

**AND WHEN THE CHILD DOES NOT MEET THE SCHOOL'S EXPECTATIONS?  
REFLECTIONS ON RELATIONSHIP WITH THE FAMILY IN THE SEARCH FOR  
A DIAGNOSIS**

***E QUANDO A CRIANÇA NÃO CORRESPONDE ÀS EXPECTATIVAS DA ESCOLA?  
REFLEXÕES SOBRE A RELAÇÃO COM A FAMÍLIA NA BUSCA POR UM  
DIAGNÓSTICO***

***¿Y CUANDO EL NIÑO NO ESTÁ A LA ALTURA DE LAS EXPECTATIVAS DE LA  
ESCUELA? REFLEXIONES SOBRE LA RELACIÓN CON LA FAMILIA EN LA  
BÚSQUEDA DE UN DIAGNÓSTICO***

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**ABSTRACT:** The objective of this article is to understand the way in which the school has responded to children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), from the point of view of pedagogical work and the relationship with the family. Through a bibliographic research and a study of a case, it brings the story of an 8-year-old child with a diagnostic hypothesis of ADHD. Data was collected through the mother's narrative and recorded in a field journal. The results reveal that the student's task demanded by the school goes beyond cognitive aspects and content learning, involving an adult's expectation about a "way of being school". It is concluded that the school must embrace diversity and difference, so as not to incur in strategies for the defense and no responsibility of pedagogical work.

**KEYWORDS:** Education. School difficulties. Diagnosis. ADHD. Family-school relationship.

**RESUMO:** O objetivo deste artigo é compreender o modo pelo qual a escola tem respondido a crianças diagnosticadas com Transtorno de Déficit de Atenção e Hiperatividade (TDAH) do ponto de vista do trabalho pedagógico e da relação com a família. Mediante pesquisa bibliográfica e de um estudo de caso, traz a história de uma criança de 8 anos, com hipótese diagnóstica de TDAH. Os dados foram coletados por meio de narrativa da mãe e registros em diário de campo. Os resultados revelam que o ofício de aluno exigido pela escola vai além dos aspectos cognitivos e da aprendizagem dos conteúdos, envolvendo uma expectativa dos adultos a respeito de um "modo de ser na escola". Conclui-se que a escola deve acolher

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*a diversidade e a diferença, para não incorrer em estratégias de defesa e desresponsabilização do trabalho pedagógico.*

**PALAVRAS-CHAVE:** *Educação. Dificuldades escolares. Diagnóstico. TDAH. Relação família-escola.*

**RESUMEN:** *El objetivo de este artículo es comprender la forma en que la escuela ha respondido a los niños diagnosticados con trastorno por déficit de atención e hiperactividad (TDAH) desde el punto de vista del trabajo pedagógico y de la relación con la familia. A través de la investigación bibliográfica y un estudio de caso, trae la historia de un niño de 8 años, con una hipótesis diagnóstica de TDAH. Los datos se recopilaron a través de la narrativa y los registros de la madre en un diario de campo. Los resultados revelan que el trabajo del estudiante exigido por la escuela va más allá de los aspectos cognitivos y el aprendizaje del contenido, lo que implica la expectativa de un adulto sobre una "forma de ser en la escuela". Se concluye que la escuela debe abrazar la diversidad y la diferencia, para no incurrir en estrategias para la defensa y la responsabilidad del trabajo pedagógico.*

**PALABRAS CLAVE:** *Educación. Dificultades escolares. Diagnóstico. TDAH. Relación familia-escuela.*

## Introduction

The referral of children to health networks in search of medical evaluation has been increasingly frequent. Neurologists, psychiatrists and psychologists receive children referred by teachers and other school professionals for medical evaluation, resulting in an increase in the number of children's diagnoses and, consequently, in the indication of medication use (MOYSÉS; COLLARES, 1994).

This is due to a series of difficulties in adapting children to school routine, which we will here call "school difficulties", those that do not necessarily refer to learning difficulties, but in understanding how the "student craft" should be configured and performed in the school institution (CHARLOT, 2000; PERRENOUD, 1995; PEREIRA, 2015), as for example, in organizing the material itself, in concentrating on performing tasks, in making oneself visible to the teacher, in putting oneself in a collective discussion, among other aspects. In this context, the logic of the school institution often seems to reiterate the idea that school difficulties would be the responsibility of children and / or their families. This responsibility is usually associated with the presence of some type of disorder or with the social, economic and cultural context in which the children would be inserted. Thus, we understand school difficulties not only the difficulties related to learning, but also issues related to the behavior expected by adults towards children. Among the school difficulties that

may result in possible diagnoses, we highlight in this article the symptoms of the so-called Attention Deficit Hyperactivity Disorder (ADHD).

We start from the assumption that negative discursive practices to the child's school development can cause a process of prejudice to the image of himself and compromise his constitution as a person and an apprentice. Furthermore, the school's difficulties in dealing with school difficulties and the consequent search for a diagnosis may serve as justifications for not learning as a responsibility of children and their families, exempting the school from any responsibility in this process (MOYSÉS, 2001).

It is based on this context that the objective of this article is justified in understanding the way in which the educational institution has responded to cases of children with a diagnostic hypothesis of Attention Deficit Hyperactivity Disorder (ADHD), from the point of view of pedagogical work and of the relationship with the family.

ADHD is presented in the Diagnostic and Statistical Manual of Mental Disorders DSM-V as a category of psychiatric disorder, with inattention, hyperactivity/impulsivity or the two characteristics combined as the main characteristic. However, what makes ADHD diagnosis difficult are the comorbidities associated with them, hence the reasons why doctors, psychiatrists and psychologists depend on the report of the family and teachers, as no laboratory exam can diagnose it (SANCHES *et al.*, 2019).

It should be noted that there are different views and positions on ADHD. The organicist current, for example, defends ADHD as a neurobiological disorder that causes signs of hyperactivity, impulsivity and inattention due to a genetic flaw, which is insufficient with regard to the brain's neurotransmitters. For them, this flaw can be corrected with stimulating medications such as methylphenidate (SIGNOR, 2016), whose most popular brand in Brazil is known as Ritalina®.

Unlike organicists, the socio-historical aspect, assumed by Signor (2016), argues that ADHD is not an issue arising from a neurobiological condition, but a series of situations that can interfere with the child's development and difficulties that manifest themselves at school and that are socially constructed (SIGNOR, 2016).

## **Methodological procedures**

In a first phase, the research that was part of this study was characterized as bibliographic regarding the nature of its sources, carried out from a record resulting from previous research, in printed documents such as books, articles, theses and dissertations. In

the second stage of the investigation, a case study was carried out with children from the 3rd year of elementary school at a private school in the West of São Paulo. The criteria used for the selection of children were students with a diagnostic hypothesis or with a concluded medical diagnosis of ADHD and that the family was available and interested in participating in the research. The contact with the families was based on information from the school of cases considered to be children who had some type of school difficulty and, for this reason, the institution had called the family in an attempt to overcome what the school considered as a problem to be solved. For this article, we chose to bring to the discussion a synthesis of the stories of the mother of Ítalo (fictitious name), an eight-year-old boy with a diagnostic hypothesis of ADHD, enrolled in one of the research groups.

We chose the case study for its contribution to the analysis of educational practice, focusing on a particular instance and its natural movement, since it can bring important information of a practical and political nature (ANDRÉ, 2005). Furthermore, we are inspired by narrative research, whose investigation develops from people's reports about their lives, being retold by the researcher from her perception, based on a narrative and collaborative chronology (CLANDININ; CONNELLY, 2000 *apud* CRESWELL, 2010).

Both the collection and the dissemination of data were ensured by ethical principles, aiming to guarantee respect for the subjects, anonymity and avoiding losses. The data were recorded through audio recording, which served as an important instrument in allowing freedom in the handling of questions, favoring the dialogue and advancement in the problematizations and recording in a field journal.

Based on the synthesis of the story of Ítalo's mother about the path she lived in the search for answers for her son's case, we chose to bring to this article information related to the way in which the educational institution sought to dialogue with the family in the search for a diagnosis, in view of the fact that the institution assumes that the difficulty is in the child and not in other possible factors, such as those related to pedagogical work or school structure and functioning.

The data collected through the mother's reports were analyzed using two axes, namely: 1) Diagnosis: which refers to the process of searching the family for an evaluation with health experts based on the school's insistent request, conflicts and family anxieties regarding the child's diagnosis and medicalization and; 2) Family-school relationship: which brings reflections on the responsibility of the educational institution with regard to pedagogical work and its structure and functioning as dimensions that can interfere with the children's

difficulties, as the search for a diagnosis for the child, unaccompanied by the school's self-reflection about its work with the child can be used as a justification for not learning.

## **Results and discussion**

The bibliographic research carried out at the Bank of Theses and Dissertations of the Coordination for the Improvement of Higher Education Personnel (CAPES), with a theme related to ADHD, brought five specific works produced in graduate programs in Education linked to Brazilian universities in the last three years (2017-2019), with four master's dissertations and a doctoral thesis, which reveals that the theme of ADHD has rarely been the subject of scientific research in the area of Education. Of these works, three focus on reading and writing skills of children diagnosed with ADHD (ENRICONE, 2017; PEREIRA, 2017; SOUZA, 2017).

Although we have chosen to discuss the works found in the CAPES Thesis and Dissertations Bank, due to their national scope, we still seek to investigate the research work of the Postgraduate Programs in Education at the Education Center of the Federal University of Alagoas (PPGE / CEDU / UFAL) and the Postgraduate Program in Education of the College of Philosophy and Sciences of the São Paulo State University "Júlio de Mesquita Filho" (PPG / FFC / UNESP), in order to compare the works located on the CAPES Portal. The option for the two postgraduate programs of these two universities, one state and the other federal, is justified because they are the link institutions of the authors of the article and the limits of the text.

In the case of the Postgraduate Program in Education at the College of Philosophy and Sciences at UNESP, fourteen studies on ADHD were found in the last three years (2017-2019), eight of which are master's dissertations and six doctoral theses. In the Postgraduate Program in Education at the Education Center of UFAL, no research on ADHD was found in the period from 2017 to 2019. The largest number of studies on ADHD in the Postgraduate Program at UNESP de Marília (College of Philosophy and Sciences - FFC), when compared to the CAPES thesis and dissertation database and to PPGE/CEDU/UFAL, may be related to the FFC research tradition in the field of inclusive education, with deepening in the area for the Pedagogy course and a specific line of research in the Postgraduate Program. Given the limits of this article, we will discuss here, in a more specific way, the works located in the CAPES Bank of Theses and Dissertations.

Enricone (2017) states that ADHD, like poor reading performance, is linked to deficits

in certain neurocognitive domains. After evaluating 73 students with ADHD, from the 3rd to the 9th grade of elementary school, the author points out that the parameters of fluency and precision grew with schooling and age, which did not occur in reading comprehension. The author considers that her research results are relevant because they claim that there is a co-occurrence of ADHD and reading difficulties and indicates the need to use these results to subsidize appropriate pedagogical interventions for these students.

Pereira (2017) analyzed a sample of spelling errors in two studies, one with children from the 3rd to the 5th grade of elementary school, with and without a diagnosis of ADHD, and the other comparing the spelling errors of students diagnosed with ADHD from the 5th and 6th year with 7th and 8th grade students. The author classified the types of spelling errors committed and, using a statistical model, concluded that the types of spelling errors that involve memorization incur greater losses for students with ADHD. For the author, with the increase in schooling, these errors should start to be overcome and suggests reflections on “[...] intervention possibilities, both clinical and school, that promote the learning of this group of students, therefore, the school receives students with different rhythms and who need differentiated teaching proposals” (PEREIRA, 2017, p. 77, our translation).

Souza (2017) conducted research on ADHD from the perspective of Historical-Cultural Psychology, especially Leontiev, to discuss the “study activity” and points out that the child needs to be inserted into activity by the adult (SOUZA, 2017, p. 116). The author considers “that there is no neurological dysfunction in the individual with ADHD, but a study activity that has not been taking place effectively” (p. 118, our translation) and draws attention to the importance of the teacher's work as a mediator between knowledge and the child.

Scarabucci (2017) investigated how the school proceeds to enable the teaching and learning of children diagnosed with ADHD. The author researches the pedagogical actions planned for the child with ADHD, their interactions in the school space and reflects how Psychopedagogy can support the teaching practice with these children. In the schools where the study was developed, the professionals (teachers, managers etc.) are unaware and ignore the characteristics of ADHD, considering the child diagnosed as essentially hyperactive and have actions more focused on behavioral aspects than on pedagogical issues. All respondents (professionals, family members and children) affirm that the use of medication is positive, but requires the corresponding pedagogical action to assist the specific needs of the child.

The predominance of works found on the relationship between ADHD and reading and writing points to a double secondaryization of other areas of knowledge, when the subject



is linked to children with school difficulties: first, other areas are in the background, since there is a greater appreciation of the Portuguese language area to the detriment of others and, secondly, in the case of children with difficulties, they are neglected the rights to experience in other areas, as the mastery of the written code is considered the only way of access to information, knowledge and other experiences.

Article 41 of the DCNEF (BRASIL, 2010) states that the educational projects and the regulations of the institutions must contemplate the improvement of access and permanence conditions for students with disabilities, with global development disorders and with high skills in the common classes, intensifying inclusion in public and private institutions, in order to seek universal service. Although article 41 does not mention children with ADHD as the target of special education from the perspective of inclusive education, the fact of mentioning the intensification of inclusion and the universalization of care allows us to consider that children with ADHD should be attended.

According to Araújo, Cordeiro and Giroto (2019, p. 777), this objective expressed in the curricular guidelines will only make sense if children are considered as social actors who "[...] interact and develop in a space and time shared with other people" therefore, it is important to give children a voice in pedagogical practices. In the same direction, Giroto, Vitta and Araújo (2019) state that educational work in an Inclusive Education context, based on the principles of universalization, equal rights, reaffirm the need to consider the specificities of children, the different contexts and its various forms of appropriating knowledge and valuing differences.

Below we present the story of Ítalo's mother and, following, some reflections, considering the diagnosis, the family-school relationship and the possible implications for the organization of the structure and functioning of the school and for the teacher formation.

*The school's complaints about Ítalo's behavior began when he was 6 years old. At the time, he was studying at another private school in the same city. The institution's complaints were related to his behavior and not his learning. They complained that Ítalo acted on impulse, that he was hyperactive, that he was often agitated, touching his materials, restless and often exhibited opposing behavior, especially when he was questioned and confronted with school rules. After much insistence from the school since 2018 for us to seek help from a health professional, in 2019 we took Ítalo to a child neurologist. At the first consultation, the psychiatrist indicated the use of Methylphenidate (Ritalin LA). The first week of medication was very complicated. Ítalo was restless, agitated, he couldn't keep himself seated to do his schoolwork. We contacted the doctor who immediately suspended the medication and prescribed Imipramine and Risperidone to help Ítalo with regard to a possible anxiety disorder. Ítalo really is very anxious in his day-*

*to-day life, especially to deal with waiting issues. He chews on the collar of his shirt constantly. We also started looking for psychotherapy sessions. The search for therapists was also difficult. Ítalo was attended by three psychotherapists until he found a professional who worked with behavioral therapy. At the same time that work on therapy started, the school called me insistently stating that Ítalo had left the classroom without asking, that he questioned the teacher's position and bothered his colleagues. Ítalo had a deep attachment to a friend in the same class, and when it was not possible or allowed for them to be close, Ítalo was deeply irritated, very nervous and refused to carry out classroom activities. By that time, I was separating from the father of my children. It was a very difficult and painful process for everyone, which affected the children's behavior. They did not understand what was going on. My seven-year-old daughter started a process of precocious puberty and high cholesterol and Ítalo, who at the time was four years old, started to have problems related to behavior. This whole situation was reported to the professionals who accompanied the child (therapist and psychiatrist) and also to the school. The separation process lasted approximately four years, when the litigious divorce took place, which was also difficult and full of suffering. Currently, the children live with me and for various family situations, they are under protective measure. As the school insistently requested family presence and actions, I went in search of another psychiatrist. A priori, the doctor kept the medication that Ítalo was taking to start the withdrawal with a reduced dose of the Risperidone medication, which she said was very strong for him. Ítalo continues to be accompanied by this psychiatrist until the moment. In the midst of this process, given the strained relationship between school and family, we changed Ítalo's school. As soon as we chose the school and enrolled, we reported to the managers the whole situation of Ítalo and the context in which it was inserted. The school expressed its preparedness to deal with this situation. However, this change was very difficult. Ítalo did not want to leave the previous school. He was opposed to everything concerning the new school. Then, with the approximation work carried out by the current school, he made some friends and started to refer to some school professionals. However, in that period he received numerous warnings and a three-day suspension that, according to the school, is educational in nature. Soon after began the school's complaints about Ítalo's behavior, stating his bad behavior. On phone calls, they complained about his difficulties in obeying the rules and that he sometimes left the classroom without asking for permission. I was called constantly to the school to notify me of what happened. In none of the meetings were any advances made by Ítalo regarding behavior, a discourse very different from what is spoken by the professionals who accompany him. In these conversations, the school's speech is always negative in relation to my son and they ask for medical help, from the parents and the search for a definitive report. On one of the occasions when my presence at the school was requested because they did not know what measures to take, there were four professionals on top of Ítalo, waiting until I arrived at the school. As soon as they saw me, they began to report what had happened: Ítalo had refused to watch a play and had fled. At the same time, several negative aspects of his behavior were reiterated in front of him, especially in relation to school regulations. I have been questioning the school about the methodological referrals that can be taken after a diagnostic conclusion, but the school is firm in relying only on the institution's regulations and that it will not give up compliance with such regulation. Furthermore, until now I have not been able to talk to my son's class teacher about his situation. In one of the conversations with the school,*



*the educational advisor stated that Ítalo had assaulted the school coordinator on two occasions. At home and in other social spaces, Ítalo has shown maturity and progress in relation to behavior and he has never shown himself to be a child of violent behavior. Ítalo tells me that he doesn't feel liked by his colleagues. Few children approach him and he himself reports that everything that happens in the classroom is his responsibility. Still, he expresses affection for his friends and does not want to change schools. Ítalo has no learning problems, but he was nevertheless referred for support activities. He has got good grades and has a lot of interest and joy in the exact sciences field. He dialogues and argues very well, using rich and diverse vocabulary. He likes to research and seek a basis for what is being said. He loves to read comic books and topics of interest. He enjoys watching movies and spending hours playing montage games. After two years of investigation and follow-up, the diagnostic hypothesis sent by the psychiatrist is that of ADHD in comorbidity with depressive-anxiety disorder in childhood. Today Ítalo is medicated and undergoes psychiatric and psychological monitoring weekly. The medical report containing the diagnostic hypothesis of Ítalo was sent to the school, which continues to insist that the professional must go there to talk (our translation).*

When analyzing the excerpt, from the two axes: the diagnosis and the family-school relationship, it is necessary to recognize the implications of this process of searching for a possible diagnosis and the way of building relationships between the family and the school in the life of the kid. In addition, there are some implications to be considered: What happens when the child does not meet the expectations of the school? What possible paths are being followed in the diagnostic evaluation process? How is the family-school relationship built from the moment that there is a diagnostic hypothesis of ADHD in order to contribute to overcoming the child's possible difficulties? These are questions that guide our reflections to follow.

### **And when the child does not correspond to what the school expects? The child in the process of diagnostic evaluation**

We present some reflections on the diagnostic evaluation to which children who do not correspond to what the school expects of them are submitted. It is not a question of criticizing the need to refer certain cases to be evaluated with the collaboration of professionals from other areas, but of reflecting on the ways in which these referral decisions are made and the extent to which the school and the family establish dialogue and partnership with a view to comprehensive education and the child's well-being. It is also about thinking about the objectives of a diagnostic evaluation with health professionals: helping the child to follow their learning pathways or making them responsible for what they still cannot do without assistance?

Freitas and Baptista (2019, p. 795) mention the need for caution with excesses in the diagnosis and the accompanying implications, since they can lead to exclusion, stigmatization and labeling of the person, showing “[...] the person history and trajectory necessarily linked to belonging networks” of the disorder.

Moysés and Collares (2011) and Signor (2013) also question the weaknesses of the criteria used to diagnose children and medicalize them. They state that some children, because they are more active than what adults consider as standard, or because they have different learning rhythms, start to experience the stigmatization of the school and everything that comes from them, such as the issue of the child's constituting subjectivity, learning and socialization.

If necessary, the use of medication can be made, as long as it is prescribed and accompanied by health professionals, being combined with psychotherapeutic treatments, as ways of helping in the daily life of the child with ADHD. However, we argue that this should be evaluated by a multidisciplinary team of professionals in order to avoid any indiscriminate and unnecessary use of medications. It is also necessary to discuss the role of the school in carrying out a pedagogical work that contemplates the diversity of individuals whom it educates and in the promotion of specific activities that contribute to overcoming children's school difficulties based on their interests and needs.

### **Family-school relationship: and when do you have a diagnostic hypothesis in the health field?**

The report reveals the way in which the school institution in which Ítalo studies seems to use the discourse of obedience to the rules and norms to blame him for not adapting to daily life and the forms of social interaction required in that institutional environment. Observation of the “regiment” is always used as an argument.

The pedagogical team seems to take a defensive stance towards the child in conversations with his family. Ítalo's mother reports that the situation of conversation with the school team is always one-sided, emphasizing the child's behavior and his difficulty in adjusting to the school's rules as negative. In addition, the mother points out that in the meetings requested by the school, the need to respect the school rules for the child was emphasized. The pedagogical team's discourse has always been based on the use of such regulations and the need to establish and follow a pattern of behavior. In other words, the school expects children to fulfill their “student role” (PERRENOUD, 1995), which is widely

known, but not always objectively oriented by institutions. This school does not inform which methodological procedures, for example, were being planned after receiving the child's definitive diagnostic hypothesis.

The report points to a family attempt to find a solution to what the school considers to be a problem and, although the mother indicates the child's progress based on what is described by the doctors and therapists who accompany him, the school management continues to emphasize the behavior of Ítalo as negative, demanding actions to help the family and to seek support from health professionals. As mentioned earlier, it is not up to us to question the need for the monitoring of other possible professionals, but to argue that the school also needs to look at the work it is developing and question itself about the way in which it has been dealing with diversity and difference.

For Foucault (2002), the norm has as its main function the control and discipline of the body and society, bringing the discourse that will define what should be considered as a standard. Norms imprint the way to behave and live. Moysés and Collares (2010, p. 54) emphasize that medicalization is also a process of normalization, justified by behaviors that portray different modes of normality ideal, exempting possible contexts and agents that generate these problems from responsibility. Thus, the medicalizing logic is often strengthened in the teachers' discourse, blaming the child and families for school difficulties.

Faced with the child with whom it cannot deal, because the child is considered more active and communicative, the school denies the possibility of reflecting on its internal organization and its rules and exempts itself from the search for a pedagogical work that seeks to teach everyone. These children destabilize their teachers by directing the eyes of these adults from the movement of their bodies. When such a situation occurs, the diagnosis often names that student as hyperactive. This acronym - ADHD - works, as Foucault would say, as a folding of the subject, because when projecting the discourse on the child, the adult transforms it into his own diagnosis, becoming this his own name (FREITAS; BAPTISTA, 2019). In addition, it is necessary to consider movement with a child's need and, in this sense, the school also needs to reflect on the times and spaces that have been allocated to children's movement needs.

This argument based on observance of the "school regiment" shows one of the mechanisms by which the school abdicates work with diversity and difference. By proposing educational work based on obedience and subservience to regulation, the school is preparing human beings to accept whatever conditions the social world imposes on them. Even more serious is the fact that the school, when protecting itself behind the shield of the regiment,

systematically ignores pedagogical work with diversity and difference.

The repulsion to diversity and difference shows the assumption that certain educational agents understand that the school is not an adequate environment for those who have difficulties in adapting to it. It also highlights the assumption that being different is a problem that does not deserve to be welcomed.

The school's relationship with the Ítalo's family seems to be built from repeated attempts to impose forces of power, the institution being the holder of the knowledge that should be transmitted to the children and, the family would be up to control the boy. The repeated speeches of school management employees for Ítalo's mother to help the school reveal the possible implications of the diagnosis for those involved and for teacher formation.

With regard to the diagnosis of children with ADHD, this is a lengthy process and requires a multidisciplinary team that needs to consider the child's trajectory and context in life and at school, exactly to avoid being stigmatized by a possible disorder. As it is a long, time-consuming and continuous process, it is important that the family and the school work in a relationship of partnership and complementarity.

Here is a case that exemplifies several possible excesses committed in relation to children, who are subjected to a series of numerous and exhaustive exams to investigate the ADHD hypothesis. In this process, the subject is no longer seen by the school as a person and is seen as “an ADHD”. “If someone introduces the diagnosis early and treats it as if it were 'an ADHD', in the end they may be right” (UNTOIGLICH, 2006, p. 16, our translation), since the whole view and perception of the social spheres where the individual relate himself start to see it as having “an ADHD”. The school's most frequent complaints about Ítalo focus on problems related to behavior, especially the difficulty of dealing with the rules imposed by the school and not with issues related to learning.

The testimony indicates that the family does not perceive Ítalo as an aggressive child neither at home nor in other social spaces in which he circulates and lives. However, Ítalo constantly receives sanctions for problems related to behavior and alleged aggression. It is noteworthy the fact that when the family is called by the coordination at school, the teacher is not called to talk to the mother, only the educational counselor and the institution coordinator.

The reflection we propose for this case is that of an interpretation “from within”, an experience centered on situations, stories, behaviors and speeches (CHARLOT, 2000, p. 18). For the author, this perspective leads to the understanding of the student as a subject, that is, a “human”, “social” and “singular” being who “acts in and on the world”; how to be social establishes contacts with various areas of (co)experience, finding “the question of knowledge

as the need to learn”; and as a singular being “produces itself and is produced” through educational situations (CHARLOT, 2000, p. 33).

Faced with so many challenges and obstacles, what paths can educational institutions have ahead of them to work, together with families, on the education of children with school difficulties? We understand that there is no prescription. Actions that can be successful in one context may not necessarily be equally applicable to other situations and people. Even so, as it is in the school institution that work the teachers of childhood, we believe that the school can be a reference of fundamental support to the child and the family, especially with regard to an education that emancipates children and that considers and respects the diversity and difference.

### **Final considerations**

This article aimed to analyze the way in which an educational institution has responded to cases of children with a diagnostic hypothesis of ADHD, from the point of view of pedagogical work and the relationship with the family. We chose to discuss part of Ítalo's history based on the narrative woven by his mother as the guardian who experienced the process of searching for a diagnosis based on the request of the school. It was possible to verify that, although the mother's narrative points to the monitoring of the child's school life, following the school's guidelines and requests regarding the investigation of a possible attention deficit and/or hyperactivity disorder, even with the diagnostic hypothesis in hands, the school continued to hold the family responsible for the child's difficulty, without looking at their responsibility in this complementary relationship between family and school.

It was also possible to realize that the school complaint was not focused on learning difficulties, but was of a behavioral order, which led us to argue that school difficulties are not always related solely and exclusively to learning and that the student's job required by school institution goes beyond cognitive aspects and learning content linked to different areas of knowledge, but also involves an expectation of adults about a “way of being at school” that they understand should be followed by children and adolescents, many times without questioning and active participation.

Through bibliographic research and case study, we opted to bring an excerpt from Ítalo's case from his mother's narrative. The bibliographic survey shows that a significant part of the work on ADHD seems to focus on the description of the difficulties considered typical of children and adolescents diagnosed with the disorder, especially those aimed at learning to

read and write and the construction of strategies with support professionals. However, there is a lack of research on the pedagogical work of schools to contribute to overcoming difficulties, investigations on the relationship between schools and families and studies on and from the perspective of children themselves about their difficulties at school.

We understand that giving voice to children and their families can help to balance the balance in power relations even in the academic field about ADHD, by bringing to light the speeches and perceptions of families about their children and about school.

The speech of Ítalo's mother allowed us two axes of analysis and interpretation: the diagnosis and the family-school relationship. The mere indication that the family seeks professional help to investigate a possible disorder is involved in conflicts and brings many anxieties to the family. We try to draw attention to the difficulties in defining a diagnosis of ADHD, since it requires numerous tests and consultations with a multidisciplinary team.

We discussed that the school-family relationship can become a tense relationship if the institution is not open to the forms of diversity that students present. Families can feel unprotected, given the fragility that the hypothesis of having a child with a disorder can cause and without strength in power games in relation to school. We saw that the school where Ítalo studied took on the defense of the school regiment as a strategy for defending and taking responsibility for pedagogical work with diversity and difference and used its favorable position in power relations to blame the family for not contributing with the institution.

Finally, we highlight the importance of the role of the school as an institution that should be a partner of the family - and vice versa - in the whole process of educating children, and we seek to draw attention to the need for the school to embrace diversity and the difference, avoiding excesses in relation to children, removing possible views of children as if they were “an ADHD”, but above all trying to highlight in each singular child their characteristics, which make them unique. This seems to us the principle of the idea of an inclusive school: to plan thinking about the one who has difficulties so that everyone can enjoy an emancipatory and equitable education.

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