attributed to the medicalization of mental health care for children, from the viewpoint of health professionals (psychologists, physicians, and nurses) who treat children and adolescents within health services. The authors found that the

interventions proposed to address the needs and care of these children and adolescents are strongly grounded in biomedical discourse, revealing a clear tendency toward medicalization.

Similarly, the article by Silva, Rodrigues, and Mello (2018) indicates that medication use is often viewed as the primary resource—almost an immediate or "miraculous" response—for dealing with school-related complaints. The results showed that a significant number of children were taking medication to address behaviors deemed to fall outside expected norms. These findings illustrate not only the normalization of medicalization within the educational context but also the inadequacy of the strategies schools employ to handle issues in the teaching-learning process from a pedagogical perspective—which is, in fact, their specific domain.

Another article that prompts reflection on the extent to which medicalization stands out as the most effective and powerful resource—the so-called "magic pill" capable of offering a quick fix—is that of Zangrande, Costa, and Aosani (2021). The results reveal that the meaning attributed to medication use is strongly linked to fostering the individual's well-being, highlighting the strength of the belief that medicalization represents the path to a "cure"—or at least a solution—for the difficulties children face during schooling, as well as for behaviors that deviate from social expectations.

This conception is not an isolated phenomenon; rather, it is embedded in the context of capitalist society, which establishes rigid goals and expectations regarding performance and conduct. When individuals—especially school-aged children—do not align with these standards, a search for explanations centered on the individual themselves is triggered. This process frequently leads to pathologization and, consequently, medicalization, given that only conditions previously defined as pathologies are subjected to medical treatment. As Meira (2011) points out, this logic relies on the biologization and pathologization of school-related difficulties, both of which are deeply ingrained in daily school life.

In this context, it becomes evident that illnesses are often manufactured and that medical solutions are presented as the answer, frequently serving economic interests—particularly those of the pharmaceutical industry, which positions itself as the holder of the "cure" for school-related problems. This aligns with Meira's (2011) view that the creation of diseases or disorders benefits capital: the more diseases that exist or are invented, the more medication is sold.

Along these same lines, Bonadio and Leite (2021)—in discussing the fetishization of medication to address issues related to learning and behaviors often viewed as organic in origin but which, according to the authors, are rooted in social factors—highlight that in a society marked by immediacy and the quest for quick fixes, medication holds a prominent place for families, children, and schools alike.

Consequently, reducing academic and behavioral difficulties to strictly individual problems—amenable to diagnosis and pharmacological treatment—ignores the fact that such issues emerge from broader historical, economic, and cultural relations. Therefore, they must be understood and analyzed from a social rather than a biological perspective.

In this context, Historical-Cultural Psychology views the development of the human psyche as essentially social—the result of social interactions between the individual and their environment, whether social or physical. This development unfolds as an active, dynamic process characterized by the constant tension between the organic and the social, the natural and the historical. Thus, it is crucial to consider the totality of conditions shaping human life and learning, rather than focusing solely on biological or individual aspects.

Moving beyond biologicistic and pathologizing views: paths toward de-medicalization

Perspectives that look beyond biological factors—breaking away from the logic that pathologizes and medicalizes academic difficulties—appeared in only a small number of articles; this highlights just how deeply entrenched this medicalizing mindset remains in daily school life. The majority of the studies analyzed show that both schools and society at large operate under this perspective, which stands as the dominant—and therefore hegemonic—understanding of academic difficulties. Given this, it is essential, as previously discussed, to seek interpretations that transcend the biologicistic view—a view that tends to cast the physician as a "savior."

Although the medicalizing perspective appears dominant among the analyzed articles, it is possible to identify—albeit as a minority view—an understanding that counters this perspective and proposes alternative ways of interpreting school-related complaints. For instance, the study by Nunes and Silva (2021)—which aimed to investigate the views of parents or guardians of children with school-related complaints regarding the medicalization of education—revealed that the majority of participants opposed medicalization. According to them, medication is ineffective in resolving day-to-day school issues. Furthermore, the participants did not link medication use to success in the teaching-learning process, indicating a refusal to individualize educational problems.

Also standing out among the articles with findings that run counter to the medicalization of school-related complaints is the study by Souza and Viégas (2024). The authors analyzed publications scientific studies pointing to a significant increase in publications on the subject over the decades, highlighting the predominance of a critical perspective in the mapped research; these studies denounce medicalization as a practice that violates rights, silences subjectivities, and denies social inequalities.

In turn, the article by Parra, Pavaneli, and Cruz (2017) indicated that the majority of early elementary school teachers participating in the study took a stance against the medicalization of education. Thus, although few articles reveal a conception aligned with the de-medicalization of education—even if only subtly—this movement is considered promising; it indicates the existence of initiatives and reflections pointing toward a broader, more critical understanding of school-related difficulties—that is, one that goes beyond the medical and pathologizing logic.

However, it is important to acknowledge the historical-social complexity of this issue. Contemporary society, grounded in the logic of capital—which values productivity, profit, and competitiveness—requires individuals who conform to labor market demands. This logic also operates within educational institutions, where medicalization becomes an instrument for the standardization and control of behavior, promoting an idea of success based on socially established "normal" standards. Consequently, values such as meritocracy take center stage, masking structural inequalities and placing the responsibility for failures on the individual—failures that are, in reality, expressions of an exclusionary and unequal system.

Thus, this challenges the—still hegemonic—medicalizing perspective that individualizes and pathologizes school-related difficulties. It advocates, therefore, for an understanding that transcends biological boundaries, recognizing that individual development is deeply intertwined with social relationships, language, and experiences shared within a cultural context.

Conclusion

This article aimed to discuss the scientific conceptions and explanations surrounding medicalization, identifying whether they align with a critical or an uncritical perspective regarding Psychology and Education. It is worth highlighting once again that these conceptions and

explanations do not necessarily reflect the authors' own positions, but rather the results of their investigations. Indeed, in almost all the texts, the authors expressed disagreement regarding the centrality of medicalization in conceptualizing and explaining educational contradictions.

Thus, the analysis of the selected articles—focusing on their results and conclusions—revealed that conceptions regarding the medicalization of school-related complaints are predominantly expressed through the biologization, pathologization, and individualization of problems within the schooling process; the naturalization of medical discourse and knowledge; a reliance on clinical reports and diagnoses in daily school life; and a belief in medication as an immediate, "magic" solution to learning challenges. These conceptions align with uncritical perspectives in education and psychology. Although few in number, some studies were identified that propose a break from this logic, pointing to possibilities for moving beyond biologicistic and pathologizing views toward a perspective of de-medicalization.

Consequently, it was found that the hegemonic view of school-related complaints—both in society at large and specifically within the school context—is strongly linked to the logic of medicalization. This perspective disregards the multiple factors involved in the process and, as asserted by Leonardo, Silva, and Leal (2020), seeks the causes and justifications for these difficulties within the individual—specifically within their body—based on the premise that medication can foster the development of higher mental functions and student learning.

In contrast to this understanding, the present study adopts a conception of the individual grounded in Historical-Cultural Psychology, viewing learning and human development as processes mediated by language, social relations, and interactions with the culture and historical context in which the subject is situated.

Thus, it can be stated that naturalizing human development—reducing it exclusively to biological factors while disregarding the complexity of the aspects that constitute becoming human—reveals the

extent to which the understanding of learning and human development remains limited. It is conceived from an ahistorical perspective that, ultimately, by aligning with the logic of capitalist society, individualizes social phenomena.

Garrido and Moysés (2010), in turn, warn that socially constituted inequalities are frequently naturalized attributed to individuals—specifically to their biological characteristics. Remaining at the surface level of the phenomenon makes it impossible to move beyond the confines of individualization or to break through the biological boundaries that position the subject—in isolation—as the sole, central explanation for academic difficulties.

Thus, transforming the difficulties and challenges of everyday school life into neurological or psychiatric diseases or disorders reveals a troubling dynamic driven by a reductionist logic. This logic naturalizes human learning and development processes, stripping them of their social, historical, and cultural determinants—aspects that are fundamental to understanding the workings of capitalist society.

Therefore, it is essential to critically characterize this societal model, looking beyond appearances to grasp the essence of the phenomena. Analyzing the concrete material conditions that underpin medicalization allows us to unveil its structural contradictions—contradictions that have been historically produced and naturalized as individual solutions to collective problems—thereby contributing to overcoming a phenomenon that impacts not only children and adolescents but society as a whole.

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