

**THE EFFECTS OF PRACTICES AND DISCOURSES ON THE EDUCATIONAL
PROCESS OF A SUBJECT WITH SUPPOSED READING AND WRITING
DIFFICULTY**

***OS EFEITOS DE PRÁTICAS E DISCURSOS NO PROCESSO EDUCACIONAL DE UM
SUJEITO COM SUPOSTA DIFICULDADE DE LEITURA E ESCRITA***

***LOS EFECTOS DE LAS PRÁCTICAS Y DISCURSOS EN EL PROCESO EDUCATIVO
DE UN SUJETO CON UNA SUPUESTA DIFICULTAD DE LECTURA Y ESCRITURA***

Luciana Figueiredo de OLIVEIRA¹
Ivonaldo Leidson Barbosa LIMA²
Kyrlian Bartira BORTOLOZZI³

ABSTRACT: There have been frequent and increasingly numerous referrals from education directed to health professionals of children with supposed difficulties in the appropriation of reading and writing. However, it is worth asking, through such difficulties, what educational experiences have been lived by these children in these language modalities, and how school discourses have been constituting their ways of learning. For this reason, this study aimed to discuss the effect of practices and discourses on the educational process of a child with supposed reading and writing difficulties. We found that medicalizing practices and discourses were adopted to justify “not learning”, exempting the pedagogical team from taking a more active role in the educational process and strengthening the medicalization process. To this end, the study points to the need to face such practices and discourses through active responsive partnerships between Speech Therapy and Education that aim to promote possible practices to the different ways of building knowledge, of appropriation of reading and writing and to different rhythms of the subjects, the school being considered the potent space for this construction.

KEYWORDS: Pedagogical practices. Discourse. Education. Medicalization. Speech therapy.

RESUMO: *Tem sido frequentes e cada vez mais numerosos os encaminhamentos advindos da educação direcionados a profissionais da saúde de crianças com supostas dificuldades na apropriação da leitura e da escrita. Contudo, cabe indagar, mediante tais dificuldades, quais vêm sendo as experiências educacionais vivenciadas por essas crianças nessas modalidades de linguagem, e como os discursos escolares vêm constituindo os seus modos de aprender. Por isso, este estudo objetivou discutir o efeito de práticas e discursos no processo*

¹ Federal University of Paraíba (UFPB), João Pessoa – PB – Brazil. Adjunct Professor in the Department of Speech Therapy. PhD in Applied Linguistics (UNICAMP). ORCID: <https://orcid.org/0000-0003-1796-0318>. E-mail: lucianafigueiredo@ccs.ufpb.br

² University Center of João Pessoa (UNIPÊ), João Pessoa – PB – Brazil. Assistant Professor in the Department of Speech Therapy. PhD in Linguistics (UFPB). ORCID: <http://orcid.org/0000-0003-1716-1575>. E-mail: ivonaldoleidson@gmail.com

³ State University of Midwest Paraná (UNICENTRO), Irati – PR – Brazil. Adjunct Professor in the Department of Speech Therapy. Doctorate in Communication Disorders (UTP). ORCID: <https://orcid.org/0000-0002-7169-3719>. E-mail: kyrlianb@yahoo.com.br

educacional de uma criança com suposta dificuldade de leitura e escrita. Verificamos que práticas e discursos medicalizantes foram adotados para justificar o “não aprender”, isentando a equipe pedagógica de assumir um papel mais ativo no processo educacional e fortalecendo o processo de medicalização. Para tanto, o estudo aponta para a necessidade do enfrentamento de tais práticas e discursos por meio de parcerias responsivas ativas entre a Fonoaudiologia e a Educação que visem promover práticas possíveis aos diversos modos de construção de conhecimento, de apropriação da leitura e da escrita e aos diferenciados ritmos dos sujeitos, sendo a escola considerada o espaço potente para essa construção.

PALAVRAS-CHAVE: *Práticas pedagógicas. Discurso. Educação. Medicalização. Fonoaudiologia.*

RESUMEN: *Son frecuentes y cada vez más numerosas las derivaciones provenientes de la educación dirigidas a los profesionales de la salud, de niños con supuestas dificultades en la apropiación de la lectura y la escritura. Sin embargo, vale la pena preguntar, a través de tales dificultades, qué experiencias educativas han experimentado estos niños en estas modalidades de lenguaje, y cómo los discursos escolares constituyen sus formas de aprendizaje. Por esta razón, este estudio tuvo como objetivo discutir el efecto de las prácticas y los discursos en el proceso educativo de un niño con supuestas dificultades de lectura y escritura. Verificamos que se adoptaron prácticas y discursos de medicalización para justificar "no aprender", eximiendo al equipo pedagógico de tomar un papel más activo en el proceso educativo y fortalecer el proceso de medicalización. Con este fin, el estudio señala la necesidad de enfrentar tales prácticas y discursos a través de asociaciones activas entre la Fonoaudiología y la Educación que tienen como objetivo promover posibles prácticas para los diferentes modos de construcción del conocimiento, de apropiación de la lectura y la escritura y para diferentes ritmos de los sujetos, siendo considerada la escuela el espacio potente para esta construcción.*

PALABRAS CLAVE: *Práticas pedagógicas. Discurso. Educación. Medicalización. Fonoaudiología.*

Introduction

Every day, we can follow the significant increase in referrals of children with complaints of difficulties and/or reading and writing disorders to the health area, especially to speech therapy. Such referrals are made, mainly, by educators who identify difficulties related to oral and/or written language as causes of school failure (BERBERIAN, 2003).

The problem regarding the alleged causes of failure, or even school failure, which tend to hold the subject, family or teacher responsible for the difficulties arising in this process is not recent. In the same direction, Marques (2018, p. 10) states that, often, not learning has been “seen as a student's academic failure”. Zago (2011) adds that this failure has also been referred to as failure, low performance, age-grade/year distortion and learning difficulties.

Thus, the meanings of not learning have marked and instituted a trajectory of suffering and failure in children in the initial process of appropriating written language. For Moysés (2001), what has happened is a historical question, which starts from a restricted view regarding the socio-historical determinants involved in the child's school development. In this way, collective issues, of a social and political order, are reduced to individual and biological issues, which has been called the medicalization of education.

According to Delors (1998), there is also the possibility that this situation can lead to situations of exclusion, considering the gap that occurs in the moral, human and social plan. Therefore, school failure is not only an educational problem, but have individual and social repercussions. Likewise, in the most specific case, the supposed difficulties and/or disturbances in reading and writing end up depriving their apprentices of a position of authorship in the social relations established and mediated by written language (SIGNOR *et al.*, 2018). Ullastres (2003) adds that these situations can still bring a greater risk of social and economic marginalization to the subjects who experience it.

Knowledge and procedures used for the formulation, therefore, of the complaint and diagnosis of alleged reading and writing disorders, repeatedly impress sufferings of different natures on the subjects involved.

It is worth adding, even more recently, in a more critical perspective, that one of the diverse natures that involve suffering concerns the negative marks of evaluative discourses (such as those of educators, teachers and parents) about not learning. This discursivization in the words of the authors Giroto, Araujo and Vitta (2019, p. 808, our translation), “[...] constitutes the process of discursive construction loaded with social, historical and ideological values refracted in/by the discourses about the 'diseases of the not learning'”, which has been built, above all, under an ideal of normality instituted as homogeneous and erasing differences.

We also emphasize that far from the inclusive ideal and with medicalization on the rise, health discourses are often intertwined with the school practices of building students' knowledge that, in general, are considered as those that hinder the pedagogical relationship and disorganize the school routine.

Therefore, in this daily life, situations and realities are experienced, which even - and especially - within schools increasingly propose themselves to be inclusive, make us reflect on how such differences are seen and *treated* in this context. We will use the term *treated* prominently at this time, to call attention to a silent, but voracious process, which is increasingly happening in the educational system: not learning at school, which has been

transformed into disease diagnoses. Or, based on Moysés and Collares (2013), the medicalization of educational processes.

Therefore, one of the criticisms to be made refers to the medicalizing speeches and practices that have been produced and reproduced by educators without due contestation and based on a unidirectional analysis. Adherence to diagnoses and reports that place disorders in children that justify lack of success and school failure and silence around questions about the role that school institutions have historically been playing in our country, make critical analysis and directing public policies in education and teacher training that result in the realization of the right to education (NOGUEIRA, 2015).

For the authors Berberian (2003), Masini (2004), Giroto (2015), Bortolozzi (2013), coping with this situation has arisen for groups of professionals, among which we highlight speech therapists, as a political and ethical challenge, insofar as practices implemented in the educational and clinical contexts, instead of being emancipatory, have been at the service of alienation and social discrimination.

The lack of questioning of these diagnoses produced by the knowledge of health professionals and reiterated by education professionals engender and officialize discourses and medicalizing practices in the educational context, from which a significant number of children are included in this system of suppression of individuality. The domestication of bodies, the silencing of voices, the chemical silencing of childhood and of the ways of being and existing support this logic.

In order to overcome such a reductionist and medicalizing vision, approaches based on a historical-social perspective allow the determinants that produce the precarious quality of life and the unequal conditions of access to symbolic and material goods constructed by humanity to be considered as a central problem to be faced (GIROTO; BERBERIAN; SANTANA, 2013), among which we highlight, especially in this work, access to quality, emancipatory education, which gives voice and place to the apprentice subject and which effectively promotes the appropriation of written language.

Based on the above problem, we have defined the objective of this text to discuss the effect of practices and discourses on the educational process of a child with supposed reading and writing difficulties.

Methodological assumptions

This study is linked to a research project that aims to discuss the meanings of differences at school. The research was evaluated and approved by the ethics committee in research with human beings of the institution of origin, under the no. 66692.

This research is characterized as a qualitative, longitudinal and descriptive research, carried out from a case study, according to the categorization proposed by Gil (2002).

Place of research

The institution that was the setting for this research was a state public school, elementary school I and II and high school, located in a capital of northeastern Brazil. Its choice was made through a previous link with the University where one of the researchers is a teacher, and in principle, she would serve as an internship field for the Educational Speech Therapy course, taught in the sixth period of the undergraduate course in Speech Therapy at the same institution. In comparison with the other schools located in the municipality, this can be considered a school with a good physical and material structure. Regarding human resources, the school had coordinators for each cycle (elementary school I, II and high school), as well as pedagogical coordinators for each series of elementary school I. Until the third year of this cycle, each classroom had a teacher, a pedagogy intern, as well as caregivers and / or interpreters when there were students with special educational needs in the classes, which justified their presence. It also had a multifunctional resource room equipped for Specialized Educational Assistance (SEA).

Subject researched

The subject, identified here as M., was nine years old and was in the 3rd year of elementary school when the study was started. It is worth mentioning that the child had been enrolled in school that year, and previously attended another educational institution. It is also important to report that, due to a strike of the Education sector in the state, classes had started about a month ago. On one of the first days of performance of the speech therapy team at the institution, the coordinator of elementary school I informed that M. needed monitoring and evaluation, because, for her, the child had difficulty learning in the process of appropriating reading and writing. In the classroom, the child was in charge of the activities performed by the intern, while the teacher taught the rest of the class, with about 24 students. In an initial

conversation with M, it was possible to notice that the child lived in a troubled family environment.

Data collection methods

The attendance of the child who was the protagonist of this study occurred during the activities of the “Educational Speech Therapy” discipline. These actions were carried out during the period of a weekly shift, for about one academic semester, and agreed with the school management, with the aim of adding quality to formal education and helping to minimize the difficulties encountered.

The data of this research were collected through three procedures. First, from the participant observation with a record of the researchers' field diary, who wrote their observations about each experience in the context of the study and analyzed them in order to establish relationships with the research objectives and questions.

Second, through semi-structured interviews with school professionals who worked with the child, such as the 5th grade pedagogical coordinator (CP), the teachers (P1 and P2) and the SEA teacher (P3). Such interviews were conducted by one of the researchers, who guided themselves in a script with the discussions related to the reality of the case, and were recorded in audio with the authorization of the participants, through the researchers' cell phones and, later, were transcribed to be analyzed.

And third, through documentary analysis, in which researchers had access to documents related to the subject, prepared by the school and the state health center. The documents analyzed in the study were: the referral of the child to the reference center and the report with the child diagnosis carried out by this center.

Data analysis procedure

The data were analyzed based on the content analysis proposed by Bardin (2011), which can be didactically divided into three stages: 1) Pre-exploration phase of the material, in which the field journals were selected and read, transcripts of interviews and documents; 2) Selection of analysis units, in which analysis categories were created; 3) Categorization process, in which we systematize the data according to the category and their interpretation, relating them to the theoretical framework that underlies our research.

After reading and categorizing the material, the data were organized according to the following variables: 1. Reading and writing experiences lived by the child in the educational context and 2. The reflexes of the discourses in the child's ways of learning.

Results and discussion

Next, the data and discussions carried out in this research will be presented. At first, it is worth clarifying that the data referring to the field journal were collected from the practical experiences of the Educational Speech Therapy discipline, already mentioned in this text. However, data regarding interviews with teachers and coordinators were collected about two years later, when it was necessary to return to the field for the purpose of completing the research. For this reason, the first refer to activities and speeches related to M., when he was in the third year of elementary school, and the second, when this child was in the fifth year.

Reading and writing experiences lived by the child in the educational context

Chart 1 – Experiences

Field journal	<i>The child was sitting at his school desk, near the door, and there was an intern in front of him, doing an activity in which he painted parts of a meaningless drawing that contained dots so that after colored, the parts together formed a meaningful drawing, or recognizable - the so-called blind drawing. Meanwhile, the rest of the students in the class were doing another activity, planned and proposed by the teacher. Upon seeing the scene, the coordinator calls the intern's attention: "this is not an activity for him, he needs to be literate". The teacher defends the intern and replies: "It is for him to discover the drawing, the girl said it was good for him to paint". The teacher continues: "But he needs to read and write, so he's just wasting time. Come here with me M". The Boy gets up, head down, takes the coordinator's hand and goes. He doesn't know where, but he already knows why.</i>
P1	<i>Look at his notebook here [takes the student's notebook and shows me some activities] It's all cute. [...] He's already writing some things, but not alone, copying.</i>
P3	<i>He started [attending SEA], [...]. But he has a great difficulty, because his mother cannot bring him in the morning. Then the coordinator has to get him out of the classroom once or twice a week, so he can stay here the afternoon. This year he hasn't started yet, his mother came to talk here to see if she can bring him, but she already asked him to stay the afternoon, which is better for her, because she works...</i>
P2	<i>He has improved a lot, he is writing [...] but he has a lot of resistance in carrying out the activities, you know? When he makes a mistake, he already wants to give up, so we have to do an easier activity for him.</i>

Source: Devised by the authors. Our translation

To start discussions about the experiences and practices experienced by M., it is important, first, to call attention to the presence of an intern exclusively to serve him. This fact suggests that in the school in question, those who present, for some reason, different

rhythm and ways of learning, are subtly separated in the classroom. And more than that, their education is under the responsibility, mainly, of professionals hired to try to keep them busy, while the other students follow the content and activities planned for them.

It is through situations like the ones exposed above that, as Figueiredo (2015) states, that even today, segregation practices have been carried out within schools, without any reflection on how they have influenced the process educational experience of children like M.

Nevertheless, it is necessary to highlight the excerpts that refer to the activity that the intern was performing with the child. It is possible to notice that such activity is decontextualized and, still, by the words of the intern “*the girl said it was good for him to paint*”, it is based on the idea of prerequisites for the acquisition of writing. Such an idea is related to a notion of readiness for literacy, which according to Massi and Gregolin (2005), “rest in aspects completely distant from the activity of writing itself” (p. 159, our translation).

As a consequence of this model, several children who present a satisfactory performance in that preparatory period find difficulties with reading and writing proper, exactly because they lacked an effective contact with the written language (MASSI; GREGOLIN, 2005).

In the opposite direction, Giroto, Araújo and Vitta (2019) explain that working with written language requires a focus on the social use of this practice, to the detriment of work focused exclusively on the development of skills. For this to happen, this language modality must first be understood as a discursive social practice and, in addition, it is necessary to overcome the instructional/schooling view, which traditionally bases teaching practices on the relationship between sounds and letters and in the training to recognize these sounds and their graphic representation.

With these considerations in mind, it is necessary to draw attention to the fact that M., a child with alleged reading / writing difficulties, at the time of data collection for this study, was being removed from the classroom “once or twice a week”, as reported by the SEA teacher, to attend that resource room. This speech suggests that the school believes that the specialized work carried out in this environment is more important to M. than the experiences lived in the classroom.

In this regard, it should be noted that, according to Resolution 04/2009 of the National Education Council, specialized educational assistance is not a substitute for regular education, but complementary. In addition to what the legislation determines, it is understood that the experiences, values and uses that subjects establish with writing throughout their lives are directly related to the conditions of reading and writing they present (BELIDO *et al.*, 2017).

In this sense, the reading and writing practices experienced in the school context gain prominence and importance in the learning process (SIGNOR *et al.*, 2018).

It is also considered that the participation of children in meaningful learning contexts, as well as access to cultural goods and the insertion in social reading and writing practices, also considering the environment of family literacy, are extremely important for the child to develop a positive relationship with reading and writing (SIGNOR *et al.*, 2018).

However, this does not seem to be the reality experienced by M. during his educational trajectory. It is noticed that the experiences with the written language provided for the child, even with the passing of the years and its advance in the school grades, still seem to be reductionist. The excerpts “*then we have to make it easier for him*” and “*He is already writing some things, but not alone, copying*” can confirm this.

It should be made clear that here specific activities are analyzed, recorded at specific moments of data collection, and that, therefore, it cannot be generalized. However, when confirming the proposal of activities such as those mentioned here in both the third and fifth years for this child, it is believed that the reductionist view of language as a ready and immutable code, permeates (or bases) the educational practices at that institution. Thus, it seems that practices that have the objective or even that allow the child to experience significant language experiences that enable him to become an author, active, responsible and, mainly, able to write and read, have been of little availability to M.

In this regard, Belido *et al.* (2017) explain that generally, the writing activities experienced by children in the school context aim, first, to evaluate the coding skills that these children have. For this reason, children tend to establish a restricted and suffering relationship with the written modality of language, which ends up compromising the development of reading and writing skills. The fact can be seen in the speech of M.'s teacher, when stating that “*When he makes a mistake, he already wants to give up*”.

Ferreira (2002) adds that the school units did not invest efforts in schooling students who do not meet the expectations of the teacher, mainly because they attribute to them, to their personal, organic, social and family characteristics, the responsibility for the failure in their development or learning.

Considering the reality of the Brazilian educational system, in which students read little and write little, it is possible to understand why a significant number of students are being referred to clinics by health professionals (BELIDO *et al.*, 2017), as will be discussed in the next topic.

The Reflections of the speeches in the child's ways of learning

At this point, it is important to highlight that after being evaluated by a neurologist at a health center, M. was diagnosed with mild mental deficiency, emotional and behavioral disorders. In addition to this, it was also known that the child had started to attend the Specialized Educational Service - SEA, which took place in the school's multifunctional resource room. Therefore, the content of the referral to the SEA is now added to the elements of analysis.

Chart 2 – Reports

<p>Filed Journal</p>	<p><i>The first meeting with M happened unexpectedly, I was ready to talk to his teacher, when the school coordinator asked me: "I would like you to take a look at him", and pointed to M. [...]</i> <i>I start talking to the child [...] And then I ask: "Do you already know how to read?". The child's eyes fill with tears. The mouth does not speak, only the lowered head sways laterally. The eye doesn't look at mine. I say something and M. says: "It's because every time I cry, when I read I cry". Among some unimportant words that come out of my mouth, M. says what really matters. Some fragments are: "I get nervous", "The teacher forces me", "I want to learn to read". When I touch on the subject of family, among other words, he says: "My father calls a lot of names [bad words] with me, my mother hit me. [...]". The child says that nobody at home reads with him or helps him with tasks. [...] M says that he cries because at the time of reading, the teacher forces him to read. [...] he even told me that every night, he prays for God to help him learn to read and write.</i></p>
<p>Forwarding to SEA</p>	<p><i>"I refer the student mentioned above to attend the SEA for presenting: mild mental deficiency, mental and behavioral disorders, being in the literacy process with significant delays. I note that it is necessary to continue with the socio-affective and cognitive works already developed in previous years. Bearing in mind that M. is in the 4th year, but with a significant delay in the literacy process, which makes it difficult to monitor the contents and activities, even if adapted to his reality. According to the situation described above, I have come to request the monitoring of M. by a multidisciplinary team through the SEA.</i> OBSERVATIONS: <i>M. is open to learning, accepting and responding well to stimuli and new challenges. It is pleasurable and rewarding to see his determination and commitment to learning".</i></p>
<p>P3</p>	<p><i>I think he has a difficulty, which I don't know where it comes from, because he also has a very complicated history at home. But they sent him [...] and the doctor gave the diagnosis, because for him to come to the SEA, he has to be diagnosed. Every child who comes here has</i></p>
<p>CP</p>	<p><i>[...] he has a serious problem of despairing when something happens. Cry, make a scandal. There was a day when we didn't know what to do. For any nonsense he made a scandal. [...] In any situation. When he is unable to do the activity, or at recess, playing with friends, he arrives crying. [...]. We try to calm him down, talk. We already called the mother, she is very present, she always comes when we call. And he has already done an evaluation [...], but I think he really needs a psychologist, because he has a lot of resistance. And difficulty. There are tasks that he doesn't want to do at all. Because he can't do it like the others [...]</i></p>
<p>P1</p>	<p><i>It's just that when he has difficulty, he cries, he doesn't want to do it, it's like he has a block. But when it is some activity that he knows, he does it, shows willingness to do it.</i></p>
<p>P2</p>	<p><i>The one who sits there in front alone, right? He has difficulty, but he manages. But only when you stand by and pay attention to him. When he makes a mistake,</i></p>

<i>he wants to give up soon. It looks like someone put it on his head that he doesn't know.</i>

Source: Devised by the authors. Our translation

To begin the analysis of the data presented above, it is necessary to bring the excerpt in which the coordinator asked the researcher, speech therapist, to "take a look" at M, giving indications that the child did not follow the rhythm or pattern idealized for that institution, and for that reason he would need a different look, other than the pedagogical/educational one.

In this regard, it should be noted that this phrase demonstrates something common in the routine of the educational speech therapist. Often, principals, teachers and coordinators request that these professionals carry out evaluations on students with supposed difficulties, especially when they refer to the appropriation of reading and writing. With this request, the coordinator seemed to want to seek help or even a solution to the problems that, according to her, that child was presenting.

Thus, based on the assumption that meeting the needs of those who have different ways of learning is not up to the school, health services and professionals have constantly been pointed out as an alternative. This fact can also be seen in the excerpts "*he has already been evaluated, but I think he really needs a psychologist*" and "*But he was referred [...] and the doctor gave the diagnosis, because for him to come to the SEA, you have to have a diagnosis*".

As Figueiredo (2015) explains, requests like those of the coordinator and the teachers' speeches are probably based on the idea that the reasons for school failure are child-centered. Traditionally, the school has been considered an institution with knowledge and those who do not meet their expectations become responsible for the failure experienced in the educational system.

What can be seen is that in addition to attributing the causes of school failure to the child, the school outsources the solution of this failure. From the conception that the problem is in the child, and that the solution of this is up to a health service, the school ends up exempting itself from the education of children like M., besides placing them as sick, in a sick position (FIGUEIREDO, 2015).

Moysés and Collares (2010) highlight that there is an increasing search for standardization and uniformity of all people. In this process, those who do not fit in have been subjected to exhausting, humiliating processes, which are carried out to show them that it is easier to conform to the diagnosis. Education professionals have accepted (and sought) medical discourse without reflections on the consequences that this discourse and look, which

coming from health, generally disregard the child's school path, has on the lives of children like M. In this way, medicalization is being instituted in ways of learning and being within schools.

We observed that after the diagnosis, the changes that occurred in this child's educational process were not carried out in order to overcome his difficulties, but to use them as a justification for his not learning. Thus, the report appears as an instrument that justifies (and forwards?) this child to increasingly exclusionary practices. And the responsibility for the child's educational process becomes the responsibility of specialists. Whether they are SEA teachers, speech therapists, psychologists, or any other “specialist” health professional.

For this reason, it is necessary that these professionals, when working in the educational context, need to propose practices that, before identifying and/or attesting difficulties in children and that intensify the medicalization process, propose to the school team partnership, reflection and search for solutions to the realities experienced in the school context, so that their practices can change the direction of many medicalized processes (FIGUEIREDO *et al.*, 2018; LIMA *et al.*, 2015).

Moysés and Collares (1997), also pay attention to the fact that regardless of their area of expertise and/or their formation, most professionals involved in education focus the causes of school failure in children and their families. The excerpts “*because he also has a very complicated history at home*” and “*It seems that someone put it in his head that he doesn't know*”, by suggesting that the difficulties presented by the child may be related to his family context and his own school history, while considering the social factor as important in the educational process, it may end up blaming the family for the child's school failure.

Therefore, it is necessary to consider that, historically, children have been considered incapable based mainly on assessments that do not allow their abilities and potentialities to be exposed (SIGNOR *et al.*, 2018) and that even when this happens, they are disregarded. The excerpts in which the teachers report, “*But when it is some activity that he knows, he does it, he shows willingness to do it*” and “*but he manages. But only when you stand by and pay attention to him*”, and even when forwarding to the SEA, when the teacher mentions in the observations “*M. is open to learning, accepting and responding well to stimuli and new challenges*” prove this fact.

From the data above, it is possible to consider that for the school team, M. is a child who has difficulties, and that this view does not seem to have changed over the years. If, in the third year, even before having any closed diagnosis, the school already considers that the child would need to undergo an evaluation, in the fourth year, the referral to the SEA leaves it

documented that the child has “*significant delay in the literacy process*”, for the SEA teacher “*he has some difficulty, which I don't know where comes from*”, and for the coordinator and teachers who started to accompany him in the fifth year “*he has a serious problems [...]*”; “*He has a lot of resistance. And difficulty*”; and “*he has difficulty, but he manages*” are clear indications of this.

It is possible to notice in the excerpts above that the speeches about M. are concerned with highlighting the child's difficulties; they also recognize that despite the resistance, the block and the difficulties presented, there is an effort and willingness to learn on the part of the child, as in the excerpts. “*But when it is some activity that he knows, he does it, shows willingness to do it*”, or “*He has difficulty, but he can do it*”. However, such recognition on the part of the teacher is neither interpreted nor taken by him as possibilities for active dialogue and investment in the child's ways of learning.

Another fact to be analyzed is that it is possible to verify in the speeches presented above that since the beginning of his school process at that institution, M. has given evidence that his relationship with the appropriation of reading and writing and his learning process have been harsh, negative and even miserable. His speeches, portrayed in the field journal “*I get nervous*”, “*The teacher forces me*”, “*I want to learn to read*”, added to the excerpts “*There is a task that he does not want to do at all. Because he can't do it like the others*”; “*He has a serious problem of despairing when something happens. He cries, makes scandal. There was a day when we didn't know what to do. For any nonsense he made a scandal*”; “*It's just that when he has difficulty, he cries, he doesn't want to do it, it's like he has a block*” and “*When he makes a mistake, he wants to give up soon*”, they can exemplify this fact.

From the data and discussions presented here, it was possible to verify that it has been reserved for children with alleged reading and writing difficulties, such as M., a place of passive, silenced, or even non-subject, who does not know, who does not learn. This has happened both with regard to the discourse plot of the pedagogical team, which negatively marks the child's trajectory, and in view of the school practices experienced, which do not allow him to assume the place of authorship, and thus, do little for the possibility of (re)elaboration of meanings and displacement of this child in overcoming his supposed difficulties.

In this sense, attention is drawn to the inexistence in the school process, over the years, of an attentive interlocutor, in the terms of Perrota, Märtz and Masini (1995, p. 30, our translation), when stating that “to the professionals who work with the language also fits the singularity of an attentive and interested interlocutor in the construction of meanings, in the

sharing of understandings, reflections, doubts and knowledge”. This interlocutor, as he considers the child's potential, allows his contact and insertion in meaningful practices, which, in turn, in addition to the appropriation of reading and writing, allows the child's displacement from the place of "sick" to that of “Learner”.

However, M.'s interlocutors, on the opposite path, took actions and used speeches that legitimized the difficulties attributed to him, but that, with another look, reveal a lot about the difficulties of the educational institution itself in dealing with children like him. Thus, differences in school have become “diseases of not learning”, in the terms of Giroto, Araujo and Vitta (2019), and in the medicalization of school processes of children like M.

Considering the discussions held, there is no escape from the question: what would have been the effects of other possibilities, other activities, other interlocutions, another look and another listening to this child?

Final considerations

Based on the data and analysis exposed above, it is worth noting that the medicalization of children like M. seems to be happening even before the diagnosis was attributed. The experiences he lived in the school context and the speeches that circulate in this context about him seem to be having an extremely negative effect not only on the educational process of this child, but also on his life, on the way this child sees himself, marking his subjectivity .

It is by betting that the school is a powerful space in the construction of teaching and learning strategies that there is a need to strengthen and establish partnerships in this institutional space that promote dialogue between the areas of Education and Health. However, it is up to professionals of these areas, through the educational reality in our country, to seek in their actions to face medicalizing practices and discourses about not learning.

In this perspective, we also defend that educational speech therapy, based on active responsive partnerships (BORTOLOZZI, 2013), must have, above all, a social, ethical and political commitment, in the challenge of facing this problem. Therefore, it is up to the speech therapist to assume the role of co-responsibility in the educational practice, in the search for partnerships with teachers and coordinators that aim to promote possible practices to the different ways of building knowledge and to the different rhythms of the subjects. In the same way that they make it possible to expand the possibilities of experiences to be lived in the

processes of appropriation of reading and writing, the displacement of the position of children negatively marked in their school trajectories and through the different ways of learning and being present in the classroom.

REFERENCES

BARDIN, L. **Análise de conteúdo**. São Paulo: Edições 70, 2011.

BELIDO, A. P. *et al.* Crianças diagnosticadas com síndrome de irlen: análise de produções escritas. **Revista Distúrbios da Comunicação**, v. 29, p. 77-85, 2017.

BERBERIAN, A. P. Princípios norteadores da avaliação clínica fonoaudiológica de crianças consideradas portadoras de distúrbios de leitura e escrita. *In*: BERBERIAN, A. P.; MASSI, G. A.; GUARINELLO, A. C. (Org.). **Linguagem escrita: Referenciais para a clínica fonoaudiológica**. São Paulo: Plexus Editora, 2003. p. 11-38.

BORTOLOZZI, K. B. **Fonoaudiologia e educação: a constituição de uma parceria responsiva ativa**. 2013. 159 f. Tese (Doutorado em Distúrbios da Comunicação) – Universidade Tuiuti do Paraná, Curitiba, 2013.

BRASIL. Ministério da Educação. Conselho Nacional de Educação. **Resolução n. 4, de 2 de outubro de 2009**. Institui diretrizes operacionais para o atendimento educacional especializado na educação básica, modalidade educação especial. Brasília, DF: MEC, 2009.

DELORS, J. (Org). **Educação um tesouro a descobrir: Relatório para UNESCO da Comissão Internacional sobre Educação para o século XXI**. São Paulo: Cortez Editora, 1998.

FERREIRA, M. E. C. **O enigma da inclusão: das intenções às práticas pedagógicas**. 2002. 330 f. Tese (Doutorado em Educação Especial) – Universidade de São Paulo, São Paulo, 2002.

FIGUEIREDO, L.C. **O outro na escola: algumas representações a respeito das diferenças**. 2015. Tese. (Doutorado em Linguística Aplicada). Instituto de estudos da Linguagem – UNICAMP. Campinas – SP, 2015.

FIGUEIREDO, L. C.; LIMA, I. L. B.; SILVA, H. S. E. Representations of educational professionals for speech, language and hearing sciences practice in schools. **Distúrbios da Comunicação**, São Paulo, v. 30, n. 1, p. 186-193, 2018.

GIL, A. C. **Como elaborar projetos de pesquisa**. 4. ed. São Paulo: Atlas, 2002.

GIROTO, C. R. M. A interface entre fonoaudiologia e educação inclusiva: implicações na formação e profissionalização do fonoaudiólogo. *In*: QUEIROGA, B. M.; ZORZI, J. L.; GARCIA, V. L. (Org.) **Fonoaudiologia educacional: reflexões e relatos experiência**. Brasília: Editora Kiron, 2015. p. 109-29.

GIROTO, C. R. M.; ARAUJO, L. A.; VITTA, F. C. F. Discursivização sobre “doenças do não aprender” no contexto educacional inclusivo: o que dizem os professores de educação

infantil? **Revista Ibero-Americana de Estudos em Educação**, Araraquara, p. 807-825, maio 2019. DOI: <https://doi.org/10.21723/riaee.v14iesp.1.12208>

GIROTO, C. R. M.; BERBERIAN, A. P.; SANTANA, A. P. Saúde, Educação e Educação Especial: princípios e paradigmas norteadores das práticas em saúde no contexto educacional inclusivo. In: GIROTO, C. R. M. *et al.* (Org.). **Serviços de apoio em educação especial: um olhar para diferentes realidades**. Alcalá de Henares: Servicio de Publicaciones de la UAH, 2013. p. 101-24.

LIMA, I. L. B.; DELGADO, I. C.; LUCENA, B. T. L.; FIGUEIREDO, L. C. Contributions of the institutional diagnosis for speech language pathology and audiology practice in schools. **Distúrbios da Comunicação**, São Paulo, v. 27, n. 2, p. 213-224, 2015.

MARQUES, J. B. **Os sentidos do não aprender na perspectiva de alunos do ensino fundamental I, professores e familiares**. 2018. 158 f. Dissertação (Mestrado em Educação escolar) – Universidade Estadual Paulista, Araraquara, 2018.

MASINI, L. H. **O diálogo e seus sentidos na clínica fonoaudiológica**. 2004. 304 f. Tese (Doutorado em Linguística Aplicada e Estudos da Linguagem) – Faculdade de Pontifícia Universidade Católica de São Paulo, São Paulo, 2004.

MASSI, G. A. A.; GREGOLIN, R. Reflexões sobre o processo da aquisição de escrita e a dislexia. **Revista Letras**, Curitiba, v. 65, p. 153-171, 2005.

MOYSÉS, M. A. A. **A institucionalização invisível: crianças que não-aprendem-na-escola**. Campinas, SP: Mercado de Letras, 2001.

MOYSÉS, M. A. A.; COLLARES, C. A. L. Inteligência Abstraída, Crianças Silenciadas: as Avaliações de Inteligência. **Psicologia USP**, São Paulo, v. 8, p. 63, 1997.

MOYSÉS, M. A.; COLLARES, C. A. L. Medicalização: o obscurantismo reinventado. In: COLLARES, C. A. L.; MOYSÉS, M. A.; RIBEIRO, M. (Org.): **Novas capturas, antigos diagnósticos na era dos transtornos**. São Paulo: Mercado de Letras, 2013. p.41- 64.

MOYSÉS, M. A.; COLLARES, C. A. L. Dislexia e TDAH: uma análise a partir da ciência médica. In: **Medicalização de crianças e adolescentes: conflitos silenciados pela redução de questões sociais a doença de indivíduos**. Conselho Regional de Psicologia de São Paulo. São Paulo: Casa do Psicólogo, 2010. p. 125-156.

NOGUEIRA, J. F. A. **Discursos de psiquiatrização na educação e o governo dos infames da escola: entre cifras de resiliência e acordes de resistência**. 2015. 202 f. Tese (Doutorado em Educação) – Universidade Federal do Paraná, Curitiba, 2015.

PERROTA, C.; MÄRTZ, L. W.; MASINI, L. H. **Histórias de ler e de contar: a linguagem no cotidiano**. São Paulo: Summus, 1995.

SIGNOR, R. C. F. *et al.* Distúrbio de processamento auditivo x dificuldade de leitura e escrita: há uma relação? **Revista Brasileira de Linguística Aplicada**, Belo Horizonte, v. 18, p. 581-607, 2018.

ULLASTRES, A.M. **El fracaso escolar em España**. Madrid: Fundación Alternativas, 2003.

ZAGO, N. Fracasso e sucesso escolar no contexto das relações família e escola: questionamentos e tendências em sociologia da educação. **Revista Luso-Brasileira**, Rio de Janeiro, v. 2, n. 3, p. 57-83, 2011.

How to reference this article

OLIVEIRA, L. F.; LIMA, I. L. B.; BORTOLOZZI, K. B. The effects of practices and discourses on the educational process of a subject with supposed reading and writing difficulty. **Revista Ibero-Americana de Estudos em Educação**, Araraquara, v. 15, n. esp. 5, p. 3038-3055, Dec. 2020. e-ISSN: 1982-5587. DOI: <https://doi.org/10.21723/riaee.v15iesp5.14573>

Submitted: 10/01/2020

Required revisions: 25/05/2020

Approved: 30/10/2020

Published: 01/12/2020