



## Inherence of clinical diagnosis in the production of educational (in)exclusion

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**ABSTRACT.** Presenting a clinical diagnosis (CD) in the context of special education can be interpreted by two ways: on the one hand, it can be used as a way to build strategies for attention to the student; on the other hand, being the reason of prejudice and exclusion, resulting in delimitation of educational practices. These are reflections that base the discussion in this paper, whose objective is to reflect upon the inherence of CD as a producer of inclusion/exclusion in the perspective of Inclusive Education. In order to meet the objective, the research method consisted of integrative review, and as source of analysis the studies produced by two important journals in the area of Special Education: the Brazilian Journal of Special Education and the Journal Special Education. It can be concluded that the CD is an ally in the building strategies for pedagogical action, reason why it can be structured by health and education, while cross-sectional concept, with the purpose of improving educational conditions. Exclusion, in turn, is a process inherent to the production of a CD.

**Keywords:** special education; inclusion; scholar health.

### A inerência do diagnóstico clínico na produção de (in)exclusão educacional

**RESUMO.** Apresentar um diagnóstico clínico no contexto da Educação Especial pode ser interpretado como via de mão dupla: por um lado, pode ser utilizado como forma de construir estratégias para a atenção ao estudante; por outro, ser causa de preconceito e exclusão, resultando, até mesmo, na delimitação de práticas educativas. Essas são as reflexões que sustentam a discussão deste artigo, cujo objetivo é refletir sobre a inerência do DC como produtor de inclusão/exclusão na perspectiva da educação inclusiva. Para atender a esse objetivo, foi utilizado como método de pesquisa a revisão integrativa, tendo como material de exame os artigos produzidos por duas importantes revistas da área da educação especial: a Revista Brasileira de Educação Especial e a Revista Educação Especial. Pôde-se concluir que o DC é um aliado na formulação de estratégias de atuação pedagógicas, razão pela qual pode ser estruturado pela saúde e pela educação, enquanto conceitos transversais, com a finalidade de melhorar as condições educacionais. A exclusão, por sua vez, é um processo inerente à produção de um DC.

**Palavras-chave:** educação especial; inclusão; saúde do escolar.

### La inherencia del diagnóstico clínico en la producción de (in)exclusión educacional

**RESUMEN.** Presentar un diagnóstico clínico (DC) en el contexto de la educación especial puede ser interpretado como una vía de doble sentido: por un lado, puede ser utilizado como forma de construir estrategias para la atención al estudiante; por otro, ser causa de prejuicio y exclusión, resultando, incluso, en la delimitación de prácticas educativas. Estas son las reflexiones que sostienen la discusión de este artículo, cuyo objetivo es reflexionar sobre la inherencia del DC como productor de inclusión/exclusión en la perspectiva de la educación inclusiva. Para atender a este objetivo, fue utilizada como método de investigación la revisión integradora, teniendo como material de examen los artículos producidos por dos importantes revistas del área de la educación especial: la Revista Brasileira de Educação Especial y la Revista Educação Especial. Se pudo concluir que el DC es un aliado en la formulación de estrategias de actuación pedagógicas, razón por la cual puede ser estructurado por la salud y por la educación, como conceptos transversales, con la finalidad de mejorar las condiciones educacionales. La exclusión, a su vez, es un proceso inherente a la producción de un DC.

**Palabras clave:** educación especial; inclusión; salud del escolar.

## Introduction

The term diagnosis, in spite of being at first used by medicine, is different in the wide variety of fields, due the determination of situations, local diseases and decision strategies in professional life and personal life decisions. The term is not exclusive of the medicine fields, whereas nowadays there is great fragmentation of the professions, which reinvent and reformulate concepts, seeking to adapt to their own needs. There is recognition, therefore, in all fields of knowledge, that the quality of the evaluation process, the professional experience, is the starting point for its leadership and effectiveness.

In the educational context the diagnosis is different from evaluation of, therefore all evaluation may create a diagnosis, because a series of criteria are listed to establish a result in it. According to Vasquez (2015, p. 52) the term diagnosis, by the fields of health, is defined as the "[...] knowledge or determination of a disease by the observation of its symptoms; the facts that illuminate a conclusion; the first step of the therapeutic process". In turn the pedagogical evaluation is understood as a reflexive tool, which is structured on the student's learning over the disability (Possa, Naujorks & Rios, 2012).

However, Possa et al. (2012) treat the two concepts as a binomial that, regardless of the approach, strengthens the idea of difference. The authors argue that the diagnosis is presented as the "[...] identification of the disability and evaluation as monitoring and pedagogical intervention" (Possa et al., 2012, p. 473), which are objects of a discourse that has the same purpose for the performance of the special education teacher (SET): the identification of abnormality, normalization and student control.

The current legislation considers that the presentation of the CD (Clinical Diagnosis)<sup>1</sup> for the attendance of the EE target public student in the Specialized Educational Assistance (SEA) is unnecessary; since it has a pedagogical and non-clinical approach (Brazil, 2014). However, what has been observed is an attempt to replace the CD by the pedagogical evaluation (Possa et al., 2012). The presence of CD in this context is most probably due to the history of the formation of SE area, as well as to the history of the education of people with disabilities.

In the area of special education, the CD has been the subject of several discussions. However, reflecting on this theme requires considering the history of education of people with disabilities in Brazil. This history is marked by segregation, prejudice and exclusion, aspects that are reflected in

the policies for education, in the conduct of those involved with the process and in the paradigms that keep abreast of the theme as a whole.

In the formative process of the SET professional, studies are developed that aggregate concepts and knowledge of the areas of health and education, important for working with students with disabilities, in order to develop their learning. In this context, the Jomtien Declaration (Unesco, 1990), which guarantees education for all, reveals the need for a paradigm shift, hitherto exclusionary and segregating. This document, followed by the Declaration of Salamanca (United Nations Educational, Scientific and Cultural Organization (Unesco, 1994), initiates an educational discussion concerning the inclusion of all students in school, a fact that requires a deep change in the educational system and conceptions about disability.

In Brazil, law n°. 9,394 of 1996 (Lei de Diretrizes Básicas-LDB), ensures that, when necessary, there will be specialized support services in the school for students attended by the SET (Brazil, 1996). This service refers to those provided by the health and social assistance areas especially, but also those necessary to subsidize the development of children and adolescents. By pointing out the support services in the legislation, the knowledge related to the health area was also brought to the center of the discussion of inclusion in the school, as is the case of the CD, taking into account the basis of formulation of the diagnosis in the medical clinic, anchored in the assumptions of normality. This generates different discourses in the SET area about CD employability and ability to produce (or not) exclusion. So, the main question is: Is the production of exclusion inherent in CD?

Given these aspects and using the term clinical diagnosis (CD) as the one that is produced by medicine and that is present in the discourse of school inclusion still in the present time, which is evidenced by the research presented here, the problem that subsidizes the discussion of this article refers to the teacher's use of CD as a starting point for the pedagogical work with students with disabilities. This problem is sustained insofar as it is understood that the practice cannot be plastered, the human body, society and economy are constantly evolving, which denotes the continued need for reinvention.

In view of these observations and given the school as a fertile space of discussion about the inclusion process, the intention to reflect on this theme is based on the concerns of professionals who work in the health / education interface and also see in education the attachment to CD as a factor which

delimitates the pedagogical practices adopted by the school with students with disabilities. Thus, the objective of this study is to reflect on the inherence of CD as a producer of in(ex)clusion from the perspective of inclusive education.

In addition to the issues presented, the integrative review provides an overview of how the CD has been discussed in the context of special education in the last 15 years, as well as to observe in a broad way how it is addressed in the different deficiencies that make up the public- (Lebedeff, 2001, Pocinho, 2009, Franco, Carvalho & Guerra, 2010, Vasquez & Moschen, 2012, Smeha & Oliveira, 2014, Fiorini & Manzini, 2014, Lemos, Salomão & Agripino-Ramos, 2014, Hattge & Klaus, 2014; Bridi & Baptista, 2014).

## Methodology

The present paper has as base of research the qualitative study, in which the integrative revision was used as method (Mendes, Silveira & Galvão, 2008). This method was initially used in health studies, since it involved a specific in-depth analysis of the themes related to its performance, which helped professionals to reflect on their clinical practice (Souza, Silva & Carvalho, 2010).

According to Mendes et al. (2008), the integrative review is a research method that consists of the construction of a broad critical analysis of the literature, allowing deep examinations of the subject investigated and synthesis of multiple studies. In addition, it provides precise generalizations about the phenomenon (Mendes et al., 2008). From a methodological point of view, this type of analysis allows the inclusion of studies with different types of methodologies, making possible the broad observation of the phenomenon being studied (Souza et al., 2010). Thus, we chose to include articles with different research methods in this study, matched to the area of Education, which contemplates a wide variety of theoretical studies, the proposal for integrative review.

Integrative review was the method chosen to structure this research, due to the fact of guaranteeing methodological rigor for the broad analysis of the scientific literature. To guarantee this rigor, Mendes et al. (2008) and Souza et al. (2010) suggest that six steps are followed: 1) identification of the theme and selection of the hypothesis or the research question for the elaboration of the integrative review; 2) establishment of criteria for inclusion and exclusion of studies / sampling or search in the literature; 3) definition of the information to be extracted from the selected

studies; 4) evaluation of the studies included in the integrative review; 5) interpretation of results; and 6) presentation of knowledge review / synthesis.

For the construction of the corpus of this study, according to the proposed objective and the assumptions of the integrative review, articles produced between the years 2000 and 2015 were used. The years 2000 were contemplated in the choice of the corpus, taking into account the ten years of the promulgation of the Jomtien Declaration (Unesco, 1990), which brought new challenges for the education of people with disabilities, as well as of pedagogical practice.

The materials analyzed were extracted from two scientific journals in the area of special education in Brazil: the *Revista Brasileira de Educação Especial* (Marília-SP) and the *Revista de Educação Especial* (Santa Maria-RS). The journals were selected, considering their contributions to research in the area, for at least ten years. In order to carry out the research, the indexes 'diagnosis' and 'special education', searched together and separately, were used.

The papers were selected according to the following criteria: surveys dated between the years 2000 and 2015; studies written in Portuguese or Spanish; resolution number 04/2009 (Brasil, 2009), which establishes the Operational Guidelines for SEA in basic education such as disabilities, global development disorders, skills/giftedness; surveys that relate CD to the period of schooling; and articles that address CD and SE related to the children and adolescents audiences.

The selection of the corpus was done initially by reading the abstracts, which generated a total of 24 papers selected. From this, the fully reading was carried out and, thus, one can base and discuss the production of in(ex)clusion through the CD in the special education. From this reading, the relevant information was extracted to answer the aim of this research, which generated two indicators: inclusive education, excluding education and the CD; and health and education interface: possibilities for articulation.

## Results and discussion

In 24 papers selected in the research, a data table was organized in which the title of the articles, their authors and the year of publication are presented, as well as the approach to adopted CD. Thus, two indicators of direct and indirect approach were used as delimiters, which refer, respectively, to the articles that deal with the theme CD from the perspective of the SE target audience and indirectly to those that point out elements for understanding CD (Table 1).

With the analysis of the papers (Table 1), it was observed that these studies use knowledge that transits in the health/education interface, but little dialogue with the health area, regarding the understanding of the professionals of the support services on the participation in the process of inclusion from the student's CD, as well as the integrated attendance. It is understood that a proposal for articulation between the two areas of knowledge, such as the use of support services, indicates the need for dialogue among the professionals involved, so that the effects of CD production can be minimized by qualified professionals.

It was also found that there are studies that discuss the CD in the school context, basically using exploratory research and case studies (Aráoz, 2001; Gomes & Mendes, 2010; Franco et al., 2010; Mattos & Nuernberg, (2008), and the results obtained by the authors of this paper are presented in the following table: Soccerio et al. Lemos et al., 2014).

Others use the theoretical, documentary and bibliographic research to produce the reflections

about the CD in the school (Lebedeff, 2001, Michels, 2005, Oliveira & Anache, 2005, Pocinho, 2009, Possa et al., 2012, Bendinelli et al., 2012; Santos & Morato, 2012; Hattge & Klaus, 2014; Bridi & Baptista, 2014; Vasquez & Moschen, 2014). In addition to these observations, the selected materials made possible the construction of a theoretical corpus, which is based on the fact that it is based on two important means of knowledge dissemination, produced specifically by the SE area.

### Inclusive education, excluding education and the CD

Inclusive education, sealed as a policy in Brazil, by the National Policy on Special Education in the Perspective of Inclusive Education (Brazil, 2008) and anchored by the Jomtien Declaration (United Nations Educational, Scientific and Cultural Organization [Unesco] 1990) and the Salamanca Declaration (Unesco, 1994) brought new challenges for the school: to include people with different difficulties and disabilities in school and to ensure their learning.

**Quadro 1.** Clinical diagnosis: Clinical DIagnosis: papers which were included in the research.

| Revista Brasileira de Educação Especial- Marília-SP   |   |          |
|---|---|----------|
| Title   | Author/Year   | Approach |
| Paradoxes in the formation of teachers for Special Education: the curriculum as an expression of the reiteration of the medical-psychological model.    | Michels, (2005).  | Direct   |
| Giftedness: concept and psycho-educational models for diagnosis and intervention.   | Pocinho, (2009).  | Direct   |
| Medical and pedagogic discourse: interfaces and implications for pedagogic practices  | Franco et al., (2010).  | Direct   |
| Inclusive schooling of students with autism in municipal education of Belo Horizonte  | Gomes & Mendes, (2010).                                       | Indirect |
| The term "mental retardation" is a mistake: why not "Intellectual and Developmental Disability": conceptual and Portuguese linguistic considerations?   | Santos & Morato, (2012).                                      | Direct   |
| School and social competencies in children and adolescents with Williams Syndrome   | Hayashiuchi, Segin, Schwartzman, Carreiro, & Teixeira (2012). | Direct   |
| School inclusion, support networks and social policies  | Bendinelli, Andrade, & Prieto (2012).                         | Indirect |
| Maternal conceptions concerning the development of children with visual impairment  | Medeiros & Salomão (2012).                                    | Indirect |
| Study of functional independence, motor skills and school integration of children with Cerebral Palsy.  | Rézio, Cunha, & Formiga (2012).                               | Indirect |
| Maternal anxiety during the process of hearing impairment diagnosis: contributions from psychological intervention                                      | Palamin, Guilherme, Motti, & Refacho (2014).                  | Direct   |
| Inclusion of children with autism: a study of social interactions within the school context   | Lemos et al., (2014).   | Direct   |
| Inclusion of students with disabilities in physical education classes: identifying difficulties, actions, and contents to provide training of teachers. | Fiorini & Manzini (2014).                                     | Indireta |
| Revista de Educação Especial- Santa Maria-RS.   |   |          |
| Title   | Author/Year.  | Approach |
| Family and deafness: some considerations about the impact of diagnosis and the need for guidance.   | Lebedeff, (2001).   | Direct   |
| Diagnosis and care for deafblind people with congenital rubella.  | Aráoz (2001).   | Direct   |
| Reflections about educational inclusion of a child with a diagnostic of autism in nursery schooling.  | Mattos & Nuernberg (2011).                                    | Direct   |
| Identification and referral of students with high skills / giftedness in Campo Grande - MS.   | Oliveira & Anache (2005).                                     | Direct   |
| Diagnosis and education: gestures of reading in Special Education.  | Vasquez & Moschen (2012).                                     | Direct   |
| Tints of discourse on evaluation in training teachers of Special Education  | Possa et al. (2012).  | Direct   |
| Reports of parents of children with autism on the formal supporting network: aspects of the parental diagnostic elaboration.                            | Semensato & Bosa (2013).                                      | Direct   |
| The importance of pedagogy in the inclusion processes   | Hattge & Klaus (2014).  | Indirect |
| Philip dos civilizados: the wild boy from stone jungle.   | Freitas (2014).   | Indirect |
| Mental retardation: What do the diagnostic manuals say about it?  | Bridi & Baptista (2014).                                      | Direct   |
| School inclusion: the perspective of mothers of students with Down Syndrome   | Smeha & Oliveira, (2014).                                     | Indirect |
| The operation of the Program to Serve High Able/ Gifted Students (PAAAH/SD-RJ)  | Delou (2014).   | Indirect |

Fonte: The table was elaborated by the authors.

For Kauffman (2002), mentioned by Rodrigues (2006), inclusive education is a fundamental aspect for the conduction of a good public education system. However, according to Kauffman and Hallahan (2004), enrolling a student with a disability in the regular school will only be effective when their disability is considered, which requires attitudinal and structural changes in the school context to guarantee access to education and learning for all.

For inclusion to be effective as educational policy and social action, the conception of learning needs to be reinvented and understood. Learning is not just about 'digesting' pre-established content, which must be known at the end of each year. This is a traditional and narrow conception of learning. Likewise, learning is not only a task for the learner, but also for the educator, and only in this exchange does learning become effective, "[...] creating possibilities for its own production" (Freire 1996: 47). It should be emphasized that the task of educator is not only the teacher, but also the principal, the school official, the family and society itself, that is, to educate is a shared task.

In this conception of learning, inclusion points to challenges, since pedagogical practice needs to be rethought. According to Kauffmann and Hallahan (2004), the constant proximity of students with disabilities to their non-disabled peers in the regular classroom is necessary to promote proper learning and social relationships.

Particularly in the case of people with autism, authors have argued about the importance of social interaction for human development, as well as the exchanges generated by the encounter with the individual characteristics of the students. This consideration can be extended to the other students, emphasizing the importance of the school as a place of coexistence with the difference (Lemos et al., 2014).

Correia (2010) says that exclusion is present, and one does not exist without the other. This fact is referred to by the author as a consequence of the misunderstanding about the process that involves enrolling all children in regular schools without providing conditions for their adequate care, which is characterized as a neglect of the person with a disability. Hence, inclusion also means excluding, at the same time that everyone is in school, not everyone has the same opportunities within it to develop and learn from the current learning point of view. In the same way, Sanches (2011, 136) states that "[...] speaking of inclusive education is, in itself, speaking of exclusion [...]". To achieve student inclusion, considering the opposite is a necessary act,

in so far as it understands its meaning, even if it runs the risk of the process becoming exclusive.

Other studies have handled inclusion as the 'solidarity metaphor', which would enable all those living with the disabled to become 'better people' (Hattge & Klaus, 2014). Still according to the authors, socialization would be the basis for inclusive processes, neglecting the construction of the possible knowledge for these students. In this sense, Mattos and Nuernberg (2011), mention that the inclusion of people with disabilities in regular schools favors the development of all children, for the rich environment in social diversity. In this way, it is up to the school to provide the conditions for such a socialization process to take effect.

It should be noted, however, that in(ex)clusion processes go beyond access to educational spaces, because these processes are linked to the very constitution of the subject, in which the psychological and individual processes act mutually, allowing the world to be understood through of self-consciousness. This movement "[...] entails a permanent tension, in which consciousness is at the same time stressed by the universal-historical products and the singularities of the subjects" (Molón, 2008, p. 15).

Sanches (2011) says that an inclusive school is one that is always on the move and that 'arranges ways' to accommodate all children, flexibilizing and adapting their curricula (not only reducing them), as well as reorganizing their structure and functioning to meet to the diversity of students with or without disabilities. This process involves the entire school community, in terms of both the performance of the various professionals and the change of conceptions about inclusion.

In this sense, the school has traditionally been prepared to serve children who are learning, that is, 'normal'. Hattge and Klaus (2014, p.335) mention that "[...] in the course of Modernity, an ideal student pattern is invented [...] such a pattern is pursued in many of our schools to this day". Thus, when the teachers and the school are faced with the children who do not perform the same as the others, a process of crisis in the pedagogic process takes place. This process occurs through the finding of disability in the face of difference, characterized by lack of training or by not knowing / not wanting to deal with the new reality.

Disability brings with it the presence of difference, which often generates strangeness and aversion. In today's society, to be different is not to reproduce a pre-established standard as a social standard, which is why we think about the need for correction, adequacy and normalization (Possa et al.,

2012; Bridi & Baptista, 2014). According to Possa et al. (2012), conducting a CD in education is to reproduce a standard that establishes criteria and standards for determining such disability. The authors agree that the production of this diagnosis by SE is historical insofar as its constitution is based on diagnostic criteria in the health area.

In addition, the CD often delimits the social place that each individual occupies in society (and at school), which restricts him to being part of a group of 'non-contributors', because 'they cannot' perform the same functions as the people called 'normal'. Unfortunately, this is still the reality of many, especially when there are problems of intellect, such as intellectual disability, where the presence of learning difficulties restricts the student to doing manual work or painting, or even in cases of global developmental disorders (autism), when the student presents difficulty in socialization and therefore is restricted to individual activities to the detriment of activities developed in a group.

The 'odds' usually triggers uncertainties and fears, which, by lack of knowledge of strategies of attention and action in the face of difference, generate exclusion. According to Hattge and Klaus (2014), inclusion may be perverse in that it needs to establish a pattern of student definition, bringing it closer to the others, and then pointing out a pedagogical strategy. Because of this, often the medical discourse, adopted by the teacher and established from the CD, becomes the starting point for the lack of investment in student learning.

The study by Franco et al. (2010) cites the lack of appropriation of medical discourse by teachers and is a major problem when such lack is used to justify the lack of action with students. According to the same authors, "[...] many often make diagnoses and prognoses and attribute the non-learning to motor difficulties as if they were also cognitive" (Franco et al., 2010, p. 464). This positioning of teachers, which does not present a consistent foundation, because it is not knowledge of their area of formation, reinforces the exclusionary structures of school processes and procedures. Still, using a knowledge that does not dominate to justify not learning - that many times has no learning problem of pathological origin, but perhaps a psychosocial problem that hampers learning, but does not prevent it - is to put at risk the educational process and the development of autonomy (Franco et al., 2010).

According to Vasquez and Moschen (2012, page 437), the "[...] diagnosis is always a gesture of reading [...]" which is reflected in the production of a 'real' subject, with common characteristics (physical, intellectual and social), from what the

diagnostic criterion establishes. For these authors, this is a problem, insofar as a common subject (for its deficiency) does not present surprises and possibilities, which indirectly can influence pedagogical practice.

A constant justification in the Brazilian literature is the lack of professional training of teachers in the different areas, to work with such students (Freitas & Pavão, 2012; Fiorini & Manzini, 2014; Lemos et al., 2014). According to Sánchez, Abellán and Frutos (2011), the role of the teacher, as mediator of learning, requires that he is also a diagnostician, so that he is attentive to the difficulties and the questions of the students, directing their learning and making them increasingly autonomous.

In this perspective, producing a pedagogical evaluation or a DC requires a careful and careful look when it produces precise limits. Franco et al. (2010) emphasize the importance of care with the generalization of CD "[...] since there may be a tendency, from the interlocution between the teams, to generalize procedures for children with any type of disability" (Franco et al., 2010, p. 476).

In this regard, Bakhtin and Volochinov (1929; 1999), mentioned by Franco et al. (2010), point out the need for care in the discourse produced by health professionals in the pedagogical field. The authors point out that the meanings produced by teachers involve not only the concept learned, but their interpretation from their personal histories, experiences, levels of understanding, inferences, among other aspects, thus it is impossible to predict the results that this discourse will produce.

However, it is important to point out that CD is based on criteria that follow a typical pattern and to perpetuate this pattern would be to jeopardize students' learning in the face of teacher practice. In this interface, the still used intelligence quotient tests (IQ test) were strategies created to measure the intelligence of the students, later expanded to adults (Bridi, 2011). These tests have a direct relation with intellectual disability, since they allow the identification and "[...] comparison between normal and backward development" (Bridi, 2011, p. 43). The use of these tests nowadays makes the discussion about the standard of normality that guides educational practice and which, indirectly, presupposes a process of exclusion, since it allows the comparative ones. In this paper, it is understood that it is impossible to establish standards, since each has potentialities and difficulties that are inherent to the human condition of apprentice, that is, there are no equal human beings, but beings that become in the course of their stories and, as Italo Calvino would say in Palomar (1994), in a continuous, asymmetric and asynchronous wave motion.

Diagnostic manuals are based on the assumptions of similarities, recognition, classification and grouping employed by medicine, which is why they produce 'equal beings' (Bridi & Baptista, 2014). Therefore, would not the approach to diagnostic systems be a way of labeling and reducing the possibility of good surprises in the learning of children with disabilities, especially the intellectuals?

For Sanches (2011, p. 138), inclusive education should not look at children from diagnostic tests, "[...] but evaluate them in the whole process of the building knowledge [...]" in a dynamic where there is cooperation among their peers, who should look at the child as unique. The defense that each single case is addressed by MacMillan, Gresham and Forness (2004), who consider that there is no educational standard that should be followed strictly, since each student is unique, and the attendance should be directed to each case.

To learn is an intrinsic activity of the human condition, which is why this act must be understood in a broad context, which is not restricted to learning the contents taught in class, but which contemplates instruction about life, society, economics and also socialization. According to Smeha and Oliveira (2014), the school is the first social environment that the child attends and so it is the place where it will produce new learning, that go beyond those previously established contents.

This conception of learning is closely related to the presence of CD in the context of SE. The CD is understood as a 'two-way street', which on the one hand facilitates and expands the possibility of resources for the education of people with disabilities, pointing out ways (but not restricting them), and, on the other hand, can mark the performance of the teacher, preventing different pedagogical strategies from being adopted for student learning, especially in the context of the discussion of inclusive education and its effectiveness. In this sense, despite the scarce literature on this subject, children with intellectual disabilities do not always benefit from the teacher's knowledge of their disability (Bridi, 2011).

Nevertheless, it is important to note that, in Brazil, no SE policy requires a DOC or the medical report. In the special education policies for the insertion of the student in the ESA there is no such requirement, as well as for the enrollment in the Fund for Maintenance and Development of Basic Education and Appreciation of Education Professionals (Fundeb), where each person with a disability is registered to data from the school census.

This census, in turn, also does not request a CD, and should only be pointed out by the person responsible for completing the electronic forms, the existence of disability (filling in the census data is another big problem, for the mistakes made). However, in some Brazilian municipalities, CD is necessary for the purpose of providing public transportation for children with disabilities.

Bridi (2011) observes that in the teaching space of SE in the city of Santa Maria (Rio Grande do Sul, Brazil), which took as main study object the special educators, the CD is presented as a requirement for entry into the SEA. However, according to the author, the work of SE professionals seeks to prioritize pedagogical and learning issues, which is a positive factor, demonstrating a struggle for investment in learning and not in the labeling of the incapacitated.

Possa et al. (2012) found a tendency to substitute CD for pedagogical evaluation, which, according to the authors, establishes changes in pedagogical practice, insofar as SE formation was based on medical assumptions. Thus, the authors suggest that the subject deserves to be widely discussed, since both the pedagogical evaluation and the diagnosis are part of the special educator's performance, which is why they must be present in their practice, without establishing static, equal forms of action.

Regardless of CD, it is still important to recognize that the child often comes to school with the stigma of disability ruled by society, which happens especially when the disability is visible, as in physical or multiple disabilities. In other cases, when it comes to a learning problem such as dyscalculia and dyslexia, 'difference' is evidenced only when the child begins schooling - at that time, CD is important, especially to define the best conduits for learning of the student.

Another controversial factor to be elucidated is the need for more frequent pedagogical support, such as in cases of severe intellectual disability. In this situation, the need for CD is presented, since different strategies to act with this student need to be created, both as a result of their learning and their presence in school (regarding physical structure, pedagogical practice, attitudes and inclusion).

In general, the discussion must be directed not only to the CD, but to the teacher's practice. In this sense, Vasquez and Moschen (2012) refer that the educational possibilities of students are not only focused on their conditions (delimited by the diagnosis), but they appear as possibilities to be constructed from the subjects and the institutions that they attend.

A teacher committed to his or her function has full conditions to use the CD to think his practice with the student, without establishing a barrier to learning. According to Freitas and Pavão (2012), teaching, from the perspective of inclusive education, requires a comprehensive approach, which requires attitudinal change and, especially, a dynamic curricular approach.

In this regard, Oliveira and Anache (2005), when discussing about the learning of students with high \ gifted abilities, proposes that the teacher should observe the various types of intelligence or competences of the student. This fact can be transposed to the other students, since, according to Gardner cited by Oliveira and Anache (2005, p.4), the most important “[...] is to find the best methodology, that best fits the reality of the students ... one must always take into account the student as a whole: biological, social, emotional, historical and cultural [...]”.

Another important factor to be observed treated as a major challenge of inclusion, is prejudice. Society in general produces a 'popular diagnosis' for the disabled person, a diagnosis that labels and excludes independent of a professional having stated such condition. At school, the expression of prejudice is also present, since the child carries with him a personal and communal history. Thus, the production of prejudice based on physical characteristics or intellectual difficulties is inherent in the presence of CD. Social labeling often causes a child to move away from his 'different' colleague and this can result in bullying, which in these cases may be the expression of a prejudice (Christmann, 2015).

### **Health and education interface: possibility of articulation**

In view of all notes made, it is necessary to reflect on the possibilities of using a diagnosis that minimizes the standard of normality until then adopted. The term 'minimize' is adopted, with the aim of overcoming exclusion, which requires a grading and arduous reading. Proof of this is the prejudice suffered by blacks and homosexuals - even today, these people are victims of exclusion. As for people with disabilities, it is no different, because it is a historical issue that needs time to be overcome, but with a joint effort, it is expected that, in a short time, this will no longer be a topic for debate.

In order to find ways of thinking about the CD and the pedagogical evaluation of students with disabilities at school, the question now is how to make a diagnosis that allows the school to know the health condition (Czeresnia, Maciel & Oviedo,

2013) and the learning of this, without establishing a norm. Initially, it would be a grave mistake to say that knowing CD is not necessary for school as there are cases such as autism and high skills / gifting, for example, in that it needs to be understood since they provide subsidies to drive student learning (without limiting it).

A shared diagnosis (SD) is a proposition that would allow the child and his / her disability to be understood and understand their life context, their health, and how it interferes in the development of the student. This type of diagnosis refers to the work of a team, which together think about the deficiency and how its effects can be 'minimized' for the development of the child, considering the specificity of this one. This team, which would work to think about and follow the health and education of people with disabilities, would be formed by professionals such as the teacher, the special educator, the nurse, the physiotherapist, the occupational therapist, the nutritionist, the psychologist, the social worker, the doctor and the family. The family, as part of the process of psychosocial development that involves the affective bonds and the context of social life in which this child is inserted.

Each of these professions, based on its matrix of knowledge and specificity of each area, together with education, from the point of view of case analysis in a humanized way, could produce not a 'label', but a SD that favors better conditions of and for the learning of students with disabilities. This diagnosis would consider the student as a whole, perceiving his health condition, from the point of view of disability, disease, health and its determinants (education, housing, food, leisure, transportation, access to goods and services, among others) and the factors that refer to pedagogical learning.

In this sense, Bendinelli et al. (2012) suggest that the qualification of the attention provided by the SE to its target audience runs through networking with different social sectors, so-called support networks. In the study carried out by these authors, in the city of São Paulo, despite the acknowledged advances in education of people with disabilities based on the Special Education Policy in the Inclusive Education Perspective (Brazil, 2008) and LDB (Brazil, 1996), it was observed the lack of articulation between the municipal secretariats, a factor that is defended as fundamental for the quality in the care provided to SE students.

Similar to the network proposal, but suggesting an articulation aimed at the student as a whole in the context of biopsychosocial development, the proposed SD plan is based on the bioecological model of development of Bronfenbrenner, in which



the child is part of a complex social context, which influences its development, since it coexists with different people in different life situations. In this social context, parents - and their work - are involved, brothers, friends, family, neighbors, school, community and every situation that involves living with different people and forms of social organization (Bee & Boyd, 2011; Bronfenbrenner, 2011).

In this regard, Freitas (2014) reveals the importance of teamwork for the education of children with disabilities in the SE context and how their articulation with all the social sectors involved in their life can influence their learning process and human development.

According to Bee and Boyd (2011), the bioecological model argues that in order to evaluate a child, his whole life context and the perspectives that the family has about the child should be considered. In addition, it is necessary to understand how the components of this environment interact with each other and how these interactions influence the development of the child. The SD could be carried out in a collaboration system between professionals, the school and the family, focusing their attention to the family and with it developing strategies that could help the student in their learning. This attention to the family is due to the fact that it also experiences difficulties during the birth of a child with a disability, and therefore needs support from a service network (Palamin et al., 2014).

However, in order for this process of attention to the child to be effective, it is important that the standards of knowledge supremacy of the professions on the knowledge of the family be broken, allowing different empirical knowledge to collaborate for the development of the child, in a transdisciplinary perspective. The dialogue between family and school is still a problem, as Montadon and Perrenoud (2001) affirm, who acknowledge the need to work on the education of the child / adolescent with the participation of parents, while addressing the limitations of dialogue produced between both. The authors refer to these difficulties for almost 20 years, however, the problem of dialogue between family and school is still present, mainly because of the socioeconomic model that demands greater family time for financial support. Likewise, the dialogue between the school and the health area needs to be rescued, allowing the particular knowledge of each area to collaborate to think about the education of people with disabilities and their independence and autonomy in society (Aráoz, 2001).

This way of SD organization - shared and collaborative - would help to bring the family, the professionals and the school closer together. Semensato and Bosa (2013) verified that the relationship between parents and professionals in the production of CD could be seen as both an alliance and a source of stress, since different feelings are involved with the presence of the diagnosis. A SD, whose focus is not disability, but the potentialities and ways to encourage and subsidize child development, could minimize the insecurity of parents and the school in the face of disability.

It is also important to mention that the possibility of this diagnosis, in addition to bureaucratic issues and paradigm changes, requires that professionals work from the perspective of an innovative concept of learning, health and education, avoiding the traditional models of health care and education. This paradigm changes makes it necessary to consider social transformations that directly interfere with the quality of learning and education.

Just as Bendinelli et al. (2012), it is understood here that education should not, and is not of its attribution, solve all the needs of the students target public of the SE, however the learning of these people will only be effective when the different social sectors unite their knowledge and the conditions of education, health and life of people with disabilities.

### Concluding remarks

The recent history of education, such as the rights of people with disabilities in Brazil, still instigates several discussions that are necessary as paradigms need to be reinvented. Why then say that the presence of CD is inherent in the production of exclusion? All the reflections that have been woven so far suggest that the diagnosis is not always the producer of exclusion, but rather the perception that each person has of the difference. Truly, everything that is different in general produces a certain strangeness which, depending on how it is conducted, can produce exclusion and prejudice.

Even in school, the scourges of historical segregation are felt and reflected by children (and adults) who bring their personal history with them, which involves culture, customs and education. Exclusion, in turn, seems to be engendered in society by the way in which people with disabilities have always been treated.

The presence of CD in school can either foster exclusion by producing incapacitated labels or

facilitate the inclusion process, depending on how it is conducted and interpreted by the school. In addition, the CD should be considered with exceptions, as the delimitation of the action with the student, to rethink the practice. The CD needs to be an ally in formulating different strategies in order to ensure equitable conditions in the learning of people with disabilities.

The processes involved in educational exclusion are implicit in socially produced discourses. In addition, the reflections, both through theoretical studies and field research, have sought to overcome the medical model of production of the CD, directing the look to the student. This process is more related to initiatives of education professionals and has given attention to difference as part of human life and also for the family as fundamental in the process of developing student learning.

It is suggested that studies be performed with health professionals, who generally produce CD, in order to comprehend their knowledge in the CD formulation process and how they understand the breadth of a diagnosis in the child's life and in the process of school inclusion. This knowledge is fundamental so that new proposals for articulation between the areas of health and education are formulated.

The suggested approach is to reflect on the possibility of producing a DCP that does not label, considering that policies for inclusive education are constantly being discussed in the face of global socioeconomic changes. Producing a DCp is a challenge, especially considering the different knowledge of the areas that are inserted to make a diagnosis of this magnitude. Nonetheless, it would be an innovative strategy to educate, care for and train citizens who are increasingly free and autonomous.

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### NOTE:

The authors of the paper *"Inherence of clinical diagnosis in the production of educational in(ex)clusion"*, Morgana Christmann and Sílvia Maria de Oliveira Pavão, declare that they participated in the conception of the work to make public the responsibility for its content. They were responsible for the design, analysis and interpretation of the data, as well as the writing and critical review of the content of the paper and also, approval of the final version to be published.