


ADOCIMENTO E MEDICALIZAÇÃO DE PROFESSORES UNIVERSITÁRIOS FRENTE A PRECARIZAÇÃO E INTENSIFICAÇÃO DO TRABALHO


RESUMO

O objetivo desse trabalho é discutir sobre o uso de medicamentos por professores, apresentando dados de uma pesquisa realizada com docentes de duas universidades públicas do Paraná e tomando como referência alguns pressupostos da Psicologia Histórico-Cultural. Inicialmente, trataremos do contexto de adoecimento e finalizaremos discorrendo, mais especificamente, a respeito do uso de medicamentos, ilustrando com informações obtidas a partir do resultado de pesquisa realizada a partir da aplicação de 52 questionários que foram respondidos por professores. Como resultado, constatamos que 32 (61, 54%) afirmaram que tomaram algum medicamento nos últimos 12 meses; e quanto aos motivos do adoecimento, alegaram o seguinte: *estresse/desgaste emocional/tensão/pressão psicológica* (17 respostas); *sobrecarga de trabalho* (9 respostas); *relações interpessoais conflituosas na academia* (6 respostas). Essas e outras respostas apresentadas levam-nos à conclusão de que os docentes estão utilizando medicamentos para conseguirem lidar com a precarização do trabalho vigente na atualidade, que conduz, entre outros fatores, ao produtivismo, à competição entre pares e ao mercantilismo da educação, por exemplo, fazendo com que haja o processo de alienação, no qual há uma ruptura entre sentido e significado da atividade pedagógica. O uso de medicamentos pelos professores precisa ser compreendido levando-se em conta a totalidade que envolve o desenvolvimento da prática docente, cuja subjetividade está atrelada a condições histórico-sociais que produzem o adoecimento docente.

Palavras-chave: Adoecimento. Trabalho docente. Ensino superior. Medicalização. Psicologia Histórico-Cultural

ILLNESS AND MEDICALIZATION BY UNIVERSIT'S PROFESSORS DUE TO PREACARIZATION AND INTENSIFICATION OF LABOR

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ABSTRACT

The use of medicines by university professors is discussed by employing data retrieved from a survey with professors of two government-run universities in the state of Paraná, Brazil, based on Historical and Cultural Psychology. The context of falling ill and the use of medicines will be analyzed based on data from a survey of 52 questionnaires filled by university professors. Results show that 32 (61.54%) stated that they took some kind of medicine during the last twelve months. They also insisted on the motives of their illnesses, namely, *stress/emotional weariness/tension/psychological pressure* (17 responses); *overwork* (9 responses); *clashing interpersonal relationships among colleagues* (6 responses). The above and other replies demonstrate that university professors are using medicine to cope with current precariousness of labor which may lead towards competition between peers and mercantilism of education, among other factors. Consequently, an alienation process is triggered by which a rupture between meaning and significance of pedagogical activity occurs. The use of medicines by university professors should be understood within the full context of the development of the teaching practice whose subjectivity is bonded to historical and social conditions that cause teachers' illness.

Keywords: Illness. Professor labor. Higher education. Medicalization. Historical and cultural psychology.

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Formatado: Inglês (Reino Unido)

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RESUMEN

El objetivo de ese estudio es discutir sobre el uso de medicamentos por profesores, presentando datos de una investigación realizada con docentes de dos universidades públicas de Paraná y tomándose como referencia algunos presupuestos de la Psicología Histórico-Cultural. Inicialmente, trataremos del contexto del padecimiento y finalizaremos explayando, más específicamente, a respecto del uso de medicamentos, ilustrando con informaciones obtenidas a partir del resultado de investigación realizada a partir aplicación de 52 cuestionarios que fueron contestadas por profesores. Como resultado, constatamos que 32 (el 61, 54%) afirmaron que tomaron algún medicamento en los últimos 12 meses; y a respecto a los motivos del padecimiento, alegaron lo siguiente: *estrese/desgaste emocional/tensión/presión psicológica* (17 respuestas); *sobrecarga de trabajo* (9 respuestas); *relaciones interpersonales conflictivas en la academia* (6 respuestas). Esas y otras respuestas presentadas nos llevan a la conclusión de que los docentes están utilizando medicamentos para conseguir lidiar con la precarización del trabajo vigente en la actualidad, que conduce, entre otros factores, al productivismo, a la competición entre pares y al mercantilismo de la educación, por ejemplo, haciendo con que haya el proceso de alienación, en el cual hay una ruptura entre sentido y significado de la actividad pedagógica. El uso de medicamentos por los profesores precisa ser comprendido llevándose en cuenta la totalidad que abarca el desarrollo de la práctica docente, cuya subjetividad está atada a condiciones histórico-sociales que producen el padecimiento docente.

Palabras clave: Enfermedad. Trabajo docente. Enseñanza universitaria. Medicalización. Psicología Histórico-Cultural.

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Formatado: Português (Brasil)

Introduction

The illness and the use of medicines by the university professor has been discussed a little. Esper (2019), when surveying articles published about this topic in the electronic library of journals SCIELO - Scientific Electronic Library Online, found that the themes related to the teacher's suffering / illness can be organized in the following axes: 1) competition among peers , generated in the process of forced search by publication; 2) predominance of the quantitative over the qualitative, in which the quantity is better than the quality of the material produced, generating an exacerbated productivism; 3) capitalism in the academic environment, which refers to the process of commodification of knowledge, in which the university, with regard to the production of knowledge, has been similar to industries, and knowledge has become a commodity, as analyzed by Trein and Rodrigues (2011) ; 4) damage to the teacher's quality of life, with loss of leisure time, invasion of working hours in private life and advancement of technologies and its consequences in the lack of delimitation between work and leisure environment, as found by Leite (2017) ; 5)

modification of the teacher's role, being more a manufacturer of papers (PIOLLI et al, 2015) than the purpose of teaching (LEMOS, 2011; OLIVEIRA et al, 2017; VILELA et al, 2013); 6) precariousness of the teaching work, generating insecurity, instability of the teacher in relation to his work and the increase in the number of activities to be undertaken; and 7) lack of ethics at the university, generated by the need to be productive, leading to a dubious quality of what has been produced, plagiarism, self-plagiarism and other intellectual impostures that negatively influence the physical and psychological health of professors.

These factors, characteristic of the moment experienced in capitalism, have led teachers to leave work due to health problems, or even to use medications to be able to perform daily tasks. Esper (2019) points out that, in general, the authors of the researched articles found in the working conditions, in the productive logic, the causes of the suffering / illness of the university professor.

Literature and our practice in higher education have shown that professors who resist the measures that affect their work tend to fall ill more frequently. According to concepts approached by Historical-Cultural Psychology, the activity performed can be emancipating or alienating, depending on the relations of sense and meaning it promotes. Therefore, the search for unity between what the professor believes to be the role of education and what he/she exercises or is forced to exercise, causes intense discomfort, and this is, in our understanding, the genesis of most of his/her sufferings and illness, often leading to the consumption of medicines.

Considering this brief introduction, the objective of this article is to discuss the use of medicines by professors, presenting data from a survey conducted with professors from two public universities in Paraná. We will take as a reference some assumptions of Historical-Cultural Psychology. Initially, we will deal with the context of the illness and end by discussing, more specifically, about the use of medicines, illustrating with some data from the research mentioned.

1. Understanding about suffering/illness

We consider it important to expose to readers what we understand about suffering / illness, taking as reference some assumptions of Historical-Cultural Psychology, based on historical-dialectical materialism.

In this view, we understand that the transformation of nature, through work, has historically formed man, as we can see in Marx (1988), and it needs to be taken in account when considering the worker's illness. Through work, the man transforms nature, begins to produce his livelihoods, his food, and creates physical and symbolic instruments, as explained by Vygotski (1995), to mediate his relationship with nature and with other people.

Markus (1974) believes that the creation of these instruments, which in the historical process are becoming increasingly complex, allow man, together with the established social relations, to continue the transformation of nature, moving from a natural to a cultural environment, in which he is born, he appropriates the goods of humanity and creates new perspectives day to day.

For Lessa (2012, p. 26) work is the founding category of man and with capitalism it has become abstract, "[...] a paid social activity, alienated from capital" (LESSA, 2012, p. 26). As a result, man's productive capacity has become a commodity and his labor force is paid for by wages.

Tumolo and Fontana (2008) consider that professors, in the category of salaried worker, experience a process of precariousness, lowering wages, disqualification, loss of control of the work process, social disrepute of occupation, among other situations. As a worker, the professor undergoes a process of estrangement in his/her teaching activity, just as it does in other professions.

Antunes (2002) and Netto and Carvalho (2015), based on Marx (2008), speak of four forms of estrangement from man in relation to work: 1) estrangement in relation to nature, to its object: the more man produces less have to consume; 2) non-recognition in their own productive activity, work is only a means to obtain money and acquire goods necessary for their subsistence; 3) estrangement from mankind, since it partially appropriates what men, in the historical course, have already produced; and 4) from man by man himself, who, as stated by Marx (2008,

p. 86), means that “[...] one man is alienated from the other, just as each of them [is alienated] from the human essence”. This estrangement, this alienation process can cause suffering / illness and needs to be taken in account when we study this theme.

The conception of psychological suffering that we adopted in our studies aims to consider all the processes of the individual's life, disregarding the concept of illness as something only organic and restricted to the subject. The conception of psychological suffering, based on the contributions of Almeida (2018), focuses on looking at / considering the processes that result in obstructions to life, obstacles in which the mediations are not effective for the transformation of the subjects, consequently causing a kind of hard way they relate to themselves, others and the reality in which they live.

Likewise, Martins (2018) brings the discussion about psychological suffering also considering the obstacles that stand between the subject and reality. The author understands that suffering can be identified in man through his awareness of the existing obstacles to supply the needs that drive the action, in the absence of finding alternatives that make it possible to overcome the problems faced.

We can say that this suffering of the professor in work relationships, taking Leontiev's Activity Theory as a reference, is linked to the meanings and senses that he/she gives to teaching activity. The activity is carried out through the appropriation of meanings and, in Leontiev's words (1978b), the meaning reflects reality, regardless of the personal relationship that the individual establishes with it.

Although they are produced socially, meanings are not appropriate as a mirror reflection. The individual acts actively in this process of appropriation of meanings and they acquire a personal sense. These senses “[...] reflect the reasons engendered by the real vital relationships of man”, as stated by Leontiev (1978a, p. 121).

In the case of the professor's activity, taking into account what Saviani (2003) and Vigotski (2000) propose, the meaning of his/her work is to lead students to appropriate the scientific knowledge produced by humanity. For Leontiev (1978a), the concept of activity is related to the concept of motive - that which incites the

action. The students' learning should be the reason that motivates the action, but this is not what usually happens when the professor experiences a process of alienation caused by working conditions.

Leontiev (1978a) states that there is a hierarchy of motives that provoke in individuals' certain feelings and behaviors that constitute their personality. In the individual development, some activities are subordinate to others. For the author, there are "motives that generate meaning" and "motives-stimuli". Those refer to the reasons that drive the activity and have a personal meaning; these drive action, but do not give rise to meaning. In the case of alienated work, the professors are guided by motives-stimuli, more related to receiving resources for survival.

This hierarchy can be changed in the face of illness, analyzes Zeigarnik (1979; 1981), causing a pathological change in personality. This can be observed when people lose interest in some activities they performed, when they fail to regulate their behaviors, when they change attitudes towards others and with themselves, that is, when changes in their motivational structure occur.

The author observes, in the case of pathopsychology¹, that the superior psychological functions - such as: concentrated attention, logical memory, thinking and creativity, among others - undergo changes. If we consider, as Vygotski (1995) proposes, that these functions are related to the constitution of the personality of individuals and the way they relate to reality, illness causes changes both in their private life and in the social environment.

Zeigarnik (1981, p. 200) analyzes that personality changes occur due to

[...] the decomposition of the structure of needs formed during life. The degradation of personality consists in changing the structure of the socially conditioned need itself: it becomes less mediated, less assimilated, the hierarchical structure of motives is lost, its meaningful function is modified, motives disappear in the long run.

The author understands that these changes do not result only from the personality structure of individuals, but from the context in which this illness occurs, and, in the case of this research, we focus on the work relationships to which the professor is submitted.

¹ Term used in the Soviet Union from the end of the 19th century to refer to studies related to psychopathology.

It is necessary to make a qualitative analysis of the different forms of disintegration of the psyche, considering the mechanisms of altered activities and the possibilities of their recovery. The context in which the sufferings / illnesses are generated is often disregarded and medicalization of the professor occurs, as we will see below.

2. Use of medication or medicalization process of professors?

In the previous section, we discussed the professor's illness, in this one we will discuss the use of medicines, illustrating with data from a study conducted with Higher Education professors. The information was obtained through questionnaires answered by 52 professors in 2018. The research aimed to analyze the relationship between suffering / illness of the university professor and his/her work, considering aspects such as commitment, resistance, and alienation. However, for this article only information about the use of medicines will be analyzed. The research was approved by the Standing Committee on Ethics and Research with Human Beings of the State University of Maringá (Opinion nº 83428418.5.0000.010). The questionnaire was sent to 439 professors from two public universities in Paraná, from courses in the Humanities area, and we got 52 feedbacks. The questionnaire was prepared using the Google Forms tool.

When we asked the teachers if they had any health problem, 33 (63.46%) answered yes; seven (13.46%) said no and 12 did not answer the question (23.08%). This illness can lead to the abusive use of medicines; however, this theme has been little explored when it comes to the worker-professor. The literature is vast about the use of medicines by students, mainly to treat subjects who have Attention Deficit Hyperactivity Disorder (ADHD), whose drug recommendation is the use of Ritalin.

According to Itaborahy and Orteg (2013), Methylphenidate, which is widely consumed by students, has been commercialized since the 1950s in Switzerland, Germany and the United States, Brazil started its consumption in 1982. In this specificity, the authors concluded that there is an excess prescription of

methylphenidate in Brazilian territory, and this is a controversial topic in the analyzed publications.

In the case of research that deals with medicines in the areas of Psychology and Education, there is a wide discussion about the abuse of the use of Ritalin at school, culminating in a medicalization process, as mentioned by Moyses and Collares (2011). Works organized by Leonardo, Leal and Franco (2017), Tuleski and Franco (2019) have also been discussing about the abuse of medication use at school, placing the blame on the individual for not being learning and pathologizing the teaching-learning process

But how can this concept of medicalization be understood? Zorzanelli, Ortega and Bezerra Junior (2014) analyze that there are variations around the concept between the years 1950 and 2010. The authors state the following:

To start from some common conceptual ground, we will present the definitions that this concept received in the work of the sociologist Peter Conrad in two of his works, since these have become standard definitions, even if they arouse controversy. The first states that medicalization means "defining a behavior as a medical problem and licensing the medical profession to offer some type of treatment for such behavior". The most recent definition bears a strong resemblance to the first, namely: "medicalization describes a process by which non-medical problems come to be defined and treated as medical problems, often in terms of diseases or disorders" (p. 1860, emphasis added).

We also start from this Conrad's definition when we understand that medicalizing means defining problems that are not biological or not medical, as if they were. We argue that this fact occurs when we disregard the historical-social factors that produce certain "pathologies" created historically. We understand that this is a creation because behaviors that were not previously considered pathological have been included in the Diagnostic and Statistics Manual for Mental Disorders - DSM in the recent times.

In this regard, Almeida and Gomes (2014), also present some ideas by Conrad about the medicalization process and claim that currently there is an expansion of the limits of the pathological with the reduction of limits in normality, presenting three mechanisms of the medicalization dynamics of society.

The first of them "[...]" refers to the flexibility of the requirements necessary for the diagnostic association of certain life aspects with pre-established nosological entities "[...]" (ALMEIDA; GOMES, 2014, p. 159). The authors analyze that until DSM IV there were more precise rules about the classification of diseases, but from DSM V the criteria became more flexible, using terms such as "mental disorders" for a series of behaviors that before they were considered non-pathological.

The second mechanism is related to the creation of new nosological categories, pathologizing behaviors that were previously considered normal. The third mechanism "[...]" refers to the contemporary dynamics of stimulus, with an air of coercion to prevention through the individual management of 'risks' to health" (p. 160). This dynamic occurs because the new demands of reality demand that the normal be re-signified as pathological.

For the researchers, the pharmaceutical industries, in search of selling more, contribute to this expansion of the pathological. Corroborating with these ideas, Rodrigues (2003, p. 15) analyzes that the limits of biological psychiatry are being continuously expanded, and behaviors previously considered as characteristics of the subjects' personality are being converted into disease, with a "[...] progressive neurochemical understanding of psychic phenomena, in which new pathologies are created every day for which a drug solution is sought."

The fifth edition of the DSM, after twelve years of the previous edition, continues this process of pathologizing different life issues in an increasing way, not only with regard to ADHD, but also expanding other disorders already described and creating new nosological classifications.

In relation to DSM V, Cruz et al (2016) also agreed with this position, emphasizing that the use of DSM is a fundamental criterion for the diagnosis and creation of justifications for the use of medicines.

Esher and Coutinho (2017) analyze that the excessive growth in the use of medicines is also linked to the need to expand the manufacture and commercialization of medicines, preventing the rational use of medicines, among

them Methylphenidate. In this sense, Galindo et al (2014), based on Foucault's ideas, states that the

[...] concentration of capital in the pharmaceutical industries and the expansion of diagnoses of health syndromes have been exponentially expanding the number of diagnostic frameworks and medicalization processes of the minimum social deviations from the norms. (p. 824).

Through medication, suffering and feelings of frustration are soon overcome. Medicines, such as fluoxetine and sertraline, among others, they are conceived as magic pills, which treat suffering without questioning why the illness is.

Likewise, Dantas (2009) understands that the abuse of medicines has been said to be the most efficient and quickest way in modern Western society to heal or alleviate psychological problems or problems that occur in daily life. She comments that "[...] the psychiatric drug appears as a technical solution to eliminate our concerns, in the face of a society that imposes on us the need to be in the condition of permanent happiness" (p. 564)

The pharmaceutical industries finance research, support doctors on their travels and act directly on the consumer through advertisements, spreading the idea that it is possible to buy "happiness" through magic pills. As Barroco, Facci and Morais (2017) comment, these industries are not experiencing the economic crisis that industries have been going through recently.

This is the case, for example, of the 75% increase in the use of methylphenidate, used to treat Attention Deficit Hyperactivity Disorder (ADHD) in children aged six to sixteen years, in the period from 2009 to 2011, as data from the Health Surveillance Agency (2012). This demonstrates how much these industries are interested in spreading the idea that today there are remedies for all the pathologies that are created in the DSM, to increase the consumption of medicines.

Machado and Ferreira (2014) made a historic research about the pharmaceutical industries and found that since 1960 technological research has been carried out in these industries marked by the dissemination of generic drugs. In the 1980s the race was for innovative drugs, a period in which the antidepressant Fluoxetine appeared in Belgium, which in 1986 was popularized in the United States

under the name Prozac. Since then, the pharmaceutical industries continue to seek medicines, now for syndromes and disorders that are currently registered.

Drug advertisements promise to remedy any mismatch. According to Rodrigues (2003), the industries, with their advertisements, in addition to informing the characteristics and advantages of their products, seek to disseminate the idea that medication can restore balance, making the individual more likely to be integrated into society.

At this point, according to the author, the doctor, who obtains information about medicines from the industries that produce them, ends up reinforcing the idea of the biologization of behavior, turning the medicine into the main instrument of "cure" for problems arising, in most of the capitalist social structure.

This use of the medication can be observed in the 52 university professors who answered the questionnaire in the research we conducted. Of these, 32 (61, 54%) stated that they had taken any medication in the last 12 months. The most cited drugs were antidepressants (10 teachers), anxiolytics (7 teachers) and remedies for headaches (6 teachers). The rest were for insomnia, headache, heart problems, high blood pressure, anti-allergies, seizures, hypothyroidism and body pain. Some professors mentioned a combination of drugs.

We can analyze, by the information collected in the questionnaires, that often the professors are taking medication to survive in the field of work, in a process of coping with precarious work.

The use of medication, as we have been treating, is widely disseminated in the media. Vaz (2015) understands that there is a "sale of mental illness" in weekly Brazilian magazines, in which the report is always accompanied by advertisements about medicines.

Diseases are trivialized, as if they were part of everyday life, and stories of famous characters who had some pathology, but who managed to overcome it using medicines, are commonly used. If the cure depends only on the use of the medication, then one tries to convince the reader, at all costs, that the problem is in him/her, in his/her body, in the biological aspect.

Barros (2002) corroborates this understanding and analyzes that the mechanistic framework reinforces explanations that reduce the health-disease process to a strictly biological sphere, and “[...] propagates, even though the media or internet sites, both the 'solutions' that have already come to light like those about to do so (products for impotence, new antirheumatic drugs and antidepressants, drugs for migraine, osteoporosis, obesity or for quitting smoking)” (p. 81-82).

People really believe in the "strength" of using drugs. When the professors, in our research, were asked about the positive points of the medication, we obtained the answers shown in Chart 01:

Answers	Frequency
Normality / Stability / Control / Symptom relief	23
Sleep aid	4
Helps to cope with the daily life	3
Brings palliative care	3
Does not take medication	2
Did not answer the question	19

Chart 1 - Positive effects that the medication provides. Elaboration by Esper (2019).

The references to the positive effects that the medication provides were staggered as follows: normality / stability / control / relief of symptoms (23 responses); sleep aid (4 replies); helps to cope with daily life and palliative care (3 responses each). In addition, the professors made a direct relationship between medication use and productivity, with the activities they perform at work.

Antunes (2006) discusses the strangeness at work considering that in capitalist society, instead of becoming humanized, man is mischaracterized, defective, and he is not found, and he does not feel in the activity he performs. The use of medications for maintenance and permanence at work is evidence that work has lost its humanization function and causes “deformations” in the subject.

In addition, as can be seen in the response of the investigated group, the benefits disseminated by the media were also found in the use of medicines. University professors reported how well they feel and are prepared to deal with

professional activities when they are using medication, but the negative effects were also mentioned by them, as we can see in Chart 2.

We know that a strongly medicalized society is the result of major investments by the pharmaceutical industry, which, without considering adverse reactions, promotes medicine as the only means of achieving well-being.

Answers	Frequency
Dependence or risk of chemical dependency	6
Sleep problems and / or drowsiness	4
Prostration / Discouragement	4
There is no negative effect	4
Memory impairment	2
Stress	2
Financial expenses	2
Intoxication	1
Dependence on medical rationality	1
Worsening of symptoms	1
Dizziness	1
Compromise of the senses	1
Worsening of the immune system	1
Having to regulate schedules	1
Problemas digestivos	1
Does not eliminate the causes of the problem	1
Does not use medication	2
Did not answer the question	22

Chart 2 - Negative effects that the medication provides. Elaboration by Esper (2019)

Dependence on the drug was a recurring topic in the questionnaires. Two teachers commented that they are dependent on the medication, in order to be able to maintain their performance in their activities. They stated that the activities that they perform make them sick, and that the medication does not promote the real solution of the problems, however they see it as a device that helps to maintain their routines.

In a consumerist perspective, in the pursuit of well-being at any price, in which diseases and medicines are trivialized, individuals are increasingly led to the consumption of an enormous and varied amount of medicines. However, as

analyzed by Almeida and Gomes (2014), we cannot link the increase in the use of medicines only to the strengths of the pharmaceutical industries. It is necessary, above all, to analyze the contradictions that are present in society and that manifest themselves as suffering and illness both at the level of the individual and the community.

We cannot fail to consider, as we discussed earlier, that the labor relations experienced by men today, the demands for more production and more profit, can also lead the worker to consume medicines in order to survive in the face of the difficulties imposed by capital. He needs to expand the production of surplus value.

All this context of productive restructuring and the intensification of work, lead the individual, allied to a media that constantly presents “miraculous” medications, to the consumption of medications to have some relief in the face of suffering, both psychic and in the very organism that insists in wanting to succumb.

As Almeida and Gomes (2014) comment, these facts are expressed in “new epidemiological profiles”. Repeated strain injuries - RSI, depression and panic syndrome affect workers, taking away the strength to oppose precarious work. Such diseases are listed in official documents dealing with the illness of the worker, as reported by Leão and Brant (2015).

In our research, the types of illness mentioned were diverse, with depression being the most recurrent in eight professors. Grouping some responses, we note the fact that 21 point to psychic problems, such as depression, anxiety, stress, Burnout syndrome, insomnia and psychiatric problems.

These data can be related to the discussion by Facci, Urt and Barros (2018), who, in a survey of 20 readapted teachers of Basic Education, found that the most frequent problems of illness were related to psychic disorders, such as depression and panic syndrome. The 20 teachers interviewed by the authors, only four did not relate illness to work.

When discussing mood disorders, Almeida (2018) considers that depression and bipolarity emerge as an expression of resistance to the narrowing that the capitalist mode of production imposes on the subject, that is, the author establishes

a link between the way of production and the expressions of the psyche. This point was found among the professors as well. When asked about the hypotheses for the reasons for the illness, we obtained the following answers, presented in Chart 3.

Answers	Frequency
Stress / emotional stress / tension / psychological pressure	17
Work overload	9
Conflicting interpersonal relationships in academy	6
Lack of physical exercise	4
Genetic, hereditary factors	4
Assume leadership position	3
Bad university infrastructure	2
Personal factors (family problems)	1
Health habits	1
Conditions in which the university and the country meet	1
Lack of recognition	1
Lack of perspective to transform reality	1
Extended sitting time	1
Extended standing time	1
Inadequate food	1
Did not answer the question	18

Chart 3 - Hypotheses about the reasons for the illness. Elaboration by Esper (2019).

The biggest highlight of the responses is in stress / emotional exhaustion / tension / psychological pressure (17 responses); work overload (9 responses); and conflicting interpersonal relationships in the academy (6 replies). We see in Chart 3 that only two of the topics pointed out by teachers are not related to teaching: genetic, hereditary factors (4 responses), and personal factors (1 response). Furthermore, all the answers point, in some way, to the context of teaching - even lack of physical exercise and health habits are indirectly related to teaching.

The lack of time for leisure and to take care of oneself is seen as a loss of the professor's quality of life, and it was mentioned in the research works carried out by Borsoi and Pereira (2013), Leite (2017), Lemos (2011), Oliveira et al (2017), Pizzio and Klein, (2015).

We understand, as Almeida and Gomes (2014), the illness that culminates in the use of medicines, leading to a process of medicalization, when we consider an

abuse of medicines to deal with issues that go far beyond the biological aspect - they are strongly related to the issue of work.

According to the authors, social contradictions are transferred to the field of pathological, biological, hiding and naturalizing the true causes of suffering, which may lead to betting on the individual's need to adapt to the context that is he/she inserted.

Brzozowski and Caponi (2006), likewise, analyze that the medicalization of social issues leads to the naturalization of life and social processes that permeate the behavior of individuals.

Thus, a complex frame is explained, involving psychological and social issues, only through the imbalance of one or more neurotransmitters in the brain. Within this explanatory format, the instances of power can easily be exempt from some responsibilities, such as reducing social inequalities or offering quality education that respects individualities, since the problems are in the context of neurological diseases, treatable with drugs. (BRZOZOWSKI; CAPONI, 2006, p. 217).

These situations can lead to workers becoming ill. In the most specific case of this disease among professors, we can see that several studies associate the problem with precarious work. Lemos (2011) has the understanding that precariousness is due to the new form of work organization, which as it is, creates instability and insecurity for workers.

Leite (2017) argues that the precariousness of teaching work, together with competitiveness and productivism, intensifies when the transformations of the world of work are taken to education. Cortez et al (2017) point out that the precariousness of health and work conditions are inherent to all levels of education and directly impacts the health of professors.

Leite and Nogueira (2017) agree with this assertion and, as an example of precarious conditions, bring "loss of social security rights, contractual instability, early retirements without the provision of vacancies, fierce competition for resources and devaluation of work" (LEITE; NOGUEIRA, 2017, p.10). This leads, in addition to consequences for the professor's health, to the loss of the quality of higher education.

Pizzio and Klein (2015) associate precarious work with an increase in teaching activities and, consequently, with the invasion of work in the private universe. They also relate to the lack of physical structure of federal universities and identify that this objective precariousness is one of the sources of discomfort for the 130 teachers who answered their questionnaires.

When investigating the perceptions of pleasure-suffering of 52 university professors, Vilela et al (2013) discuss five factors that cause malaise and suffering resulting from the precariousness of professors' work. The first concerns the temporary hiring of substitute professors, which should be done through a public tender; the second is the intensification of work, requiring new functions that cause overload and illness; the third is the lack of union representation that favors freedom of expression; the fourth, the loss of the professor's role, of authority, in a student-client context, where knowledge is commodified; and the fifth refers to the need for teachers to link up with other educational institutions to supplement their salaries.

It is research linked to higher education that makes us question the extent to which teachers are not becoming consumers of medicines to face the demeaning work conditions, the conditions of dehumanization of work.

Facci et al (2017), when researching the use of medications among teachers of Basic Education, also found that they attribute the responsibility for their illnesses to job insecurity. The teachers who participated in the research, 51% established a relationship with the professional activities performed, 7% considered that they had a partial relationship, and the rest did not establish a relationship between these two aspects.

We understand that there is a process of medicalization among professors, considering that individual problems start to explain the illness, which, in our view, they are due to working conditions and the way teaching-learning relationships have been constituted historically.

The fact of becoming ill is not intrinsic to the subject; it is situated, dated, at a time when work is relaxed. There is a high number of professors who have temporary ties, there is little financial investment in education, professors are

charged in relation to student performance, but they have little opportunity to be prepared, among other problems that permeate the act of teaching.

The professors, as we have seen, make use of medicines, bringing with them the responsibility for being ill, however we know that this context produces sick subjects, in suffering and with little possibility of developing potential in alienated work.

Final considerations

Chauí (2001) explains that since 1970 universities have been guided by neoliberal policies, when capitalism was faced with something unprecedented until then: low growth rates and high inflation rates. From that moment on, there began to be, among other things, the breaking of the power of the unions, of the workers' movements, the cut of social charges and the incentive to private investments, restructuring all forms of tax collection, privileging the great fortunes. Increasingly, the teacher has less collective space to undertake struggles in defense of teaching and working conditions that promote their development and that of their students.

Public universities, currently, have suffered financial cuts and have experienced the proposition and implementation of educational policies that devalue knowledge and, consequently, the professor's work. The laws that guide work, broadly, supported by the neoliberal model, prevail in the university, with privatization and outsourcing of functions. Education, which should be guaranteed as a right of all in the appropriation of scientific knowledge, has become a commodity. Productivism, competition among peers, excessive activities to be carried out, among other problems, are present in Higher Education, especially in Graduate Studies.

Education as a commodity was discussed and severely criticized by Chauí (2001). With the education reform, the author explains that it has been seen like a training of labor for the market, disconnecting it from knowledge. Education was conceived as capital, an investment, and it should generate social profit. The

university, then, became a great company, and the concept of productivity, specific to the business sphere, entered strongly in the university environment.

The contradictions between what is postulated as a goal and what happens in universities are enormous, and the understanding of the purpose of the work of both the professor and the university is hampered, it cannot be achieved, because of the dismantling of education - characteristic of neoliberalism. Insecurity, fear in the face of the directions given, in federal and state terms, to education interfere in the professor's mental health, especially at this current moment, in which we are writing this article, in the face of the Covid-19 pandemic.

The professor, in the context of the struggle for survival at work, often resorts to the use of medicines. The meaning of education, which should be the transmission-appropriation of scientific knowledge, is not the same sense that the professor often has in relation to his work: he develops his practice to survive. A rupture then occurs, causing alienation, as we can see in the ideas defended by Leontiev (1978) when it comes to the relationship between sense and meaning.

As mentioned by Mezzari, Facci and Leonardo (2019), in this process of alienation there is a rupture between the meaning of the professor's role and the meaning given to his professional practice, because he is not offered the conditions to teach important content that will support his praxis. The focus has been a shallow and fast education, which trains professionals without the ability to question and deal with social problems.

At this moment, it is extremely important to return to our understanding of the term *medicalization*. Franco, Tuleski and Eidt (2016) understand it as the process of giving the appearance of a health problem to problems that, in fact, manifest social issues. Thus, the professors who are going through the process of becoming ill - whose origin, for the most part, is understood by Historical-Cultural Psychology as being of a social nature - undergo interventions of only a biological nature, which undoubtedly makes such an intervention be inefficient.

Barroco, Facci and Moraes (2017) affirm that, in general, medicalization finds a rich space in our society because it is a way of treating social problems in an

individual and blaming way, which implies not questioning social differences, but its legitimation. The professors, many times, even, being aware of the objective conditions that lead to illness, still continue to think that the problem is centered on their inability to deal with the problems that occur on a daily basis at the university.

In a society of unhealthy, uncomfortable and unsuitable relationships, in which man is exploited to the maximum and access to what is achieved by humanity is restricted to a small number of subjects, it is “necessary” to create medicines that bring a certain social well-being. In short, the use of medications is not restricted to the educational context, but is extended to a medicalization of life, as a way of coping with the problems that everyday life imposes.

We found, in the assumptions of Historical-Cultural Psychology, a new way of coping with the medicalization of life, that is, understanding the socio-historical nature of the human psyche and its implications for our way of acting as psychologists, doctors, professors and other professionals. When we understand that man is made and develops in and through relationships with other men, we realize that much of what is explained as poorly developed biologically has roots in the way the subject is driven to develop. Vigotski (2000) analyzes that, through the transmission-appropriation of scientific knowledge, men develop the capacity to understand the world, to make generalizations, transforming both their knowledge of reality and the way of understanding society. When we bring this discussion to the context of universities, we see that the work system to which teachers are subjected has led them to become ill and incapacitated to fulfill their main function of teaching, developing and promoting development in students.

Medicalization in school and university environments is a very recurrent phenomenon, the explanation of which is based on multiple determinations: its historicity, the reasons for its recurrence and the needs they created. We understand that a fruitful way to explain and face it is to analyze the human psyche based on its real formation, its socio-historical formation.

From what has been exposed, we understand that suffering and illness are a form of reaction of the subject to the obstacles he/she encounters in his/her

development process, and that one of the recurring ways of "solving them" it has been medicalization. We also understand that professors' motivations interfere with their pedagogical practice. It is not, however, a personal, individualized motivation, but socially constructed in the individual.

The research carried out, from our point of view, still needs to bring more elements not only to understand how and under what conditions this illness occurs, but to think about ways of coping with this illness. It is imperative that professors have collective spaces to express their suffering. Only in the community will it be possible to find ways that allow the teacher to fight for better working conditions, overcoming the alienating conditions imposed in the defense of maintaining society as it is today.

References

AGÊNCIA DE VIGILÂNCIA SANITÁRIA. Prescrição e Consumo de Metilfenidato no Brasil: identificando riscos para o monitoramento e controle sanitário. **Boletim de Farmacoepidemiologia**, ano 2, n.2, 2012.

ALMEIDA, Melissa Rodrigues; GOMES, Rogerio Miranda. Medicalização social e educação: contribuições da teoria da determinação social do processo saúde doença. **Nuances**: estudos sobre Educação, Presidente Prudente, SP, vol. 25, n.1, p. 155-175, jan./abr. 2014. Disponível em: <https://revista.fct.unesp.br/index.php/Nuances/article/viewArticle/2728>

ALMEIDA, Melissa Rodrigues. **Formação social dos transtornos do humor** (Tese de Doutorado). Faculdade de Medicina de Botucatu, Universidade Estadual Paulista "Júlio de Mesquita Filho", Botucatu, SP, 2018.

ANTUNES, Ricardo. Os exercícios da subjetividade: as reificações inocentes e as reificações estranhadas. **Caderno CRH**. Salvador, v. 24, n.37, p.119-129, 2002. Disponível em: <https://www.scielo.br/pdf/ccrh/v24nspe1/a09v24nspe1.pdf>

ANTUNES, Ricardo. **Os sentidos do trabalho**. Ensaios sobre a afirmação e a negação do trabalho. São Paulo: Boitempo, 2006.

BARROCO, Sonia Mari Shima; FACCI, Marilda Gonçalves Dias; MORAIS, Renata Jacinto Siqueira. Posicionamento da Psicologia ante o Crescimento da medicalização. In: LEONARDO, Nilza Sanches Tessaro; LEAL, Zaira Fatima Rezende Gonzalez; FRANCO, Adriana Fátima (orgs.). **Medicalização da**

educação e psicologia histórico-cultural: em defesa da emancipação humana. Maringá, EdUEM, 2017.

BARROS, Jose Augusto. Pensando o processo saúde doença: a que responde o modelo biomédico? **Saude soc.**, Sao Paulo, v. 11, n.1, pp.67-84, jan.jul./2002. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902002000100008

BORSOI, Isabel Cristina Ferreira; PEREIRA, Favillio Silva Professores do ensino público superior: produtividade, produtivismo e adoecimento. **Universitas Psychologica**, Bogotá, v. 12, n.4, pp. 1213-1235, 2013. Disponível em: http://www.scielo.org.co/scielo.php?pid=S1657-92672013000400018&script=sci_abstract&tlng=pt

BRZOZOWSKI, Fabiola Stolfi; CAPONI, Sandra Noemi Curucullo. Medicalização dos desvios de comportamento na infância: aspectos positivos e negativos. **Psicologia ciência e profissão**, Brasília, v.33, n1, pp.208-221, 2013. Disponível em: <https://www.scielo.br/pdf/pcpv33n1/v33n1a16.pdf>

CHAUÍ, Marilena. **Escritos sobre a Universidade**. São Paulo: UNESP, 2001.

CORTEZ, Pedro Afonso; RODRIGUES, Marcos Vinícius; AMARAL, Laura de Oliveira; SILVA, Luiz Carlos Avelino. A. et al. A saúde docente no trabalho: apontamentos a partir da literatura recente. **Cadernos Saúde coletiva**, v.1, n.25, p.113-122, mar./2017. Disponível em: https://www.scielo.br/scielo.php?pid=S1414-462X2017000100113&script=sci_abstract&tlng=pt

CRUZ, Murilo Galvao Amancio; OKAMOTO, Mary Yoko.; FERRAZA, Daniele de Andrade. O caso Transtorno do Déficit de Atenção e Hiperatividade (TDAH) e a medicalização da educação: uma análise a partir do relato de pais e professores. **Interface**, Botucatu, v. 20, n.58, pp. 703-714, set./2016. Disponível em: <https://www.scielo.br/pdf/icse/v20n58/1807-5762-icse-1807-576220150575.pdf>

DANTAS, Jurema Barros. Tecnificação da vida: uma discussão sobre o discurso da medicalização da sociedade. **Fractal: Revista de Psicologia**, Rio de Janeiro, v. 21, n.3, p. 563-580, set./dez./2009. Disponível em: <https://www.scielo.br/pdf/fractal/v21n3/11.pdf>

ESHER, Angela; COUTINHO, Tiago. Uso racional de medicamentos, farmacologização e usos do metilfenidato. **Ciências saúde coletiva**, Rio de Janeiro, v. 22, n.8, p.2571-2580, 2017. Disponível em: <https://www.scielo.br/pdf/csc/v22n8/1413-8123-csc-22-08-2571.pdf>

ESPER, Marina Beatriz Shima Barroco. **Sofrimento/adoecimento do professor universitário e relações de trabalho**: estudo a partir da psicologia histórico-cultural. Dissertação de mestrado, Programa de Pós Graduação em Psicologia, Universidade Estadual de Maringá, Maringá, PR, 2019.

FACCI, Marilda Gonçalves Dias; URT, Sonia da Cunha; BARROS, Ana Tereza Fernandes. Professor readaptado: a precarização do trabalho docente e o adoecimento. **Revista Psicologia Escolar e Educacional**, São Paulo, v. 22, n.2, p. 281-290, 2018. Disponível em:
<https://www.scielo.br/pdf/pee/v22n2/2175-3539-pee-22-02-281.pdf>

FACCI, Marilda Gonçalves Dias; MEZZARI, Diana Priscila de Souza.; LEONARDO, Nilza Sanches Tessaro; URT, Sonia da Cunha. Uso de medicamentos ou medicalização dos professores? Uma discussão sobre as relações de trabalho e adoecimento. In: FACCI, Marilda Gonçalves Dias; URT, Sonia da Cunha (orgs.). **Precarização do trabalho, adoecimento e sofrimento do professor**. Piauí, EdUFPI, 2017.

FRANCO, Adriana de Fátima; TULESKI, Silvana Calvo; EIDT, Nadia Mara. O uso de medicamento controlado na educação infantil: um retrato preliminar do terceiro maior município paranaense. In: CAMPOS, Herculano Ricardo, SOUZA, Marilene Proença Rebello; FACCI, Marilda Gonçalves Dias (orgs.). **Psicologia e políticas educacionais**. Natal, EdUFRN, 2016.

GALINDO, Dolores; LEMOS, Flavia Cristina Silveira.; LEE, Henrique de Oliveira; RODRIGUES, Renata Vilela. Vidas Medicalizadas: por uma Genealogia das Resistências à Farmacologização. **Psicologia ciência e profissão**, v. 34, n.4, p. 821-834, 2014. Disponível em: <https://www.scielo.br/pdf/pcp/v34n4/1982-3703-pcp-34-4-0821.pdf>

ITABORAHY, Cláudia; ORTEGA, Francisco. O metifenidato no Brasil: uma década de publicações. **Ciências saúde coletiva**, v.18, n.3, p.803-816, mar./2013. Disponível em: <https://www.scielo.br/pdf/csc/v18n3/26.pdf>

LEAO, Luis Henrique da Costa; BRANT, Luiz Carlos. Manifestações de sofrimento: dilemas e desafios para a vigilância em saúde do trabalhador. **Physis**, v.25, n.4, p.1271-1292, 2015. Disponível em: <https://www.scielo.br/pdf/physis/v25n4/0103-7331-physis-25-04-01271.pdf>

LEITE, Andrea Ferreira; & NOGUEIRA, Julia Aparecida Devidé. Fatores condicionantes de saúde relacionados ao trabalho de professores universitários da área da saúde: uma revisão integrativa. **Revista Brasileira de Saúde Ocupacional**, São Paulo, v. 42, n. 6, p.1-15, mai./2017. Disponível em:
<https://www.scielo.br/pdf/rbso/v42/2317-6369-rbso-42-e6.pdf>

LEITE, Janere Luzia. Publicar ou perecer: a esfinge do produtivismo acadêmico. **Revista Katálysis**, Florianópolis, v. 20, n.2, p. 207-215, 2017. Disponível em: <https://www.scielo.br/pdf/rk/v20n2/1414-4980-rk-20-02-00207.pdf>

LEMOS, Denise. Trabalho docente nas universidades federais: tensões e contradições. **Caderno CRH**, Salvador, v. 24, p. 105-120, 2011. Disponível em: <https://www.scielo.br/pdf/ccrh/v24nspe1/a08v24nspe1.pdf>

LEONTIEV, Alexis Nikolaevich. **Actividad, Conciencia y Personalidad**. Buenos Aires: Ediciones Ciencias del Hombre, 1978a.

LEONTIEV, Alexis Nikolaevich. **O desenvolvimento do psiquismo**. Lisboa: Livros Horizonte, 1978b.

LEONARDO, Nilza Sanches Tessaro; LEAL, Zaira Fatima Rezende Gonzalez; FRANCO, Adriana Fátima (orgs.). **Medicalização da Educação e Psicologia Histórico-cultural: em defesa da Emancipação Humana**. Maringá: EdUEM, 2017.

LESSA, Sérgio. **Mundo dos homens: trabalho e ser social**. 3. ed. São Paulo: Instituto Lukács, 2012.

MACHADO, Leticia Vier Machado; FERREIRA, Rodrigo Ramires. A indústria farmacêutica e psicanálise diante da "epidemia de depressão": respostas possíveis. **Psicologia em Estudo**, Maringá, v. 19, n.1, p. 135-144, jan./mar. 2014. Disponível em: <https://www.scielo.br/pdf/pe/v19n1/14.pdf>

MARKUS, Gyorgy. **Teoria do conhecimento no jovem Marx**. Rio de Janeiro: Paz e Terra, 1974.

MARTINS, Ligia Márcia. O sofrimento e /ou adoecimento psíquico do(a) professor(a) em um contexto de fragilização da formação humana. **Cadernos CEMARX**, Campinas, n.11, p. 127-144, 2018.

MARX, Karl. **Manuscritos econômico-filosóficos**. São Paulo: Boitempo, 2008.

MARX, Karl. **O capital: crítica a economia política**. Rio de Janeiro: Bertrand Brasil, 1988.

MEZZARI, Diana Priscila de Souza; FACCI, Marilda Gonçalves Dias; LEONARDO, Nilza Sanches Tessaro. Medicalização entre professores: formas de enfrentamento aos dilemas do trabalho na educação? In: TULESKI, Silvana Calvo; FRANCO, Adriana Fátima. **O lado sombrio da medicalização na infância: possibilidades de enfrentamento**. Rio de Janeiro: Nau, 2019.

MOYSÉS, Maria Aparecida; COLLARES, Cecília. O lado escuro da dislexia e do TDAH. *In*: FACCI, Marilda Gonçalves Dias; MEIRA, Marisa Eugenia Melillo; TULESKI, Silvana Calvo (orgs.). **A exclusão dos incluídos: uma crítica da psicologia da educação à patologização e medicalização dos processos educativos**. Maringá: EDUEM, 2011.

NETTO, Nilson Berenchein.; CARVALHO, Bruno Trabalho, universidade e suicídio: uma análise da precarização/intensificação do trabalho docente desde o materialismo histórico-dialético. **Revista Advir**, Rio de Janeiro, n. 33, p. 67-85, 2015.

OLIVEIRA, Amanda da Silva Dias Oliveira; PEREIRA, Maristela de Souza Pereira; LIMA, Luana Mundim Trabalho, produtivismo e adoecimento dos docentes nas universidades públicas brasileiras. **Psicologia Escolar e Educacional**, v. 21, n.3, p. 609-619, 2017. Disponível em: <https://www.scielo.br/pdf/pee/v21n3/2175-3539-pee-21-03-609.pdf>

PIOLLI, Evaldo; SILVA, Eduardo Pinto; HELOANI, José Roberto M. Plano Nacional de Educação, autonomia controlada e adoecimento do professor. **Cadernos CEDES**, Campinas, v. 35, n.97, p. 589-607, set./dez.2015. Disponível em: <https://www.scielo.br/pdf/ccedes/v35n97/1678-7110-ccedes-35-97-00589.pdf>

PIZZIO, Alex; KLEIN, Karla. Qualidade de vida no trabalho e adoecimento no cotidiano de docentes do Ensino Superior. **Educação & Sociedade**, Campinas, v. 36, n.131, p. 493-513, abr./jun.2015. Disponível em: <https://www.scielo.br/pdf/es/v36n131/1678-4626-es-36-131-00493.pdf>

RODRIGUES, Joelson Tavares. A medicação como única resposta: uma miragem do contemporâneo. **Psicologia em Estudo**, Maringá. v. 8, n.1, p.13-22, jan./jun. 2003. Disponível em: <https://www.scielo.br/pdf/pe/v8n1/v8n1a03.pdf>

SAVIANI, Dermeval. **Pedagogia histórico-crítica: primeiras aproximações**. 8. ed. Campinas: Autores Associados, 2003.

TREIN, Eunice; RODRIGUES, José. O mal-estar na academia: produtivismo científico, o fetichismo do conhecimento-mercadoria. **Revista Brasileira de Educação**, v. 16 n. 48, p. 769- 792, set./dez.2011. Disponível em: <https://www.scielo.br/pdf/rbedu/v16n48/v16n48a12.pdf>

TULESKI, Silvana Calvo; FRANCO, Adriana Franco. **O lado sombrio da medicalização na infância: possibilidades de enfrentamento**. Rio de Janeiro: Nau, 2019.

TUMOLO, Paulo Sérgio; FONTANA, Klalter. Bez Trabalho docente e capitalismo: um estudo crítico da produção acadêmica da década de 1990. **Educação e Sociedade**, Campinas, v. 29, n102, p. 159-180, jan./abr. 2008.

Disponível em: <https://www.scielo.br/pdf/es/v29n102/a0929102.pdf>

VAZ, Paulo. Do normal ao consumidor: conceito de doença e medicamento na contemporaneidade. **Ágora**, Rio de Janeiro, v. XVIII, n.1, p. 51-68, jan/jun 2015.

Disponível em: <https://www.scielo.br/pdf/agora/v18n1/1516-1498-agora-18-01-00051.pdf>

VILELA, Elenita Fátima; GARCIA, Fernanda Coutinho; VIEIRA, Adriane. Vivências de prazer-sofrimento no trabalho do professor universitário: estudo de caso em uma instituição pública. **Revista Eletrônica de Administração**, Porto Alegre, v. 19, n. 2, p. 517-540, mai./ago.2013. Disponível em:

<https://www.scielo.br/pdf/read/v19n2/v19n2a10.pdf>

VIGOTSKI, Lev Semyonovich. **A construção do pensamento e da linguagem**. São Paulo: Martins Fontes, 2000.

YVIGOTSKI, Lev Semyonovich. **Obras escogidas III: problemas del desarrollo de la psique**. Madrid: Visor Distribuciones, 1995.

ZEIGARNIK, Bluma Wolfonna. **Introducción a la Patopsicología**. La Habana: Científico Técnica, 1979.

ZEIGARNIK, Bluma Wulfovna. **Psicopatologia**. Madri: Akal Editor, 1981.

ZORZANELLI, Rafaela Teixeira; ORTEGA, Francisco; BEZERRA JUNIOR, Benilton. Um panorama sobre as variações em torno do conceito de medicalização entre 1950-2010. **Ciênc. saúde coletiva**, v.19, n.6, pp.1859-1868, 2014.

Disponível em: <https://www.scielo.br/pdf/csc/v19n6/1413-8123-csc-19-06-01859.pdf>

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