

REFLECTIONS ON CARE FOR PARENTS IN THE SCOPE OF INCLUSIVE
EDUCATION

*REFLEXÕES SOBRE OS ATENDIMENTOS AOS PAIS NO ÂMBITO DA EDUCAÇÃO
INCLUSIVA*

*REFLEXIONES SOBRE EL CUIDADO DE LOS PADRES EN EL ÁMBITO DE LA
EDUCACIÓN INCLUSIVA*



Tatiana Studart Rodrigues MARQUES¹
e-mail: tatystudart@yahoo.com.br



Viviane Neves LEGNANI²
e-mail: vivilegnani@gmail.com



Amanda Cabral dos SANTOS³
e-mail: falacabral@terra.com.br

How to refer to this paper:

MARQUES, T. S. R.; LEGNANI, V. N.; SANTOS, A. C.
Reflections on care for parents in the scope of inclusive education.
Revista Ibero-Americana de Estudos em Educação, Araraquara,
v. 18, n. 00, e023036, 2023. e-ISSN: 1982-5587. DOI:
<https://doi.org/10.21723/riaee.v18i00.17141>



| Submitted: 24/08/2022
| Revisions required: 25/01/2023
| Approved: 09/02/2023
| Published: 31/05/2023

Editor: Prof. Dr. José Luís Bizelli
Deputy Executive Editor: Prof. Dr. José Anderson Santos Cruz

¹ State Department of Education of the Federal District (SEEDF), Brasília – DF – Brazil. Effective teacher of the Early Education Program. Master in Education (UnB).

² University of Brasília (UNB), Brasília – DF – Brazil. Associate Professor III. PhD in Psychology (UnB).

³ Faculty of Science and Education Sena Aires (FACESA), Valparaíso de Goiás – GO – Brazil. Professor of the undergraduate course in Physical Therapy. Master in Psychology (UCB).

ABSTRACT: The article aims to provide reflection on the embracement provided to parents in Inclusive Education. Through the case study of a child with Down syndrome, a participant of the Programa de Educação Precoce (Early Education Program) of Distrito Federal heavy importance is given to the act of listening to the subjective processes of children and their families, with emphasis in the parental dynamics and its encounter with disability. The article concludes that teachers tend to appropriate knowledge typical to the health care field, in which the conception of development is standardized and focused on diagnosis and prognosis of disabilities. Thus, they put themselves in the hierarchy position of specialists who guide parents in attendances, which in turn shows itself to be a strategy too limited, due the fact that development processes are articulated in the subjective dimension of the child and his parental field. This articulation demands listening and attention and cannot be disregarded, since it is fundamental to contribute to the processes of school inclusion.

KEYWORDS: Inclusion. Early education. Psychoanalysis. Listening. Parenting.

RESUMO: O presente artigo tem por objetivo refletir sobre o acolhimento aos pais na Educação Inclusiva. Realizou-se um estudo de caso de uma criança com síndrome de Down, participante do Programa de Educação Precoce do Distrito Federal, no qual se detecta a importância da escuta dos processos subjetivos das crianças e de suas famílias, com ênfase na dinâmica parental, ante o encontro com a deficiência. Conclui-se que os professores tendem a se apropriar de conhecimentos da área de saúde, adotando uma concepção de desenvolvimento infantil padronizada e focada em diagnósticos e prognósticos das deficiências. Assim, os professores colocam-se em uma posição hierárquica de especialistas que orientam os pais. Essa estratégia mostra-se limitada, uma vez que os processos de desenvolvimento se articulam com a dimensão subjetiva da criança e do seu campo parental. Articulação, portanto, que demanda escuta e atenção, não podendo ser desconsiderada, pois é fundamental para contribuir com os processos de inclusão escolar.

PALAVRAS-CHAVE: Inclusão. Educação precoce. Psicanálise. Escuta. Parentalidade.

RESUMEN: El artículo tiene como objetivo reflexionar sobre la acogida de los padres en la Educación Inclusiva. Se realizó un estudio de caso de un niño con síndrome de Down, participante del Programa de Educación Precoz del Distrito Federal en el que se detecta la importancia de escuchar los procesos subjetivos de los niños y sus familias, con énfasis en la dinámica parental, en el rostro de una discapacidad. Se concluye que los docentes tienden a apropiarse de los conocimientos en el área de la salud, adoptando una concepción estandarizada del desarrollo infantil centrada en los diagnósticos y pronósticos de las carencias. Así, los docentes se sitúan en una posición jerárquica de expertos que orientan a los padres. Esta estrategia se muestra limitada porque los procesos de desarrollo se articulan con la dimensión subjetiva del niño y su campo parental. Articulación, por tanto, que demanda escucha y atención, y no puede ser dejada de lado, pues es fundamental para contribuir a los procesos de inclusión escolar.

PALABRAS CLAVE: Inclusión. Educación precoz. Psicoanálisis. Escucha. Parentalidad.

Introduction

The article aims to reflect on the reception of parents in the Early Education Program of the public education network of the Federal District. This Program works in the mold of a specialized service, establishing itself in an intersection between Early Childhood Education and Special Education, having as target audience babies and children from 0 to 3 years and 11 months of age, with delays, disabilities and atypical development, who are at risk (DISTRITO FEDERAL, 2005, 2010).

To clarify who are the babies at risk, the Early Education Program of the Federal District was guided by the Follow-up Committee of the Society of Pediatrics of Rio de Janeiro (SOPERJ), which suggests monitoring of newborns with the following risk conditions: perinatal asphyxia, prematurity, neurological problems, size incompatible with gestational age, hyperbilirubinemia, symptomatic polycythemia, symptomatic hypoglycemia, use of mechanical ventilation, congenital infections, congenital malformations and genetic syndromes (BRASIL, 1995, 2000; FEDERAL DISTRICT, 2005).

In this perspective, the objective of the Early Education Program is to promote the development of the child's potentialities in an integral way, aiming to meet the physical, cognitive, psycho-affective, social and cultural aspects, especially in terms of prevention. The inclusive measures are part of its purposes, which have as a function to promote the inclusion of the child within the Program and in the continuity of the schooling process (DISTRITO FEDERAL, 2010).

Lent (2018) stresses that the acceleration of cognitive and brain development during the first years of life is faster than at any other stage of human development. It is observed that, at this stage, the development of the brain is still immature and, therefore, vulnerable, and can be affected by numerous factors, among them the quality of care and parental interaction with the child. The author points out that learning from the social other opens windows of opportunity in the brain field and, if not acquired in this critical period, becomes difficult, if not impossible, to be acquired later. Thus, many studies emphasize the importance of early intervention, but because it is such a specific and vulnerable period of development, it is not any intervention that will be able to produce positive effects.

Family accompaniment is fundamental in early childhood care and the Early Education program recommends that "there will be guidance to parents and the type of intervention to be used will be specified, reducing the degrees of inadaptation resulting from pathology or vulnerability, the cumulative effects of child development problems" (DISTRITO FEDERAL,

2010, p. 111, our translation). Thus, the care offered to parents in the Program aims to guide them so that they can assist in the development processes, and the most used strategy is to invite them to participate in educational care together with their children. Thus, for parents are also provided special care and attention.

In this article, we will problematize the way in which, in a broad way, the school context and, in particular, the referred Program conjectures the attendance to parents, when their children present problems of development and in the process of schooling. As we have seen, the ideology is that of orientation, an approach that starts from a hierarchical principle in the field of knowledge, even if unintentional, because, from this perspective, educators supposedly know what would be best for family education, so that the development processes could advance and the schooling of children could happen without major abuses.

In the field of inclusive education, this ideology is even more accentuated, because many education professionals support their practices in discourses produced by the health area and, as specialists, provide educational care with a focus on diagnoses, prognoses and limitations resulting from the condition, without there being a perception of the characteristics of the child itself. For Campos *et al.* (2020), this discursive field circulates sovereignly in the culture, giving children with disabilities a marked social place, which, in turn, reinforces a technical discourse about the subject, creating standardized prescriptions to educate and treat these children.

The historical clipping made by Julien (2000) explains how the representation of childhood woven by the discourse of science and the subsequent "specialism" that comes from this representation throughout the twentieth century. In antiquity, the formation of a couple was made by the pater authority in and based on the bias of similarity: beliefs, values, education, customs etc. Already in Modernity, this option began to be made in the field of intimacy, that is, the choices of future partners began to be made by the romantic bias.

Thus, the conception emerges in the twentieth century that the conjugal couple, formed by the loving ties, would also produce the well-being of the children in the "family nest". However, this private closure to the raising of children produced discomfort and provoked the need for control over the education of children, that is, of future citizens. Education could not be left to the discretion of parental figures alone, and since then, the phenomenon of parental "intimacy" has emerged. Consequently, several specialists also emerge: pediatrician, psychologist, teacher, social worker, etc. with the function of guiding parents, that is, of making a kind of control of family education. It is noteworthy, therefore, that the construction of this representation of childhood and family, constructed by science, had the objective of adapting

and standardizing; As we can also infer that the idealized notion of "family structure", deeply rooted in schools, arises from the junction of several fields of knowledge, from this same historical and social scenario.

Thus, in this study, we will discuss the "professorial" practices of orientation to parents, based on medical knowledge, which acquire a technical and strictly instrumental format. In this direction, we highlight the limits of this strategy in the care of parents, in particular, in cases in which the mark of disability produces subjective impasses in the parental couple, which, in turn, can produce resonances that hinder the processes of psychic constitution of the child.

Disability and subjectivation

Kupfer *et al.* (2010) clarify that developmental problems signal the presence of subjective difficulties and cite, as examples, several clinical conditions, including hyperactivity, inhibitions, phobias, etc., as resulting from these difficulties. According to the authors: "maturation, growth and especially development depend on the processes of formation of psychic life, or are extremely sensitive to them" (KUPFER *et al.*, 2010, p. 51, our translation). From this perspective, even considering any limits placed by the child's disability, there would be an inherent and reciprocal relationship between these organic markers and those that are relational, that is, those that come from the encounter of the child with the other parent. This subjective encounter can favor the overcoming of the child's limits or, on the contrary, it can also generate impasses in the development processes (CAMPOS *et al.*, 2020).

In this perspective, it would be of total relevance to create, in the care of families, a strategy in which there is a listening to the parental couple. We understand, as Palhares and Bastos (2017) point out, that listening has the function of providing the speaker with the work of being involved in what causes suffering. It is, therefore, as the authors emphasize, an active listening, with the aim of enabling the other to encounter with his own singularity and with his difficulties, so that he can give consequences to what he hears of himself, deciding what to do with his own impasses. Listening in the parental field would be fundamental, since the small subject who bears the mark of disability depends on the look and signifiers of the Other, often adrift, waiting for the time of mourning of those responsible for the idealized child who was not born. This time, which is logical and not chronological, can weaken the psychic constitution of the child, and, consequently, his possibilities of development. In many cases, the place that the

disabled baby occupies in the family dynamics is the result of the parents' unexpected mismatch with the difference.

This whole process can be dilated and aggravated by the iatrogenic effect of medical and scientific discourses (DOMECQ GOMEZ *et al.*, 2020) on disability, which can undermine parental knowledge, built in the relationship with the child itself, by sociocultural narratives, as well as by the parents' unconscious memories about the parental care received in their childhoods. According to Bernardino (2007), sustaining the place of the other desiring, when the maternal and paternal functions are short-circuited and, at the same time, receiving so much information about the reality of the picture and about what the child "will not" be able to accomplish makes it even more difficult to fulfill the parental functions.

In families, the impact generated by disability undoubtedly causes an estrangement, at least initially, marking the look and words that are directed to the child subject (KRUMMENAUER; MALGARIM, 2018). Carvalho (2010, p. 30, our translation) points out that "there are countless reports about the "news hour", a moment in which parents feel confused and suffered by the loss of their "normal" child who was not born [...]", according to the author, at this moment, the parents feel victims of a fatality.

In other words, in a pregnancy, or even in an adoption process, there is a preparation of the parents for the arrival of the child that is permeated by a previous idealization. When there is no correspondence of the child with the parental ideals, an internal process of mourning will need to be carried out so that the parents can make adjustments in the representations that they previously created, so that they can welcome, in the best possible way, the real child (GÓES, 2006).

Carvalho (2010, p. 30, our translation) points out that in this process many contradictory feelings arise, in some cases marked by displeasure, since the presence of disability, in any of its manifestations "sensory, physical, mental, neurological, multiple, etc.", operates to show the other his own lack, limitation, and imperfection. Narcissism places the subject in the condition of not only loving himself, but also of loving himself through the other (FREUD, 2010b). That is, this mechanism, when acting in the parental field, linking to the marks caused by the encounter with everything that the disability represents, can cause an undifferentiation between the self/other, typical of the grieving processes. Freud (2010a), in his text "Mourning and Melancholy", emphasizes that grief exposes our vulnerability, being a painful psychic work for posing a riddle, since one never knows for sure what was lost.

We understand, therefore, that in inclusive education, in particular that aimed at the very first childhood, such as that of the Early Education Program, the welcoming of families needs to be guided by an ethical care regarding the grieving processes they experience. Thus, when focused on orientation, they would need to be preceded by listening about the referred subjective undifferentiations proper to these processes.

We will illustrate the issues pointed out above with a Case Study of a child diagnosed with Down Syndrome (DS). In Brazil, according to IBGE data from 2010, there are about 300,000 people with the syndrome that originates from a genetic alteration, and is currently the highest incidence in the world (IBGE, 2010).

Methodology

Stake (1994) points out that one of the functions of a Case Study is to illustrate a reality, playing a supporting role for the reader's reflection. It is a qualitative methodology that does not have the purpose of generalizing the results, since the Case Study focuses on the particular of the problem-situation, but that will require the researcher, at the time of the field research, to stick to the multiplicity of dimensions of the question that aims to research, using the greatest possible variety of information that arises in the investigation process itself. With regard to the data analysis of a Case Study, the starting point is also the identification of the problem-situation, but, in a procedural perspective, the discussion should bring the interweaving of the data found with the theoretical foundation, with the purpose of weaving some propositions with alternatives or possible proposals of other actions or interventions to solve the identified problem.

In the procedures for this investigation, at first, the coordination of the Early Education Program was requested to authorize the entry of the researcher, which was granted after an explanation about the objective of the research. Also, in this meeting with the coordinator, the researcher clarified the criteria for choosing the study subjects, requesting to observe a child who was terminally ill in the Program, but who had not presented significant gains in their development processes throughout the stay in Early Education. Based on this criterion, the research subjects to compose the Case Study were chosen as follows: a child of 3 years and 6 months with a diagnosis of Down Syndrome who attended Early Education since the age of 3 months and two teachers of the student, the coordinator and other teachers of the Program. From this stage, the need to also interview the student's mother was identified. Thus, during a school

semester, in addition to the observations of the child in his pedagogical activities, semi-structured interviews were conducted with the other subjects mentioned above. About the ethics of the research: all the study subjects authorized their participation and were fully informed about the objectives of the study. All the names that make up the Case Study are fictitious and any data that allows their identifications have been omitted, in order to ensure the confidentiality of their identities.

Anna Case

Anna was a shy, frail-looking girl, but she had an easy smile when she felt more secure in social interaction. He had hesitant steps, a passive and defensive behavior. As for the aspects related to its development, it demonstrated characteristics of intellectual and social inhibition. She began to speak at the age of 3 and, during the research, had difficulties expressing herself through speech.

It can be observed that she had a bond with her teachers, had the desire to play and to perform the pedagogical activities, however, in the attendances, which lasted about 45 minutes, it was necessary a significant time to acclimate her until she started the activity. Anna showed insecurity in the face of activities she did not yet know, tended to close herself to social contact and, sometimes, tried to leave the room to find her mother, who was always close to the places of care.

The student's school folder presented the medical reports that basically described her syndromic condition: cardiac malformation, reports of surgeries and the treatments performed. There were also pedagogical evaluations that pointed to motor and language delays, which, in the teachers' evaluations, may or may not be caused by disability.

Anna's mother, whom we will call Júnia here, was 46 years old at the time and had been married to the child's father for a few years. As she told us, her husband wanted a child very much. Because of this desire, Júnia pondered that she was not young and that she might have difficulty getting pregnant: "I was surprised. I got married in December, in April I found out I was pregnant. I would be considered an old mother, already 46 years old. I got pregnant without doing any kind of procedure. I was doing my normal pregnancy exams. When I got to the second morphology, I was with my husband and the nurse said she had something with the baby. She said: "We are seeing here that there is something different. And that's how it all started [...]".

During the listening to the mother, it was possible to perceive her initial defensive strategy due to the suffering to deal with her daughter's disability by refusing the tests that would conclude the diagnosis, resolving to carry the pregnancy forward as if nothing had been said.

"I left it to worry only later, not telling friends and family. I only told my sisters because my parents are very old and my sisters strengthened me in prayer. I would talk to God and say, Lord, you know what a mother's heart desires... it's having a typical child... [...]. Finding out before or finding out later wasn't going to make any difference. So, I didn't want to. A certainty would be an early certainty."

After the diagnostic hypothesis of the syndrome, Júnia began to have a pregnancy with complications of hypertension and gestational diabetes. Thus, the medical guidance was to anticipate the delivery so that the child would not enter into fetal distress and would not also pose a risk to the mother. As soon as Anna was born, she needed to stay in the ICU for 15 days due to congenital heart disease.

During the hospitalization, the mother reported that she looked at her daughter and asked if the baby really had Down Syndrome, because no doctor had spoken openly about this diagnosis.

"When I got to the ICU, I would look at Anna and there were days when I would see 'a pure Down' and there were days when I wouldn't see Down on her little face and ask myself: is it Down? Right? The doctor who accompanied me was not the doctor who delivered me. She went on vacation, so that was really bad for me. [... I felt very alone at that moment, without closer monitoring by a doctor. It was a C-section... No doctor talked to me. They had a suspicion, but they kept quiet."

Feeling alone and helpless, without someone to do the holding, that is, without another who could give her subjective support to start the process of symbolic filiation through maternal care with her daughter, Júnia resorted again to the defense of denying the disability: "One day I went to visit Anna in the ICU and said: "Doctor, tell me, she's got Down, doesn't she? Could they have misdiagnosed?" I still didn't have the karyotype in my hand, so she said, "We see the features, and that's why we asked for the karyotype, but we're not absolutely sure yet." And from there I decided I hadn't. It's not that I denied it. It wasn't denial, but it wasn't that "definitive" trait she has today, you know?"

By listening to the mother's speeches, we could perceive her silence about her own suffering in the prenatal, perinatal and postnatal periods. Another fact noted was the

concealment of the syndromic signs of the daughter to the child's own father. We emphasize that only Anna's mother was interviewed, because the father was seen only twice in Early Education throughout the research. According to Júnia's account, however, he was always very present: "Anna has already done some physiotherapy, often I saw children only with a mother, and I asked why. Where's Dad? And people always said it was because it was almost a rule: when it's a special son, he's more of a mother's son, like, the father is the first to drop out. [... My husband is very participative and takes Anna to activities in the afternoon."

Often, mothers of special children are in the situation of finding themselves alone with the responsibility of caring for a child with a disability, as Mendes (2021) highlights. In fact, in general, even though it was not "as a rule", it was possible to observe in the corridors of the Program's care rooms the predominance of the maternal figure. According to Júnia's reports, the marital relationship with her husband remained positive, her husband helped her to take her daughter to the appointments. However, the care and decisions regarding Anna's education were more up to her and this, she told us, was a consensus between the couple.

"My husband helps, you know? So, he does his part. But mom is mom, isn't she? My daughter needs me and mom is the one who knows what's best for her kids. My husband is great. Gives bath, walks, cares, even changed a lot of diapers believe? But I know that the mother's look is the differential. I make a point of praising and I'm so thankful that I'm not a single mom."

By listening to the speeches of Anna's mother, it is possible to suppose a place for this father in the dynamics of the parental couple. However, the paternal function still needs to be better established, since it is a fundamental symbolic function, which allows the child an opening to other possibilities of affective bonds, beyond the initial bond established with the maternal figure. That is, according to Laznik (2019), the paternal function promotes the child's entry into the field of language, producing a subjective turn that allows him to speak in his own name, because triangulation opens possibilities to reaffirm his singular difference from the other, also allowing him to make a renunciation of the closed position, which was previously totalized around the mother figure.

According to the teachers of her last school year in the Program, Anna did not accept commands and had difficulties in creating bonds with them. There was a lot of crying on the part of the child and an overprotection on the part of the mother. Even so, small advances were identified throughout the process in Early Education. They noticed that, little by little, little

Anna was sometimes able to speak more comprehensible sentences and make movements towards her peers during the consultations in rooms or collective environments.

The teacher of Physical Education, who we will call Fábía, during the attendances, took Anna to the garden, to the "agroforestry" and, in almost all classes, gave the student the chance to interact with children from other classes or with the animals of creation of these service spaces. Anna, in these moments, seemed more relaxed, her speech was more audible, and sometimes showed a little more security. Whenever possible, the teacher reported to the mother the pedagogical process, without, however, inviting her to the child's care spaces, as it aimed to promote a separation of the mother-child dyad, aiming at greater security and autonomy of Anna.

The teacher of Pedagogical Activities, who will be called Lara, performed her attendances in the classroom, without interaction with other children and in a more systematic way, with directed, objective activities and with structured materials, already separated into boxes. This work structure, the planning, as well as the development of Lara's pedagogical action, resembled a behavioral clinical care.

Lara defined her work as "a very specific pedagogical intervention": "This is how it is. You have to know! Not to be anything, you know? They are special children, who demand knowledge and technique from us. Parents trust us and it's an opportunity for growth as a teacher to be able to work with so much diversity. Here I learn a lot. And I want to know even more, to bring more tools to the service."

We can observe a difference between the pedagogical services in the same Program. Fábía made a "reading" of the subjective difficulties in the mother and child dyad and her interventions were singularized to promote the processes of development and inclusion of the little student. Lara, however, had a type of performance that resembled the technician vision of inclusive education, which, according to Goretti (2012), intends to "fix a defect", being interventional, clinical or pedagogical practices, which start from an excessive planning of objectives and activities that aim to meet a social demand for functionality that, when related to childhood, is limited to walking, Speak and manipulate objects in an age-appropriate way.

It seems to us that the teacher in her educational interventions responded to the social demand of being a specialist. Brindon (2019) points out that the teacher often takes the place of the one who knows everything. In the context of inclusive education, this position marked by "knowing everything" can place children with disabilities as an object of care to be "worked" and "manipulated". In this direction, together with the parents, the work would obviously be to

guide them to continue the stimulation tasks at home, thus obtaining a greater effectiveness of the procedures and techniques.

From this place, when structuring the care with systematically planned activities, there is no room for the unpredictable, for the creative and for the child as a subject, with their own demands. That said, we see in this excess of planning the possibility of inhibiting the spontaneous productions of the child and the meanings that he himself produces when receiving the cultural objects in the inclusive institutions, which can be "read" by gestures, tone and language in his relationship with the other.

From the point of view of psychoanalysis, play allows dialogical and creative developments that sustain the symbolic position of the child, while excessively planned activities, by themselves, aim at ready answers that may be right or wrong. It is necessary to reflect on how much such activities, even more in excess, manage to take the child from the place of passivity before the Other or corroborate for the consolidation of their autonomy (JERUSALINSKY, 2002).

In the terminality of the Program, all graduating students are the focus of a meeting based on a discussion of each case, with the objective of finding the best route to promote the inclusion of children in early childhood education. Thus, a meeting was held with Júnia, promoted by the pedagogical team, with the presence of the coordination, the teachers, the pedagogical supervisor, the educational advisor, the school psychologist and the psycho-pedagogue. The intention was to discuss and present the referrals for the departure of little Anna from the Program. The indication was that the student attended an inclusive common school, with insertion in a reduced class with a monitor, along the lines of inverse integration and with the offer of specialized educational care in the opposite shift, in this case, the multifunctional resource room.

At that moment, the coordination used the strategy of resorting to the teachers of the parent-infant class, so that they could talk and guide Júnia, in order to prepare her for the child's entry into Early Childhood Education. Such classes in the Program have as their target of attendance two distinct publics: newborn babies until they complete 6 months of age, being mandatory the presence of parents or guardians in the individualized care; and the other target audience is formed by families who need specific guidance, but whose children are already in care with other teachers.

The teachers of the parent-infant class have the task of welcoming the parents, guiding them on the neuro-psycho-motor and social-emotional development of the babies, as well as on

the process of inclusion. Anna, upon arriving at the Program, did not attend these appointments, because the proposal had been implemented after her entry. In addition, it was observed that, over the years that the child attended the Program, the space for listening to their parents was incipient in the attendance with the teachers of pedagogical activities and physical education. These teachers, in the terminal meeting of the Program, pointed out that they had identified the processes of undifferentiation between the child and mother that were hindering Anna's developmental processes. Thus, they requested that Júnia be forwarded to the teachers of the parent-baby classes, a demand that was ratified by the entire team.

Júnia referred to these services as a fundamental support for her to realize that her daughter could grow: "They made me see how much my little girl has grown and can continue. I even went to see the schools after we talked. This here makes us believe, you know? We trust it."

However, in the interview with the researcher, Júnia was still apprehensive about the decision for her daughter to go to an inclusive common school, pointing out her fear that Anna might not adapt or that she could be treated in an omissive or negligent way. Thus, she showed in her speech a feeling of insecurity about her daughter's abilities: "In fact, sometimes I think that a special class like these at the center (Special Education) would be better. Right? Because it would be a look only at her, right? In a kindergarten school, inclusion is sometimes just words, not the reality. I don't know, but I'm afraid of it."

After the presentation of the case, we can ratify that, in our conception, orientations to parents, especially those crossed by the specialism sustained by the medical discourse or even those that aim to give motivational support to families to better deal with the disabilities of their children, are limited when the subjective impasses of the parental field are present.

In this perspective, we can resume the reflection initially made on the importance of listening to parents in the context of inclusive education. In particular, in the case of the Early Education Program, which works and acts in the "time" of the process of subjectivation and the first inscriptions in the psyche of babies and children. In these circumstances, there is the potential to also make a "timely intervention" with parents who demonstrate psychological distress in the exercise of parental functions.

In this light, listening must have as a principle that no one is ready and prepared to be a father and mother, that there are no certainties and recipes about how to perform parental functions. Every child that is born, regardless of whether or not they are a child with a disability, is a challenge; Insecurity and doubts permeate this process, and it is precisely from this place

that the parental couple begins to expect "answers" from the child itself through crying, swearing, smiling, etc. to "guide" them in their functions. Thus, it is in this dynamic that the child-subject attends. On the other hand, scientific knowledge, whether medical or pedagogical, can come to fill the knowledge of the maternal and paternal function and, therefore, can come to "erase" the child-subject, the one who has a place of his own, who thinks and "speaks" what he feels, what he likes or dislikes with his singularity, regardless of the mark that his disability produces.

Therefore, the professionals responsible for the intervention in this period of development need to be attentive to how they support parents. More than guiding, it is necessary to observe the genuine exchanges in the interaction between parents and children and, if some problems are identified, teachers are "in time" to help them, through listening, so that they feel more apt in the exercise of parental functions.

Final remarks

Throughout the observations in the Program around Anna, we realized that the subjective position of undifferentiation of Júnia with her daughter could impact the inclusion of the student in Early Childhood Education. To deal with such a question, however, we have to be ethically careful not to open margins to the ratification of the conceptions that sustain many educational practices, namely: the inadequacies of the students would result from a supposed maladjustment of the parents and/or from a family breakdown. We tried to demonstrate with the Case Study that the maternal subjective difficulties came from suffering processes. In this perspective, any attempt to blame the mother and/or family for the child's difficulties would be unethical, since it would start from a moralizing perspective and an idealized view of families.

We also question the directive guidelines in interventions with parents, often based on closed diagnoses and prognoses. It was possible to reflect, through observations and interviews with the faculty of the Program, that care strategies based on the knowledge of medicine about the various syndromes or disorders, as well as on the interferences of these diagnoses in child development, predominated. Thus, teachers sometimes positioned themselves as holders of differentiated knowledge because they had appropriated this knowledge, or they were insecure because they were only educators, because they believed that actions with children and

guidance to parents should be based on medical documents, reports or descriptions of diagnoses.

To work in the Early Education Program, it is necessary a specific training, an initial stage and an evaluation by the coordination. According to the guiding documents of the program and the interviews conducted, we observed that teachers seek to base their pedagogical practices on training courses offered by the Federal District Department of Education itself, but, although the program is a specialized service, specialized training or a postgraduate course that considers child development in all its dimensions is not required.

The continuing education offered to teachers who work in inclusive education is usually based on knowledge in the area of health (LIMA, 2019). Possibly with the objective of responding to the demands that the educator can see himself as a "good, prepared and safe teacher", similar to a "medical educator", which, according to Kupfer and Gavioli (2011), would be adjusted to the medicalization processes, which aim to make medical issues that are not of this order.

In other words, medicalization is seductive to educators and is, today, deeply rooted in the school context and in society as a whole; however, what was observed in the research was that, given the complexity and/or severity of the conditions of some children and/or family configurations that did not respond well to the directive guidelines, these teachers felt insecure. Thus, the predominance of the figure of the "expert teacher" who reproduces the medical discourse and does not consider the subjective aspects as intrinsic factors to the development still seems to prevail among the professors participating in this research. Perhaps as a way to buffer the anguish in the face of the processes of unpredictability posed by the way in which families deal with disability, as well as in the face of the unforeseen events posed by the very differences presented by the children.

So, it is necessary to resume the critical studies on the processes of medicalization in the school context of Collares and Moysés (1992), carried out, therefore, for more than three decades in our country, in which the researchers warned us that the educational system tends to overvalue the knowledge of the areas of health, when, in fact, its task is to resume and expand its own field of knowledge, both at the theoretical level, as well as in educational and inclusive practice. It is possible that, in the reappropriation of the educational design in inclusive contexts, the ideology of orientation that verticalizes the relations may give way and give way to the more horizontal relations between teachers and families, which, in our conception, are the most conducive to enable an effective school inclusion of children with disabilities.

REFERENCES

- BERNARDINO, L. M. F. A contribuição da psicanálise para a atuação no campo da educação especial. **Estilos da Clínica**, v. 12, n. 22, p. 48-67, 2007. Available: <https://www.revistas.usp.br/estic/article/view/46017>. Access: 08 Feb. 2023.
- BRASIL. **Diretrizes Educacionais sobre a estimulação precoce**. Brasília, DF: MEC; SEF, 1995.
- BRASIL. **Base Nacional Comum Curricular**. Brasília, DF: MEC, 2018.
- BRINDON, D. **O bebê na creche**: Possibilidades educativas a partir do desejo. São Paulo: Escuta, 2019.
- CAMPOS, D. L. *et al.* Contribuições possíveis da psicanálise à educação precoce: o protocolo Indicadores Clínicos de Risco para o Desenvolvimento Infantil (IRDI). **Estilos da Clínica**, v. 25, n. 2, p. 233-245, 2020. Available: <https://www.revistas.usp.br/estic/article/view/166826>. Access: 11 July 2022.
- CARVALHO, R. E. **Escola inclusiva**: A reorganização do trabalho pedagógico. Porto Alegre: Mediação, 2010.
- COLLARES, C. A. L.; MOYSÉS, M. A. A. Diagnóstico da medicalização do processo de ensino-aprendizagem na 1ª série do 1º grau no município de Campinas. **Em Aberto**, v. 11, n. 53, p. 13-28, 1992. Available: <http://emaberto.inep.gov.br/ojs3/index.php/emaberto/article/view/2142>. Access: 08 Feb. 2023.
- DISTRITO FEDERAL. **Orientação Pedagógica**: Atendimento Educacional Especializado à Criança de 0 a 3 Anos – Precoce. Brasília, DF: SEDF, 2005.
- DISTRITO FEDERAL. **Orientação Pedagógica**: Ensino Especial. Brasília, DF:SEDF, 2010.
- DOMECQ GOMEZ, Y. *et al.* Consideraciones actuales sobre la iatrogenia. **Medisan**, v. 24, n. 5, p. 906-924, 2020. Available: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30192020000500906&lng=es&nrm=iso. Access: 12 Feb. 2022.
- FREUD, S. Luto e Melancolia, 1915-1917. *In*: FRED, S. **Obras completas**, v. 14. Rio de Janeiro: Companhia das Letras, 2010a.
- FREUD, S. Sobre o narcisismo: Uma introdução, 1914. *In*: FRED, S. **Obras completas**, v. 12. Rio de Janeiro: Companhia das Letras, 2010b.
- GÓES, F. A. B. Um encontro inesperado: Os pais e seu filho com deficiência mental. **Psicologia: Ciência e Profissão**, v. 26, n. 3, p. 450-461, 2006. Available: <https://www.scielo.br/j/pcp/a/cYkQjSxj6BYXNZ6JrygGk/abstract/?lang=pt>. Access: 08 Feb. 2023.

GORETTI, A. C. S. **A relação mãe-bebê na estimulação precoce**: Um olhar psicanalítico. 2012. 133 f. Dissertação (Mestrado em Psicologia) – Universidade Católica de Brasília, Brasília, 2012.

IBGE. Instituto Brasileiro de Geografia e Estatística (IBGE). **Censo 2010**. 2010. Available: <http://www.ibge.gov/home>. Access: 20 Oct. 2021.

JERUSALINSKY, J. **Enquanto o futuro não vem**. Salvador, BA: Agalma, 2002.

JULIEN, P. **Abandonarás teu pai e tua mãe**. Rio de Janeiro: Companhia de Freud, 2000.

KRUMMENAUER, V.; MALGARIM, B. G. Se você não ouve as crianças, você perde as crianças: Um estudo acerca do lugar da infância no contemporâneo e suas representações. **Sig: Revista de psicanálise**, Porto Alegre, ano. 7, n. 2, p. 33-42, 2018. Available: <https://sig.org.br/bkp/wp-content/uploads/2020/03/Edicao13-Completa.pdf>. Access: 10 Aug. 2022.

KUPFER, M. C. M.; GAVIOLI, C. A. Médicos educadores e professores terapeutas? Algumas relações entre o tratar e o educar. *In*: ALMEIDA, S. F. C.; KUPFER, M. C. M. (org.). **A Psicanálise e o trabalho com a criança-sujeito**. Rio de Janeiro: Wak Editora, 2011.

KUPFER, M. C. M. *et al.* Valor preditivo de indicadores clínicos de risco para o desenvolvimento infantil: um estudo a partir da teoria psicanalítica. **Revista Latinoamericana de Psicopatologia Fundamental**, v. 13, n. 1, p. 31-52, 2010. Available: <https://www.scielo.br/j/rlpf/a/Gstnw7NLC5KWJSj5b96GP6Q/?lang=en>. Access: 24 July 2022.

LAZNIK, M. C. A função paterna nos primeiros meses de vida de um bebê. *In*: SZEJER, M.; OLIVEIRA, E. P (org.). **O bebê e os desafios da cultura**. São Paulo: Instituto Langage, 2019.

LENT, R. **O Cérebro Aprendiz**: Neuroplasticidade e Educação. Rio de Janeiro: Atheneu, 2018.

LIMA, I. L. S. **A contribuição da ética da Psicanálise para educação de alunos com autismo**. 2019. 102 f. Dissertação (Mestrado em Educação) – Universidade de Brasília, Brasília, 2019.

MENDES, M. G. S. **Batalhas vivenciadas por mães de autistas: Subjetivação, desafios e possibilidades de inclusão**. 2021. Dissertação (Mestrado em Educação) – Universidade de Brasília, Brasília, 2021.

PALHARES, O.; BASTOS, M. B. Duas notas sobre a formação de professores na perspectiva psicanalítica. **Estilos da Clínica**, v. 22, n. 2, p. 246-267, 2017. Available: <https://www.revistas.usp.br/estic/article/view/134489>. Access: 11 July 2022.

STAKE, R. E. Case studies. *In*: DENZIN, N. K.; LINCOLN, Y. S. (org.). **Handbook of Qualitative Research**. London: Sage, 1994.

CRediT Author Statement

Acknowledgements: To the Graduate Program in Education of the University of Brasilia.

Funding: Support to teachers for publications of the Graduate Program in education of the University of Brasilia.

Conflicts of interest: There are no conflicts of interest.

Ethical approval: The article REFLECTIONS ON THE CARE OF PARENTS IN THE SCOPE OF INCLUSIVE EDUCATION was extracted from the master's thesis of Tatiana Studart Rodrigues Marques, who was supervised by Viviane Neves Legnani. I assure you that all ethical procedures for conducting the research were strictly observed.

Data and material availability: Not applicable.

Authors' contributions: Tatiana Studart Rodrigues Marques: carried out the master's research from which this article was extracted and contributed to its writing. Viviane Neves Legnani: supervised the master's research, from which the present article was extracted and contributed to its writing. Amanda Cabral Goretti: contributed to the writing and revision of the article.

Processing and editing: Editora Ibero-Americana de Educação.
Proofreading, formatting, standardization and translation.

