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HEALTH AND SCHOOL COMPLAINT: RECORDS OF CONSERV(ACTION) IN THE CONDUCT OF PSYCHOLOGISTS

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ABSTRACT. This article exposes the theme of the conduct of psychology professionals in the field of health, in view of school demands. It results from a Master's research, mainly aimed to, based on Historical-Cultural Psychology, identify how contemporary Psychology practices in health may explain the professionals' understanding about the referrals and the role of the school in building subjectivity. To this end, medical records of children and adolescents of four to seventeen years old were analyzed. Participants had been referred due to school complaint to two public healthcare services in a small municipality in São Paulo, in the biennium 2014-2015, and participated in interviews with the responsible psychologists in the services. The results indicated that the psychologist's activity when receiving the school demand has changed a little in relation to the conducts being adopted in the country since the 1990s. The practices adopted mainly consist in individual or group clinical care, disregarding the school environment. The profile of the children referred is also maintained and, in the context of psychological science applied to health, there is a distancing regarding the knowledge of the implications of school education on human learning and development, as well as the importance of accessing human cultural assets. This could be decisive for the circumstances and the quality of the humanization process.

Keywords: Historic-cultural psychology; school difficulties; psychologist's work.

SAÚDE E QUEIXA ESCOLAR: REGISTROS DE CONSERV(AÇÃO) NA CONDUTA DE PSICÓLOGOS

RESUMO. Este artigo expõe a temática da conduta de profissionais da psicologia no campo da saúde, diante das demandas escolares. Resulta de uma pesquisa de Mestrado, cujo objetivo principal foi, com base na Psicologia Histórico-Cultural, identificar de que forma as práticas contemporâneas da psicologia na saúde explicitam a concepção dos profissionais ante os encaminhamentos e a função da escola para a constituição da subjetividade. Para tanto, foram analisados prontuários de crianças e adolescentes entre quatro e dezessete anos, encaminhados por queixa escolar a dois serviços públicos de saúde em um município de pequeno porte do interior paulista, durante o biênio 2014-2015, e efetivadas entrevistas com as/os psicólogas/os responsáveis nos diferentes serviços. Os resultados indicaram que a atividade da/o psicóloga/o, ao receber a demanda escolar, encontra-se pouco alterada em relação às condutas que vêm sendo adotadas no país, desde os anos de 1990. As práticas aderidas consistem, em grande

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maioria, no atendimento clínico individual ou grupal, que não envolve o ambiente escolar. Também se mantém o perfil das crianças encaminhadas e, no contexto da ciência psicológica aplicada à saúde, um distanciamento quanto ao conhecimento das implicações da educação escolar para a aprendizagem e o desenvolvimento humano, tanto quanto a importância do acesso aos bens culturais humanos, o que pode ser decisivo para as circunstâncias e para a qualidade do processo de humanização.

Palavras-chave: Psicologia histórico-cultural; dificuldades escolares; atuação do psicólogo.

SALUD Y QUEJA ESCOLAR: REGISTROS DE CONSERV(ACCIÓN) EN LA CONDUCTA DE LOS PSICÓLOGOS

RESUMEN. Este artículo expone el tema de la conducta de los profesionales de la psicología en el campo de la salud, delante de las demandas escolares. Es el resultado de una investigación de maestría, cuyo objetivo principal era, basado en la psicología histórico-cultural, identificar cómo las prácticas contemporáneas de psicología, en la salud, hacen explícito la concepción de los profesionales delante de las derivaciones y el papel de la escuela para el constitución de subjetividad. Con este fin, se analizaron los registros de salud de niños y adolescentes entre cuatro y diecisiete años, reenviados por queja escolar a dos servicios de salud pública en una pequeña ciudad del interior de São Paulo, durante el bienio 2014-2015, y efectivadas entrevistas con los psicólogos responsables en los diferentes servicios. Los resultados indicaron que la actividad del psicólogo, al recibir la demanda escolar, cambia poco en relación a las conductas que se han adoptado en el país, desde la década de los noventa. Las prácticas adheridas consisten, en su gran mayoría, en el cuidado clínico individual o grupal, que no involucra el ambiente escolar. El perfil de los niños referidos también se mantiene y, en el contexto de la ciencia psicológica aplicada a la salud, una distancia en cuanto al conocimiento de las implicaciones de la educación escolar para el aprendizaje y el desarrollo humano, así como la importancia del acceso a los bienes culturales humanos, que puede ser decisivo para las circunstancias y la calidad del proceso de humanización.

Palabras clave: Psicología histórico-cultural; dificultades escolares; actuación del psicólogo.

Introduction

Among the Brazilian works produced in the fields of Social Psychology and Education, the topic of school complaint and referrals to healthcare services have been approached by many surveys late in the 20th century and in the first two decades of the 21st century (Carneiro & Coutinho, 2015; Gomes & Pedrero, 2015; Beltrame & Boarini, 2013). Some studies investigated how this flow of students is served by psychology professionals within the scope of healthcare services (Cintra & Bernardo, 2017; Gomes & Pedrero, 2015). Others focus on the phenomenon of education medicalization, and the many ideological and political strategies aimed to reduce the human complexity to individual and/or biological characteristics (Moysés, 2001; Gomes & Simoni-Castro, 2017).

By middle of the second decade of the 2000s, other typologies of school complaints were consolidated in the set of referrals to healthcare services, such as the requests for psychological assessment of foreign children. The hypotheses of dyslexia and autism have

been raised in those cases by virtue of the difficulties to socialize, and fit into the new school and country, added with the scanty appropriation of a different language (Conselho Regional de Psicologia SP, 2017). However, although the complex school and social phenomena expressed in educational spaces may vary over time, interpretations and conducts regarding them in the field of psychology remain virtually the same and, many times, are little effective.

In order to understand the impetus and how conducts effectively take place during the situations of referral and reception of school complaint, attention should be drawn to the contexts that produce that phenomenon these days. In other words, it means to minimally evaluate how a given society and its political, social, economic and educational domains are organized, and what is conveyed by the social communication media.

Records of the historical constitution of psychology in Brazil, and the practice of professionals in face of educational issues, contribute to unveil the actions and relations between psychology, healthcare and school.

This study intended to highlight the process of approximation between psychology, as science and profession, and the school context in order to identify how the contemporary conducts of psychologists in the field of healthcare preserve elements dating back to the 1990s as regards school demands. Therefore, it spells out the concepts of psychologists in face of the referrals and the school role in building the subjectivity of students.

In order to support the considerations on the role played by school in this process, it brings some fundamentals of the Historical-Cultural psychology, mainly its links with the schooling process driven by the advocacy for appropriation-objectivation of scientific knowledge as tools to enable the cultural understanding of the psyche (Martins, 2013, 2015; Duarte, 2016; Abreu & Duarte, 2019).

The Process of Psychology Scientification in Brazil and the School Complaint

Regarding the spread of psychology in Brazil, Patto (1984) points out that such knowledge can be identified as early as in the Old Republic (records from 1906 to 1930). That is when it would have been developed nationwide in labs bound to schools or institutions for students making use of experiments following the European line, performed by members of the local bourgeoisie or researchers from Europe.

That development was akin with the Brazilian political and economic context, as well as their needs, with the prelude of industrialization, of the spread of libertarian ideas, and of a new education policy.

Thus, in an attempt to attain scientific acknowledgment, the young psychological science, in alliance with the New School Movement, expanded the understanding about the usefulness of techniques of measurement and classification. Therefore, the schools, based on individual differences, should realign their teaching methodologies.

Another mechanism adopted and incorporated into the psychological practices in order to ensure scientific authenticity to its journey into the school environment was to partner with medical knowledge during the hygienist period in Brazil. To that, one of the most efficient 'means' of indoctrination and dissemination was the child.

Therefore, a kind of bio-psychologization of the society, education and school comes about. The concept of 'biological abnormality', built upon the observation of neurophysiological deficiencies, is added with the concept of 'psychic abnormality' detected through IQ tests, personality tests, etc., that started being spread. Therefore, it shapes a pedagogy that advocates for differentiated treatment based on the 'discovery' of individual differences (Saviani, 2008, p. 07, author's emphasis).

An example of the 'bio-psychologization of the society' is found in the Service of Professional Guidance and Selection (*Serviço de Orientação e Seleção Profissional*, SOSP) 1949. It was the first psychological service in Brazil under the government's responsibility. The practice adopted by it was that of checking the differences between the normal and the pathological, as there was no Brazilian psychological culture, and the models of work and conceptions were imported from abroad, mainly from the United States (Carvalho, Campos, & Silva, 2013).

Therefore, still in the 20th century, in a second moment of the work of psychology in Brazil, from 1930 to late in the 1960s according to Patto (1984), the conducts of that science were fit into the new economic model of internal market globalization, and the different needs of skilled labor force and driving the educational system toward meeting the ideological demands of the new post-1964 Military Coup social order.

However, as Patto (1999) describes, the educational reality in Brazil, mainly for primary school, was experiencing an adverse situation resulting from pedagogical, social, medical and psychological factors. Simultaneously, other new educational models were engendered, and the psychological science was making more room in schools, being delivered to primary school students. Also resorting to psychometric evaluations and reporting, its intervention on the school environment followed the therapeutic lines that are traditionally individual and transferred to the institution.

As of the 1970s, the psychological science was clearly inserted in the educational field. Therefore, professionals in that field were granted the title of 'school psychologist'. Hence, that professional was assigned an official role among the education agents by means of a discourse that pointed out the new functions and academic background required from experts (Dazzani, 2010). However, the process transposed to the school room most of the traditional clinical practices, disregarding the existing urgent needs.

That surrounded by the historical context of re-democratization of Brazil and dissemination of psychology in order to insert psychological care among the demands of the most impoverished social classes. According to Dazzani (2010), by that time the dissemination of defective theories aimed to justify failure in education, such as the cultural shortage theory, were added with the peak of the 'wide-spreading of public education' and school failure in Brazil. Oddly enough, schools became space of exclusion, considering that the education system advocated for equal conditions for students, claiming that success and/or failure was attributable to the aptitudes and intelligence of each student.

That contributed to step up a practice that dated back to the hygienist period, i.e., refer children with school difficulties to mental healthcare services.

Early in the 20th century, the first public institution oriented to child mental care was established in Brazil: The Infantile Psychosocial Support Center (*Centro de Atenção Psicossocial Infantil*, CAPSi) dates back to 2002. An outcome of the initiatives of psychiatric reform in Brazil, it became the main national mechanism for providing mental health support to children and adolescents today. Beltrame and Boarini (2013) argue that in the 20th century the school became the main equipment producing school demand for the medical area. Until today, it is the main source of school referral to public mental care services.

School Education and Human Psyche: contributions by the Historical-Cultural Psychology

Vygotsky's school defines the human psyche as a complex cross-functional system made up by cognitive and affective psychological functions. These functions are ranked as elementary or natural, and superior or cultural. The elementary psychological functions are of organic nature, being characterized by involuntary actions of the organism in face of actual situations such as the involuntary attention, natural memory, practical thinking, and emotions.

Natural functions are crucial for human beings, but are not enough to define and characterize the human condition. Therefore, the superior or cultural psychological functions are modeled from the appropriation of what has already been constituted in the human gender⁴ throughout the historical process, and men's capacity of producing beyond their immediate needs. These are exemplified by language, abstract or logical-discursive thinking, voluntary attention and memory, imaginative capacity, and feelings (Vygotsky, 2000).

Moreover, the Historical-Cultural psychology advocates that superior functions are developed throughout the dialectic process of appropriations-objectivation of the existing cultural elements and tools, explained through the dynamics inherent to the activity, i.e., "[...] the reproduction by individuals of the human aptitudes and functions historically built" (Leontiev, 1978, p. 169, our translation).

For its very nature, the act of appropriating-objectifying is an educational process. It means to say that it depends on communicating knowledge and practices taking place in the bundle of relationships between individuals. Thus, the relationship between the subject and reality during those processes is not a direct one; rather, it is mediated by instruments and signs.

Inspired by the Marxian philosophy, Vygotsky (2000) understands the concept of mediation as an interposition that promotes changes to the human psyche. The author identified two types of mediators: instruments and signs.

Instruments are used aiming at provoking changes on the object in order to improve and facilitate its fulfillment through means of human activity. The signs, in turn, which are the main the semiotic representatives of culture, are internally interposed between the outer stimulus and the subject's response. Therefore, they engender structural changes to the psychical functions. In short, one may say that internalizing signs leads to qualitative changes on the psychological functions, placing them on the level of cultural development.

The assumption of educational work as "[...] the act of directly and intentionally producing, in each single individual, the humanity that is historically and collectively produced by humanity as a whole" (Saviani, 2015a, p. 287, our translation) allows understanding education as an immaterial form of work. This has also been defined by Saviani (2015a, p. 286, our translation) as "[...] the production of knowledge, ideas, concepts, values, symbols, attitudes, skills". As such, the school's function consists of ensuring to subjects a knowledge that is both classical and historically built. That is so because learning procedures and systematized notions enables the development of creative processes in the human being.

⁴ 'Human gender' is a category that expresses the human cultural wealth as a whole. Duarte (2016, p. 09, our translation) defines it as "[...] the result of the human social history, of the history of human beings' objectifying activity".

In the school setting, the teaching activity conducted by teachers moderates the students' learning. That means to say that contents, processes and systems aimed by the teachers' activity and appropriated through the students' activities, become part of their psyche when assimilated.

According to Saviani (2004), if in the beginning education took place through the individual's insertion and participation in social life, the technical-scientific progress of the society it started being developed through schools that are the prevailing form of education.

Therefore, school education is of utmost relevance to the process of developing superior – or cultural – psychological functions of an individual, exactly for being a space devoted to foster the social shaping of the psyche. In the same line, the Brazilian constitution defines education as a right of all citizens. However, the generalization and universalization of the education system is not an easy-flowing process.

Educational problems were and are rooted in the history of education, bound to the organizational structure of the society, present in the everyday of the school and affect to greater or lesser extent the population served. In other words, school knowledge has neither assisted the emancipation of all individuals nor the development of the highest human possibilities. This leads to an unavoidable strain concerning how school education is established within an antagonistic and uneven society.

Methodology

The study sought in the Historical-Cultural Psychology and Historical-Dialectical Method the principle of historicity (Bulhões & Martins, 2018; Duarte, 2016, Saviani, 2015a) as a driver to understand the object of the survey: the conduct of psychology professionals working in the field healthcare, considering school referrals.

However, the assumption of historicity indicating the movement of things, phenomena and processes, is not enough. Identifying some constitutive elements of this field of analysis is crucial to know the reality of an object.

Thus, the researcher's intellectual work results from the emergence of the phenomenon that, according to Kosik (2002, p.15, our translation), "[...] reveals and simultaneously hides the essence". That journey depends upon the systematization of notions established as required, as they build up an analytical process that is used to explain the movement of the object.

The description, systematization, organization of facts and evidence of empirical elements are important for the knowledge, but do not make up the theoretical knowledge. To the Historical-Dialectic Method the theoretical elaboration turns down the empirical expression of the real. Therefore, abstraction is its main analytical tool (Bulhões & Martins, 2018). "[...] through analytical procedures and operating its synthesis, the researcher reproduces it in the planes of thought" (Netto, 2011, p. 22, our translation).

For this study, those notions were built from two methodological procedures: the documentary survey on primary sources - medical records - and semi-structured interviews carried out in two public healthcare institutions: a Psychosocial Support Center (*Centro de Atenção Psicossocial, CAPS*) and a Polyclinic. Both were located in a municipality in the interior of São Paulo State, with around forty-five thousand inhabitants (Brasil, 2015).

Thus, the first data source came from the identification of forty-three medical records of infantile and juvenile psychological support delivered to children and

adolescents in the age group of 4 to 17 years old⁵, referred by school/physician/spontaneously seeking the service, in the years of 2014 and 2015⁶, referring to overall school demand (complaint about behavior, inattention, difficulty in learning, hyperactivity and others). It is worth mentioning that the identification and information provided in all medical records selected were preserved, and only the epidemiological data were used for analysis.

Medical report data were organized through the tabulation of information (year of the support, age of children and adolescents served according to the school grade, gendered prevalence of support, school grade of the children and adolescents during the period of support, if public or private educational institution, reporter of the school complaints, unit in charge of the referral, child's or adolescent's journey in the field of healthcare, diagnosis issued during the evaluation process, incidence of medication prescription, type of medication, how the school complaint was handled, duration of treatment, and psychological tools used during the support) to systematize them.

These elements provided quantitative and qualitative materials that, after organized, pointed out basic notions of how the supported individuals were characterized; recurrent school complaints; type of conducts adopted by professionals, among others.

Next, two face-to-face interviews⁷ were organized, audio-recorded, lasting about 60 minutes. Both were carried out at the headquarters of the two healthcare institutions comprised in this study. To that, a script of questions was prepared approaching: professional concept of learning and development when dealing with school complaints; implications of school education on the subjective nurturing of the child; and, evaluation of the work performed.

The analysis axes were built and defined based on the criterion of identifying the highest index(es) present among data extracted from the medical records, represented by tables and graphs. As regards the election of topics emerging from interviews, the researchers adopted agglutination by similarity of the content of the responses.

Results and discussion

This study selected some of the categories of analysis designed in the original study. Namely:

What the medical records inform: characterization of profiles and demands

The three indicators related to the profile of those supported due to school demand - gender, age and school grade - converge with data from other aforementioned studies, in which services to male subjects prevail (Gomes & Pedrero, 2015): 72% of the services were delivered to the male audience, while 28% were to the female audience. Regarding the age group of the children and adolescents, figures point out to a demand concentration

⁵ That delimitation is anchored in the Federal Law 12796/2013 that mandates the government to provide early childhood education starting at 4 years old. The Brazilian Statute of the Child defines 17 years old as the threshold for adolescence.

⁶ The interval was defined as it refers to the period prior to the starting of the study, in the year of 2016.

⁷ The number is justified as in that period there were only two psychology professionals working in the services comprised by the survey. The survey was subjected to all the evaluation procedures established by the Committee of Ethics that approved it. Certificate of Submission of Ethical Evaluation - CAAE - 55258416.9.0000.5401.

on cycle I of fundamental education, of 6-10 years old (58.1%), followed by fundamental education II, 11-14 years old, with incidence of 23.3%.

As regards the school grade of the supported children and adolescents the 3rd grade of fundamental school is a highlight with 18.6%; the 1st grade reported 14%, and both infantile and the 2nd and 4th grades of fundamental school accounted for 11.6%.

As of 2011, the 3rd grade in Brazil was recognized as the last grade belonging to a triennial that, as per the Brazilian Ministry of Education (MEC) *Resolução nº 7 de 14 de dezembro de 2010*, made up one single stage (2010, subparagraph I). The MEC recommends not retaining children taking up to the 3rd grade of the fundamental school, considering that those three first years make up a cycle that, by the end, complements the initial reading and literacy steps.

The possibility for the children to take this first cycle of studies taking their passing for granted resembles the provisions regarding the Basic Cycle, established early in the 1980s in the state of São Paulo, and that remained in force until early the 1990s. The reformulation initiatives in the following years were influenced by this first context (Duran, Alves, & Filho, 2005).

In the pedagogical light, they intended to abolish grade retention and ensure successful and uninterrupted learning, automatically passing to the second school grade. However, according to the same authors (Duran et al., 2005) what effectively happened was a bottleneck that ended by increasing failures by the end of the second school grade.

Thus, the history of referral of children to the healthcare system notes that the pedagogical activity developed by teachers and students is intertwined with a coalition of social, political, economic and educational issues, and their impacts on the production of complaints, if not deepened, tends to trigger the flow to health services (Beltrame & Boarini, 2013; Guarido, 2007; Moysés, 2001).

Complaints put forward: frequent diagnostic formulations

Regarding the content of the complaints put forward, i.e., the reason alleged for school referrals to mental healthcare services, 10 words emerged as the most frequently quoted, namely: aggressiveness; difficulty in concentrating at school; difficulty in learning; agitated; unquiet; difficulty of dealing with rules; attention deficit; anxiety; nervousness; relationship problems.

The survey disclosed that in 61% of the cases, the attention deficit and hyperactivity disorder - ADHD -and school deficits (related to learning, cognition and attention), hyperactivity, syndromes (Down and Asperger), oppositional defiant disorder - ODD - combined with ADHD, obsessive-compulsive disorder - OCD - and phobia have been defined as hypotheses and drivers of the work.

As regards the incidence of medication prescriptions, 44% of the patients used medication related to the school complaint presented. On the other hand, 37% of the individuals used no medication and, in 19% of the cases, no record was found to verify the data.

Analyses suggest that the diagnostic hypotheses that led to prescribing long-term use medications in 44% of the cases of school complaint foreshadow the trivialization of medical knowledge at school. Moreover, healthcare services offered to the population, expressed by the medicalization of life, i.e., making typical situations of the individual's context into demands of medical nature, indirectly serve interests of economic, political and social order (Guarido, 2007).

It is worth mentioning that the dissemination of DSM⁸ sparked off the schematic classification of pathologies in general, based on strictly biological explanations that followed a set of symptoms existing for a given period of time. These practices, when shared and adopted by most of the global scientific community, somehow support the current practice of prescribing medications.

The diagnostic terms that characterize the reasons for referral are sometimes marked by excessive activity - or hyperactivity -, other times by the lethargy in the school learning processes. The records did not show elements related to how school-related behaviors are linked to the context of the subject's life, neither to the school dynamic in which she/he is either inserted or not.

It was observed that complaints were updated and aspects related to cognitive processes, such as attention deficit, and behavioral processes, such as hyperactivity, suggested the individual production of dysfunctions. The historical-cultural review of psyche undermines the individualizing explanations, affirming the social nature of voluntary attention and memory, as well as of the remaining functions of human consciousness.

The collective organization of school actions is a fertile ground to the dynamic of internalization, as proposed by the 'general genetic law of cultural development'. That because it arranges cognitive and affective processes into dialectic units when experiencing interpsychological situations, essential to the singular building of the psyche (Vygotski, 2000). That is how students have the possibility to complexify their psychical functions, and exercise the domain over their own conduct.

The study also unveiled how strengthened is the process of medicalization of childhood and adolescence at the bottom of the professional conducts. When it comes to monitoring school demands, the prescription of medications endorses a historical contradiction in the scope of education. The more education universalization came into focus – through the increased number of enrollments in the Brazilian public schools - the more exclusive that school became, giving rise to a large number of children and youth impaired from effectively appropriating the systematized knowledge. Therefore, treating children that do not learn at school (Moysés, 2001) allows the use of psychotropic drugs to soften the inequalities that otherwise are to be perpetuated.

Professional conduct oriented to school complaints in healthcare services

The information from both medical records and interviews pointed out conducts of clinical nature (as the instrument of play therapy, used in 48% of the cases). Among the modalities, the group of psychological support stands out, being used in 53.4% of the cases. The resource is adopted to put an end to an increasingly longer waiting list of children and adolescent.

As regards the evaluation of cases named as school complaint, professionals stated to execute it based on clinical hearing, mainly with a look that, although clinical, 'considers the context', or serves as a 'structural diagnosis' based on the psychoanalytical strand. Moreover, therapeutic conducts have been adopted in shorter intervals, less than one semester (30.2%), ranging from 6 months to one year (25.5%).

In this regard, it is worth mentioning that the theoretical and technical resources employed by psychologists in their professional activity in Brazil, working in the field of

⁸ *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, established in 1952 in the United States.

healthcare, are in line with the Brazilian Unified Healthcare System (*Sistema Unificado de Saúde*, SUS) and the psychiatric reform. These also comply with the technical references for psychologists' work at the CAPS - Psychosocial Support Center (Conselho Federal de Psicologia [CFP], 2013) and the technical references for the work of psychologists in basic healthcare (CFP, 2019).

The study showed that the contact between healthcare service and the referring unit used to be by means of issuance of reports with objective and accurate information about the diagnosis and conduct.

Sporadically, the professionals from the services concerned make contact either by phone or in person. However, this action was identified as unusual and hard to be made, since the workload in their institutions do not allow free time enough to include these contacts.

In brief, professionals stated they seek and foster, by themselves, theoretical-practical support to develop the work with the school demand, even following different approaches and perspectives. They add that partnership between Education and Health, specifically regarding the school complaint, is limited and restricted to referrals (Beltrame & Boarini, 2013; Gomes & Pedrero, 2015).

Therefore, on the one hand there is the guidance for psychologists to work in line with the ethical and theoretical precepts of their profession, observing the daily possibilities and limitations of the institutions. On the other hand, there are the difficulties frequently posed to work, either for the lack of partnership and joint actions that could be developed by the many departments involved, or due to the challenge inherent to the adoption of a critical professional and political standing.

Thus, the lack of clarity and unsatisfactory performance in relation to school complaint, added to the lack of contact and direct partnerships between the services that refer and those that support the same individual give rise to fragmented actions and effects.

Concept of learning and development in relation to school demands

Asked about the concepts of learning and development in meeting school complaints, the professionals described school complaints as impasses experienced in the school environment. However, these impasses should not be necessarily characterized as a problem exclusive to the individual but, many times, a problem inherent to the educational scope.

Learning difficulties in the school context were also perceived as adversities that, generally, belong to the educational system in the sense of adapting / teaching / conveying knowledge that is understandable to the student. When that goal is not achieved, it ends up by becoming unattractive.

Respondents also brought about the difficulties of dealing with the discrepant stimuli that children receive today, and the fact they spend long hours sitting down, in silence, with little or no possibility of moving at school. As a rule, this situation is viewed as an 'individual's issue' and is then referred as a health problem.

Regarding the understanding of the school's function in the subjective nurturing of children, speeches affirmed the primacy of schools as a socializing institution responsible for the individual's development regarding the ways of being in society and of acquiring knowledge.

This type of analysis conceals other more essential dimensions of the school's role in the dynamic of individual and social reproduction. Nonetheless, these dimensions did not come about in the interviews about the school's role in the context of our contemporary society.

The school “[...] that in current society is the pedagogical power that rules everything” (Saviani, 2015b, p. 35, our translation) becomes a need of the society to ensure continuity to the economic, political and social model. After all, it is through school that knowledge production raises, considering its commitment toward developing the students.

Thus, the concepts of learning and development that drive the support provided were limited to a work level focused on the individual, on complying with roles and duties in force in the school context, in a way to avoid deepening the analysis of elements that constitute the internal dynamic of the school, of processes that produce referrals, and the damage the lack of such school knowledge may entail to the development of a cultural psyche (Saviani, 2015a; Martins, 2013; 2015; Duarte, 2016).

In the study, the school was also assigned with the duty of socializing individuals. However, little was said about the psychic changes resulting from the acquisition of systematized knowledge and, therefore, crucial to the school activities needed to leverage the psychological development (Martins, 2015).

Final considerations

The study aimed at identifying how contemporary practices of psychology in the field of healthcare can explain the professionals' concepts in face of school demands, and the role played by the school in building subjectivity.

This survey, in which the assessable aspects were a small sample considering the totality and diversity of works in the field of psychology, unveiled that the conduct of psychologists has changed a little against that been adopted in Brazil since middle 1990s.

The medical records included elements about the school grade in which school complaints are more frequent, and data about the diagnostic hypotheses presented, disclosing processes of continuity.

The flow of referrals is still sharp in the school stage oriented to literacy building, and the work by professionals approached in this survey tended to remain apart from the school context that generates most of the demands.

It is worth stressing the limitations of this study as it depicts only two healthcare services in a municipality in the interior of São Paulo. However, the actions developed by psychology in support to school complaints, here, remain marked by upkeeping a historical relationship between education and psychology in where this last is urged to adjust behaviors, explain and treat disturbing school learning disorders.

Historically, in the different situations in which psychology, school and healthcare gathered together to respond to school complaints, professionals move away from a strictly individual-centered understanding, many times biological and ahistorical, toward an analysis of social interferences on the explanation to the subjective nurturing of children.

However, despite these advancements, new studies and surveys are needed to promote theoretical-methodological and practical ruptures to overcome persisting dichotomies that separate natural and cultural, organic and psychic, individual and social

and that, in given contexts, still hinder exploring the school role in building a cultural psyche.

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