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DEBATING MEDICALIZATION WITH TEACHERS IN PUBLIC AND PRIVATE SCHOOLS

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Abstract

This study aimed to find out how the topic of medicalization of education has been approached and debated among education professionals, more specifically teachers. Ten public and private schools in Belém participated in the intervention-research, in which we used theater-based classes as triggers for the debate with teachers. Based on this experience, we have systematized three categories of analysis: a) The absence of critical discussion about the medicalization of education; b) The requirement of the report; c) The lack of structure and investment in teacher training. The lack of policies that favor non-medicalizing practices in the educational context is discussed, as well as the need for greater involvement of schools in this debate.

Keywords: medicalization; teaching work; social intervention.

Debatiendo sobre medicalización con docentes en escuelas públicas y privadas

RESUMEN

En este estudio se tuvo como intuito conocer de qué forma el tema de la medicalización de la educación ha sido abordada y debatida entre profesionales de la educación, más específicamente las/los docentes. Diez escuelas públicas y privadas de Belém participaron de la investigación-intervención, en la cual utilizamos clases-teatro como disparadoras del debate junto a profesoras y profesores. A partir de esa experiencia, sistematizamos tres categorías de análisis: a) La ausencia de discusión crítica sobre la medicalización de la educación; b) La exigencia del laudo; c) La falta de estructura e investimento en la formación continuada. Se discute la carencia de políticas que favorezcan prácticas no medicalización en el contexto educacional, así como la necesidad de más participación de las escuelas en ese debate.

Palabras clave: medicalización; trabajo docente; intervención social.

Debatendo sobre medicalização com docentes em escolas públicas e privadas

RESUMO

Este estudo teve o intuito de conhecer de que forma o tema da medicalização da educação tem sido abordado e debatido entre profissionais da educação, mais especificamente as/os docentes. Dez escolas públicas e particulares de Belém participaram da pesquisa-intervenção, na qual utilizamos aulas-teatro como disparadoras do debate junto às professoras e professores. A partir dessa experiência, sistematizamos três categorias de análise: a) A ausência de discussão crítica sobre a medicalização da educação; b) A exigência do laudo; c) A falta de estrutura e investimento na formação continuada. Discute-se a carência de políticas que favoreçam práticas não medicalizantes no contexto educacional, bem como a necessidade de maior engajamento das escolas nesse debate.

Palavras-chave: medicalização; trabalho docente; intervenção social.

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INTRODUCTION

It is not new today that we hear that children and adolescents no longer exhibit the same pattern of behavior within schools as they did in the past. Being considered more and more agile, restless, timid or even challenging, they are subjectivities that configure different ways of being and living at the same time. However, it is important to note that in a society subject to rules and standards of conduct that dictate how human beings should behave, act and, in this logic, how a child should develop, these non-hegemonic modes are read through the lens medicalizing, which promptly create pathologies, with their proper diagnoses. Thus, the difficulty of learning is understood as a symptom of a disease - hyperactivity, attention deficit, dyslexia, childhood depression etc. (Guarido & Voltolini, 2009).

The medicalization of education can be understood by the expansion of medical jurisdiction to the scope of educational processes. In other words, the concerns, conflicts, tensions, disturbances that students experience and present in the classroom's everyday life are interpreted as diseases, becoming the source of school failure and failure for that student. The medicalization of education, therefore, refers to the power with which biomedical logic enters the school and determines the standards of normality within school life (Viégas, Harayama, & Souza, 2015).

Since Ivan Illich (1982) started to criticize the tendencies of transforming the pains and issues of human life into themes in the medical field, some theorists and professionals are concerned with the processes of medicalization engendered in Western culture.

Michel Foucault (2003) gives us clues to the historical implications of the medicalization of life by analyzing biopower, a form of government that has on the population and its mass phenomena, such as health and disease, its object of concern and whose purpose is to govern the life. Foucault (2003) analyzed the entry of life in the field of political techniques, "that is, the entry of phenomena proper to the life of the human species in the order of knowledge and power" (p. 133).

With the rise of capitalism, the body comes to be understood as the driving force of society. While the sovereignty regime constituted the right to appropriate things, time, bodies, life in order to defend the State conservation, biopower is based on incitement, control and surveillance to create, optimize and order lives and ways of living. What is at stake is the guarantee of the survival and use of a population (Foucault, 2003).

Thus, from the second half of the 18th century, medicine began to intervene in a broader field of the existence of the individual and the population, supported by the integration of its knowledge with emerging government strategies. "Since the 18th century, medicine has always been concerned with what did not concern it, that is, with different aspects of patients and diseases" (Foucault, 2010, p. 182).

The object of medicine is no longer the disease, but focuses on life in general, favoring social control based on the management of risks, hazards and other way to behave, acting as prevention. What we see with this is a progressive process of medicalization of life, in which some physical or psychological sensations, until then considered normal, are transformed into symptoms of diseases. Insomnia or sadness are thus interpreted as sleep disorders and depression, for example (Meira, 2012). In this sense, medicalization also figures as a result of disciplinary practices that, in modern times, have the function of characterizing individuals, classifying them, locating them and registering them on the subjective curve as normal and abnormal.

Currently, almost any deviation, even a small one, from what is considered normal can be diagnosed, given the increase in diseases cataloged in the Diagnostic and Statistical Manual of Mental Disorders (DSM). If in 1952, the first edition of the DSM contained 106 categories of mental disorders, organized in 130 pages, in the last version, launched in 2013, the DSM-V listed 300 pathologies spread over 947 pages (American Psychiatric Association, 1952; Associação Americana de Psiquiatria, 2014). In this way, it is noticed the growth of a mechanism that assesses personal characteristics, tastes or preferences through the lens of normality versus abnormality, having as reference and endorsing the specialized knowledge of medicine and neuroscience.

Education, historically combined with classifying and normalizing processes, participates as an important area in this medicalization process (Pizzinga & Vasquez, 2018). Studies focused on this field indicate that medical knowledge began to enter the educational sphere from the end of the 18th century. According to Decotelli, Bohrer and Bicalho (2013, p. 452), "medical knowledge has the mission of identifying the so-called abnormalities as the issue of learning problems begins to take shape. The cause of not learning is thus associated with organic factors".

Current learning problems are often referred to the individual and organic plan, exempting teachers, schools, education systems and all socio-political factors involved. By converting social phenomena into biological issues, this medicalization process produces the individualization of the issue, making each person responsible for their learning problems, attributing them to failures in their neurological activity, or to an alleged family breakdown (Figueira & Caliman, 2014).

Pizzinga and Vasquez (2018) also warn of the subjective effect that the production of diagnoses that label children may have in an attempt to circumvent

the difficulties in their schooling, considering their performative strength. Coudry and Mayrink-Sabinson (2003) also point out how people's diagnoses and treatments ceaselessly produce dumb and illiterate subjects, occupying exactly the place of those who cannot learn. In this way, the subjects start to be constituted as sick and incapable and, in fact, they are unable to adapt to the school environment. In addition, such a medicalization process causes an increasing devaluation of teachers, professionals considered less and less able to deal with so many supposed pathologies and disorders (Collares & Moysés, 1994).

Another problem pointed out by the critical literature regarding medicalization is that, by operating in the transformation of non-medical issues into disorders, it ends up generating a kind of epidemic of diagnoses, as well as treatments, which can often cause damage to health, especially in cases in which they would not actually be necessary (Meira, 2012). Children diagnosed with ADHD, for example, from an early age start taking psychiatric drugs that may affect the cognitive system in the future. It can be seen, therefore, that the medicalization of education is quite advantageous for the pharmaceutical industry, which is constantly growing worldwide, and corresponds to the ideals of productivity in contemporary society, as it offers the illusion that a good part of the complex human problems can be solved when taking some pills (Decotelli, Bohrer, & Bicalho, 2013).

In this context, this work, carried out from 2016 to 2018 by a research group linked to the Federal University of Pará (UFPA), aimed to investigate how the topic of medicalization of education has been approached and debated within schools. Do teachers know what medicalization of education is? What looks do they give to students considered problematic? Do they use medicalizing lenses to read learning difficulties? Or do they expand the debate, involving other social factors to analyze this issue?

Thus, the general objective of the present study was to investigate, through an intervention research, how the medicalization of education has been approached in schools in Belém (PA). As specific objectives, we list: a) Round of conversations about the medicalization of education in the school context; b) Analyze the discourses that circulate among education professionals about the topic of medicalization; c) Reflect about the possibilities of resistance to the medicalization process in the school context.

Therefore, this research did not aim only to collect the teachers' and other school community members' impressions about medicalization, but also, and mainly, to foster ways of resisting the medicalization of education. It is an intervention in the ways of understanding the learning problems experienced today, paying attention to the different ways of living and learning.

METHOD

This work was configured as an intervention-research about the debate of the medicalization process in public and private schools in the metropolitan region of Belém. According to Amador, Lazzarotto and Santos (2015), doing an intervention-research is to destabilize the instituted and monitor the movements that are being and will be instituted. As a participatory investigation that seeks in the collective intervention the construction of problematization spaces (Rocha & Aguiar, 2003), the present research-intervention aimed to enhance the reflection about medicalization, favoring the transformation of the school routine, being, therefore, a political act.

The selection of schools in which we carry out the interventions was done primarily by searching the websites of the municipal and state education departments, which provided us with the full name of the school, address and name of the person responsible for the direction. Our preference was for schools located in the D'água district of the municipality of Belém due to the proximity of UFPA. Subsequently, we made a mapping of private schools in the same region, using an internet search site.

With the list of existing schools in the surveyed territorial scope, we started to visit the schools with a presentation letter of the research which explains their objectives. On that occasion, we established an initial conversation with the person responsible for welcoming us to the schools (managers, coordinators / pedagogues), presenting the research, the topic of medicalization and the proposal for intervention.

In that initial conversation, we already received information about how the topic of medicalization circulated at school: cases of students labeled with some pathology linked to learning difficulties, the educational practices that teachers used in that institution, the lack of knowledge of professionals in relation to the theme that would be worked on, among others. Still in this initial contact, the managers helped us in the construction of the intervention, as we talked about which target audience to reach (teachers, students, parents?), Which day of the week is most conducive to the participation of the school community in activity etc. Of the fifteen educational places visited, five (two public and three private schools) were not receptive to the proposal, justifying the lack of an agenda to insert the intervention in the school's program. The others accepted the proposal previously presented, showing interest in the topic of medicalization and in the format of the intervention: *theater-based class* followed by a round of conversation with the participants.

The *theater-based class* is an artistic staging, containing elements of theater, dance and performance, about a specific theme, in order to incite discussions, reflections, dialogues. The classes were built in conjunction with the research group through bodily expression workshops and scenic labs taught by a student completing a degree in Theater at UFPA, a project grantee. In these workshops, the members' body who would participate in these interventions was prepared, putting into practice concepts such as spaces, modes of interpretation, of conducting scenes, among others. In the laboratories for the *theater-based classes* construction, we used as inspiration some events related to medicalization with which the group members had had contact.

The main tool worked in the scenic laboratories was Augusto Boal's theater of the oppressed. Especially forum theater, in which a staging based on real events takes place, in which "oppressed" and "oppressors" come into conflict, explicitly and objectively, so that the "oppressed" (protagonist) fails and the "joker", which mediates between stage and audience, encourages the audience to enter the scene and redo it, to replace someone and try to solve the staged problem. Therefore, at forum theater, there is no barrier between stage and audience, with the audience constituted by *espect-atores*[1], who become agents of change in the show and, consequently, competent social actors to build meanings for the reality that surrounds them (Boal, 2014).

The theater-based classes were used in ten educational institutions (five private and five public) to trigger the debates that followed, called here rounds of conversation. According to Melo and Cruz (2014, p. 32), the round of conversation: "[...] allows participants to express, simultaneously, their impressions, concepts, opinions and conceptions about the proposed theme, as well as allowing them to work reflexively the manifestations presented by the group".

It is important to note that the intervention was offered by the team of researchers to the entire school community: teachers, managers, student staff and family members. However, the principals of the schools generally chose to carry out the interventions during the teaching staff meeting, eventually inviting some students to participate. The audience for the interventions varied between 10 and 25 people. The exception was in a school in which the intervention had the broadest participation of the school community, since the direction sent invitations so that family members could participate, which produced an interesting interaction of different positions about the issue. This intervention was attended by about 40 people. Because this experience was the exception, in this article we chose to analyze only the speeches of teachers, since they had more participation and they were more engaged in the debates triggered by the *theater-based classes*.

This entire process was recorded by means of field diaries, in which the events that took place in the field were recorded, in the most detailed way possible, as well as the subjective impressions resulting from these events. In them, not only the discussions of the interventions were reported, but also the entire journey that had been taken until we were able to carry them out, highlighting the facilities, difficulties and even the resistances that were encountered, thus constituting the material that will be analyzed in this text.

Regarding to the theoretical-methodological choice for the produced information analysis, this research is guided by social constructionism, following the analysis of discursive practices and the production of meanings. In this context, the production of meanings is considered a social practice present in everyday life and in dialogue. Since language itself is a support for such practices, the central focus of analysis from this perspective are discursive practices: language in action; the ways in which people produce meanings and position themselves in everyday social relationships (Spink & Medrado, 2013). In this research, therefore, we sought to identify the discursive practices of teachers on the topic of medicalization, from the notes made in the researchers' field diary.

The preparation and subsequent reading of the field diary helped to identify relevant speeches addressed during the interventions, providing the systematization of the following categories of analysis: a) The absence of critical discussion about the medicalization of education; b) The requirement of the report; c) The lack of structure and investment in teacher training.

RESULTS AND DISCUSSION

Absence of critical discussion on the medicalization of education

In the paths taken within the municipal, state and private education networks of the metropolitan region of Belém, we find several relevant speeches during the intervention processes. One of the speeches, or the absence of it, caused us concern: the lack of criticism of the medicalization process within educational institutions.

This information caught our attention, since, as we discussed at the beginning of the text, it is not new that medicalization is present in our society and has been having harmful effects on life. However, in the fifteen schools visited, it was common for the people responsible for receiving us to react strangely when

[1] This term means that the audience is both an actor and a spectator at the same time.

we spoke about the research topic: medicalization of education. When we asked if they had heard anything about it, the answer was always negative.

However, we soon realized that it was an ignorance of the term medicalization, since, when explaining the intervention proposal, the person started to cite several cases of learning disorders. Therefore, the term was not known, but medicalization was present in practice. About this point, we list two points that can help explain this event.

In the first instance, we must recognize that the word medicalization itself goes back to a critical position before the process that it names. What we notice, therefore, is the lack of approximation with the criticisms of a process - this one that is known - the entrance of diagnoses in schools, the flow between schools and health services for neurological evaluations, among other processes that we consider medicalization of education.

In this regard, an aspect that drew our attention during visits to schools was a certain difficulty in fostering the discussion about the medicalization of education in educational institutions, which was felt in the first contacts. As stated above, when we arrived at the school, we explained about the theme and expressed our interest in discussing it with the teaching and technical staff. Often, the person who received us (coordinator, school principal) asked if we could not work on another topic, such as school violence, bullying, etc. Among the 15 schools visited, five showed no interest in the proposed intervention.

We note that, although it is a relatively new topic, the lack of involvement in the discussion on the medicalization of education is shown not to be a discussion restricted to the university from the technical point of view, but because of the fact that, in Basic Education, schools have difficulties to make possible moments that aim to work on the critical formation of this teacher.

According to Barretto (2015), the difficulties encountered in training professionals for Basic Education are based, in Brazil, on different historical and social factors, among them, the expansion of access to education, changes in the socioeconomic and cultural profile of / teachers, as well as the precariousness of initial training for teaching. Also according to the author, in educational policies, the prioritization of a "managerial style led by the evaluation of results in basic education policies" operates (Barretto, 2015, p. 698), a model based on the achievement of goals instead of the task end of education, which requires constant training and transformation.

In this sense, we point out another element that probably contributes to the absence of this debate at school: the charges that teachers face to meet the deadlines that are imposed within school institutions, as indicated by a teacher participating in one of the circles of conversations undertaken:

> *The teacher is unable to give enough attention to the student, due to the deadlines that the school stipulates to prepare the student to carry out "provinha Belém", "provinha Brasil"*[2]*, plus the evaluation of state education, making it difficult to find ways to propose a better education* (teacher from the state school system).

The above excerpt corresponds to a recurring discourse among professionals when questioning, at the time of the conversation, about why they do not critically discuss the medicalization of education.

It is important to note that the lack of professionals who discuss this topic is not only found in school institutions: it is an incipient debate among scientific productions in the area of Pedagogy, as shown by the literature review made by Lima and Lima (2015).

We must also consider the fact that medicalization, because it is so imbricated to the very constitution of the school institution (Guarido, 2007), mixes in everyday life as something natural, not necessarily causing strangeness or alertness. As the concept itself suggests, medicalization occurs when we naturalize complex issues, of a social, political, historical nature, such as biological and individualizing issues (Collares & Moysés, 1996), making a critical analysis of the interpersonal and / or collective aspects of the problem unnecessary.

It is not new today that education and health are involved together in a process of normalization of bodies and behaviors (Guarido, 2007), so that the academic formation of the professionals we talked to was possibly predominantly based on education for normal development, a condition attested by health specialists, with the privilege of medical knowledge.

The training given to teachers contains information from a biological basis as a basis for understanding deviations and instabilities in schooling and in the teaching-learning processes, so that

> it is up to the teacher to continue his usual work, now made possible by medication in these particular cases, but that would be to resume the idea that an object enters to add to the logic that is there without requiring anything to be modified (Guarido & Voltolini, 2009, p. 257).

Since the classificatory practices that locate the development of students in the limits between normality and abnormality are a historical fact in school life (Pizzinga & Vasquez, 2018), its more contemporary

[2] These are assessments carried out to measure student achievement in Portuguese and Mathematics.

neuroscientific facet is possibly considered a technological advance rather than a technological advance. invasion of medicine.

The requirement of the medical / psychiatric report

Medical knowledge is within school institutions. Proof of this is the recurrent demand on the part of the professors participating in the research for the presentation of a medical / psychiatric report attesting to the supposed learning disorder of students considered to be problematic. The medical / psychiatric report serves to certify that the student does indeed have a health problem; that is, it is an instrument seen with real value, since it is produced by a professional with great prestige and social respect: the doctor.

This demand for reports corresponds to the disciplinary practices that have gained, in modern times, the effectiveness of characterizing individuals, classifying them, locating them and recording them on a curve that identifies the variation between normal and abnormal. Unfortunately, what is observed with this requirement of the report is that medical knowledge gains more and more space to act as the truth to be followed within education (Guarido & Voltolini, 2009).

Once the supposed learning / behavior problem has been proven via a medical report, a feeling of relief prevails, since the problem is not in the school, in the pedagogical instruments or other social issues, but in the disease. The source of the problem is located: the student, or rather, his / her illness.

The relief is also noticeable in the pedagogical relationship with this student who has a medical report, as it is called by the school staff. Part of these teachers affirmed that the work becomes less arduous, considering that, in these cases, they receive support from the education department. In addition, the activities to these students with some type of pathology are lighter, not presenting the same level of difficulty as offered to the rest of the class.

> *When the student is diagnosed and presents a report, it becomes easier to work, as the state and municipal departments offer a little support to accompany this student, thus making the work lighter when he is diagnosed, as he has a certain disorder or pathology, we don't need to go through more difficult activities, because they wouldn't be able to do it due to the disorder he presents* (a teacher from the municipal school system).

One of the few differences identified in this research among the speeches about medicalization that circulate among teachers from public and private schools is limited to the issue of medical reports. In public schools, teachers consider that the medical report would be of great use to conduct the pedagogical work and, therefore, lament the difficulty of obtaining medical care for most children. The report is ideal, although it is not such a frequent instrument. In private schools, the report is a more constant presence in school life. In two schools visited, including, the medical report that proves (or not) the existence of a pathology is one of the requirements for the student's enrollment. Thus, all children need to be provided with a medical report as a requirement for enrollment in school. This information shows the intensity of the insertion of the medicalization process in the school routine.

About this, Guarido and Voltolini (2009) state that school professionals expect a report with a diagnosis made by an expert to indicate the correct teaching methodology to deal with these students, helping them to get out of ignorance and inadequacy to the children and young people in front of them. In other words, the teaching work is now disconnected from the role of evaluating and proposing which are the most efficient ways to conduct teaching, giving this role to specialized knowledge in the health area.

In addition to the criticism of the importance that the medical report is taking in school life, it is also necessary to pay attention to the procedure of referring students who do not meet the expectations of learning and behavior to specialists. Such referral tends to individualize the complaint and the conflicts generated from it, thus strengthening the medicalization processes (Souza, 2007).

The lack of structure and investment in training education professionals

The third category that we highlight, among the points exposed by the teachers, mainly in the interventions made in public schools, is the lack of physical structure in the schools. Private schools also often lacked a satisfactory physical structure, however, perhaps because of the little freedom to criticize a private establishment, teachers made little mention of this issue.

The lack of necessary infrastructure, both for the teaching and learning process, as well as for the reception and assistance of students in general, but mainly of those who have a learning or behavior problem, is great and needs to be remedied. However, the lack is not restricted to material resources, as exposed in this excerpt taken from the field diary of one of the researchers:

> *Two teachers who were in the round of conversation started to explain about the difficulties present in the work environment. First, they addressed the problem of overcrowded classrooms, in which 25, 30 and even 35 children are placed for early childhood education and lower elementary*

> *education* [...]. *The charges made by the school's superiors, mainly regarding deadlines, contribute so that teachers cannot give due attention to each student.*

Not only the overcrowded classrooms, but also the cuts in education, reduction of hours, lack of adequate spaces for certain school activities are some of the elements listed by teachers as obstacles to quality education.

In this sense, these professionals cannot be blamed for the state in which the school institutions are located or for the lack of knowledge in relation to the criticism about the medicalization of education. According to a 4th grade elementary school teacher at a municipal school: *"Teachers are concerned with doing a good job, bringing different activities to these students, however, the school does not have a media resource, nor an attraction to make this better education".*

Other elements pointed out by the teachers converge to the absence of the State in providing adequate training to work with the new themes that appear in education. In our interventions, the emergence of speeches that addressed this lack of investments, both in the institution structures and in the processes of education professional training, was notorious, especially when we questioned whether the concept of medicalization of education was discussed within that school environment. The lack of investment in the teacher's training reflects negatively on the domain they demonstrate in relation to new knowledge, methodologies and themes that arise within the educational context.

> *The State does not provide training that works with the new themes that arise in education, because* [...] *if the teacher had knowledge, the treatment with these children would be different, since it would even avoid the process of labeling and medicalization, already that having a little knowledge about this subject, the interpretation of its behavior would be totally different* (teacher from the state school system).

The teacher training, in addition to helping education professionals learn to deal with the new demands that arise in the educational context, provides new perspectives, interpretations and actions in the face of the methods, themes and concepts that surround the educational environment.

The investment in critical teacher training, attentive to current political discussions, is a powerful weapon against the establishment of medicalizing practices in education. However, in the current political scenario, it is known that such an investment is far from showing the interest of our managers, because medicalization is at their service, operating in the control of political resistance by silencing conflicts (Lemos, 2014).

FINAL CONSIDERATIONS

On the contrary to what we imagined at the beginning of the research, we did not find any significant differences between the teachers' speeches from private and public schools. Even in the face of the growth of medicalization of education, most professionals who participated in our interventions were unaware of the theme. They spoke of illnesses, of learning difficulties, but they did not refer these questions to a process of medicalization of education, much less to criticism about the pathologization of ways of living.

However, we perceive the more constant presence / requirement of the medical / psychiatric report in private schools. Teachers from public and private schools valued this resource, more as an instrument that exempts them from pedagogical requirements to the student who has a report than as an incentive to seek new pedagogical practices for such students. However, it is in private schools that the report is most present, so much that, to our surprise, one of the requirements for enrolling students in some private institutions visited is the presentation of reports that prove the existence or not of a pathology.

On the other hand, it is the public school teachers who most complain about the lack of school structure and investment in teacher training. Perhaps because they feel more comfortable in demanding such demands from the State or Municipality than the teachers of a private institution, which they supposedly would demand from the school's owners.

In general, the challenges that the school has to accommodate the needs of its students without medicalizing them are notorious. A person in the process of development faces several impasses and difficulties. Facing such difficulties is the engine that makes learning happen. The teacher without this understanding ends up interpreting such difficulties as symptoms of pathologies or disorders, starting, even without intention, to label that individual who has not achieved academic success in the activities that are proposed to him. Therefore, it is necessary to create spaces for reflection about medicalization and, thus, create resistance to this process.

This also means facing the processes adjacent to medicalization, which, as we discussed in this study, are exactly the conflicts that are silenced by the medicalizing flows and practices that we experience: the precariousness of work, the lack of investments in education and the blaming of individuals for school failure.

Among the practices that can and should be carried out as resistance and affirmation of other ways of doing

education, we point out: involving the school as a whole in the construction of pedagogical projects; discuss and reflect on initiatives and strategies that worked; to appreciate spaces for the collective elaboration of educational strategies, as well as to strengthen school-community flows by establishing dialogue in order to favor the educational process.

Teacher training is also of utmost importance for education to fulfill its main role, which is to transform society. The difficulties encountered point to a complex tangle of structural factors that present themselves as obstructions to this process. Considering the limitations of the solutions offered by public policies for teacher training, we understand that spaces for exchange between universities and schools are fruitful situations for the advancement of the training process in question.

In this sense, we believe that this intervention research contributed as one of the possible alternatives to work on the critical discussion about the medicalization of education, which is so important in schools. Although initially and far from exhausting the debate, we believe that moments like these have their share of contribution, since they are based on the sensitive dialogue between science and professional practice.

We therefore suggest that further research based on interventional actions, through dialogue and coexistence between different actors in the educational field, be carried out, in order to foster the advancement of training strategies that increasingly contemplate the reality that we have historically built in this social field.

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