

A look from historical-cultural psychology about the pedagogues' actions in ADHD and dyslexia¹

Um olhar da psicologia histórico-cultural sobre as ações das pedagogas diante do TDAH e a dislexia

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ABSTRACT

Aiming to investigate what are the pedagogues' practices from the Attention Deficit Hyperactivity Disorder and Dyslexia diagnosis, a field research was carried out with two public school professionals and two private school professionals. Data were collected through semi-structured interviews and analyzed from the concrete reality, in which the pedagogues are inserted and their objective conditions for the appropriation of the social role they must perform in face of their students' learning and behavior problems. It was concluded that both schools use the diagnosis to support their actions focusing on the individual and ensuring that teachers are aware that their student has a "disorder". In this way, the pedagogues don't recognize that the set of their actions is the path for student's formation and development and they feel insecure and unprepared to work with the diagnosed students.

Keywords: Historical-Cultural Psychology. Diagnosis. Learning disorder and behavior. Education.

RESUMO

Tendo o objetivo de investigar quais são as ações das pedagogas a partir da confirmação dos diagnósticos de Transtorno de Déficit de Atenção e Hiperatividade (TDAH) e a Dislexia, realizou-se uma pesquisa de campo com duas profissionais de escola pública e outras duas de escola privada. Os dados foram coletados por meio de entrevista semiestruturada e analisados a partir da realidade concreta, na qual as pedagogas estão inseridas, e suas condições objetivas de apropriação do papel social que devem executar diante dos denominados problemas de aprendizagem e de comportamento dos seus alunos. Concluiu-se que ambas as escolas utilizam o diagnóstico para respaldarem suas ações com foco no indivíduo e assegurar que os professores tenham ciência de que seu aluno é portador de um "transtorno". Desse modo, as pedagogas não reconhecem que é o conjunto de suas ações o caminho para formação e desenvolvimento do aluno e sentem-se inseguras e despreparadas para trabalhar com os alunos diagnosticados.

Palavras-chave: Psicologia Histórico-cultural. Diagnóstico. Transtorno de aprendizagem e comportamento. Educação.

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1 Introduction

The so-called learning and behavior problems of schoolchildren, which we often find in the school space, most of the time, they are seen and analyzed from an organicist point of view, that biologize and pathologize the interferences in the schooling process, as an example, we cite the studies of Gonçalves-Guedim, Capelatto, Salgado-Azoni, Ciasca, Crenitte (2017); Tabaquim, Dauriz, Prudenciatto, Niquerito (2016); Carneiro and Coutinho (2015); Andrade, Andrade, Capellini (2013) and Santos, Pimentel, Rosa, Muzzolon, Antonivk, Bruck (2011). An understanding in this direction makes the justifications for such problems consolidate in individualistic conceptions, which make the student responsible, thus seeking in him the answers and solutions to school difficulties.

As a result, when many students are interpreted in their schooling process as having learning or behavioral difficulties, they are considered candidates for “carriers” of neurological disorders. According to Meira (2012), there are several neurological disorders linked to school problems (Attention Deficit Hyperactivity Disorder - ADHD, Dyslexia, Dyscalculia - Opposition Defiant Disorder - ODD etc.). However, in our professional experience, we have observed ADHD and Dyslexia as the most used diagnoses to justify school obstacles.

In this area, we consider important to highlight that, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2014) and the ICD-10 Classification of Mental and Behavioural Disorders (1993), a child is seen with “carrier” of ADHD, when presenting symptoms of hyperactive behavior, evident inattention, constant lack of involvement with activities and invasive behavior, that is, a “[...] lack of persistence in activities that require cognitive involvement and a tendency to change from one activity to another without completing any, along with excessive, disorganized, and poorly controlled [SIC] activity.” (ICD-10, 1993, p. 256).

In turn, with regard to Dyslexia, according to the DSM-V (2014, p. 67), a child is considered with dyslexia when he/she has “[...] problems in the accurate or fluent recognition of words, decoding problems and spelling difficulties. [...]”. However, it should be noted that in ICD-10 (1993), Dyslexia

is included as a Specific Disorder of the Development of School Skills (F81), that is, a disorder manifested by specific and significant impairments in the learning of some school skill, in this case, Specific Reading Disorder (F81.0), which “[...] is a specific and significant impairment in the development of reading skills, which is not solely justified by mental age, visual acuity problems or inadequate education.” (p. 240).

However, it is important to highlight that, because we start from an understanding of the “historical-cultural individual who is humanized based on the concrete relations he establishes with his social reality” (LEONARDO, SILVA, LEAL e NEGREIROS, 2020, p. 9), we have a different understanding of students' learning and behavior problems, given that we do not focus on individualizing and naturalizing conceptions of human development. This opens up the possibility of taking a stand against these organicist, and sometimes contradictory, conceptions and pointing out the fragility of the symptoms description presented by the diagnostic manuals in relation to the supposed "behavior and learning disorders", which are very general and subjective, leaving vague the concepts that would in fact justify their existence.

It is important to recognize that the understanding that prevails about the supposed disorders is the one that considers “learning and behavior disorders”, as resulting from the lack of biological maturation, due to genetic aspects or environmental issues (exposure to toxic substances, conflicting family environments) that disregard the historical-social elements that are at their origin (UVO GERMANO, CAPELLINI, 2017; MOREIRA and COTRIN, 2016; SILVA and CRENITTE, 2014; SILVA, SERRALHA, LARANJO, 2013; OLIVEIRA, CARDOSO, CAPELLINI, 2012 and SIQUEIRA and GURGEL-GIANORETTE, 2010).

However, Tuleski and Eidt (2007); Braga (2011); Meira (2012) and Tuleski and Chaves (2012) opposing this conception, which unfortunately is still the hegemonic one, claim that symptoms that disregard any critical analysis of the existing relationships between the teaching-learning processes and the historical social context, in which each child and

adolescent is inserted, they are capable of transforming many normal children into those with disorders. This is because, when the focus of the specialists, who make the diagnoses for these children, is only on these apparent and superficial symptoms, there is an analysis of the learning difficulty that fails to encompass the totality of the phenomenon and isolates fragments of a behavior, taking it as an abnormal and pathological function.

Thus, this article aims to investigate the actions of four pedagogues, two who work in a public school and two in a private school in a city located in the northern region of Paraná, based on the confirmation of the diagnoses of “disorders of learning and behavior”, more specifically: Attention Deficit Hyperactivity Disorder (ADHD) and Dyslexia.

2 Schoolchildren's learning and behavior problems: the historical diagnoses production

It should be noted that, historically, the diagnoses production is due to the racist theory and the cultural deprivation theory principles, which until today permeate understandings about the students' learning difficulties and behavior. Both theories served as subsidy to justify the differences in the children's school performance and, likewise, the differences among social classes, and even today, we can observe remnants of these theories within the school.

In this area, Patto (1993) explains that at the end of the 19th century, racist theories were imported into Brazil, however, at the same time that Brazilian society proclaimed equality of opportunity among its individuals, the insertion of this theories, contradictorily, it pointed out that whether students learned or not it was related to their own potential. Such an understanding was confirmed from medical studies and through psychological tests, which, with their results, supported the conception that differences in the learning process and in social division were the result of racial issues.

In addition, in the following century, the theory of cultural deprivation began to explain school inequalities through environmental differences, in which the poverty of the less economically favored classes, the family

environment and the low access to culture were considered the cause of children's disabilities development in education, and these disabilities, consequently, the cause of learning difficulties. Thus, "[...] maladjustments of families belonging to the popular classes were responsible for low school performance" (PATTO, 1993, p.82). The family was also blamed for the children's personality and behavior problems.

Thus, in the 19th and 20th centuries, two conceptions emerged to support the diagnoses production about learning and behavior difficulties: an organicist one, arising from the biological sciences and medicine, which was inevitably accompanied by racist assumptions; and another that gave more emphasis to the influences of the environment, coming from psychology and pedagogy based on adaptationist assumptions.

With these two conceptions, the educational thought went through a contradiction moment in Brazil, and, consequently, the approach to school difficulties became sometimes medical, marked by classifications of the so-called "school abnormalities", which were based on organic dysfunctions, and sometimes psychological, in which the explanations for differences in school performance were based mainly on the psychological tests results that were intended to "measure" the individuals' natural aptitudes (Patto, 1993). Consequently, only those who fit the system were considered normal, that is, those who had a healthy physique, were obedient and hardworking.

These explanations ended up concealing social order problems and class divisions, which are some of the multiple determinants that create obstacles in children's access to the maximum productions of humankind and limit their development. Therefore, according to Meira (2012) and Moysés and Collares (2012), diagnoses can be considered as instruments of social control, since they prevent subjects from questioning the aspects that are behind school and behavioral difficulties. This occurs because, for the authors, diagnoses transform physical and psychological sensations (sadness, insomnia, fears, anxiety) into disease symptoms (disorders, syndromes), since the professionals who produce the diagnoses have as a healthy behavior

pattern those who maintain the social order. In addition, in our understanding, such diagnoses are once again suitable as a justification for differences in social class, as they serve as an explanation for why wealth is concentrated in the hands of a few, considered healthy, keeping the economic division of cultural goods unquestionable.

Thus, living in an unequal society, in which wealth is concentrated in the hands of a small group, which, on occasion, also has the control of judging, classifying and diagnosing other individuals, allows the social inequalities maintenance (SUZUKI; LEONARDO, 2016). From this perspective, we can point out that the diagnoses represent the superficial and quick explanations of an immediate society, which starts to limit access to the contents produced in human society, given that they take the “sick” subject as incapable, without organic conditions of learning or being able to regulate their behavior.

However, supported by the theoretical assumptions of Historical-Cultural Psychology, we question this understanding of the problems in the schooling process, which in our view is reductionist and limited. Because we start from a historical-social conception of man and we defend that the acquisition of culture plays a fundamental role in the development of the individual, as we will see below.

2.1 The role of culture in the development of Higher Psychological Functions

Changes in the process of human psychic development are related, according to Vygotsky (2009), to the type of interaction that this individual establishes with society, culture and his life history, in addition to learning conditions. And the school presents itself as one of the main means for cultural knowledge to be transmitted to the subject and, consequently, provide the psyche development.

In this way, it is evident that the analysis of human development must take into account the development of phylogenesis, which encompasses the development of the human species, from animals to homo sapiens, and the ontogenesis

development, which starts from the biological bases of the birth of man individual up to the formation as a humanized social being (LEONTIEV, 1978).

In this perspective, we can say that the formation of humanized individuals is characterized as a social nature process, being the result of the dialectical movement between the processes of objectification and appropriation. The first, according to Leite (2015), consists of the transformation of human activity into object properties, that is, into historical-social products that can be both material (instruments) and immaterial (signs). The second “[...] implies the transfer to the subject of the activity that is contained in the object.” (LEITE, 2015, p. 52).

Therefore, the result of the internalization of culturally formed signs and instruments, which crystallize the production of individuals throughout human cultural history, requalifies the human psyche. This happens because, when appropriated, such signs and instruments modify the subject's behavior in relation to other peers (signs) and in the objective reality in which he is inserted (instruments), causing revolutionary changes in the behaving, thinking and acting way in society (MARTINS, 2007).

In this sense, we can say that man does not develop his higher psychological functions (voluntary attention; written language; active memory; abstract perception; thinking) in a spontaneous and mechanical way. On the contrary, the acquisition of the most culturally complex behaviors demands from the subject an appropriation of the legacies objectified in the historical-social practice. This appropriation depends, in the first instance, on communication among social subjects, that is, development would start from interpersonal (interpsychic) relations so that, little by little, the contents of this historical-social heritage are internalized and reach the level of intrapersonal (intrapsychic) relations.

According to Vygotsky (1995/2000), elementary functions provide immediate responses to stimuli and express a fusional relation between subjects and objectives, making them appear as a unit and thus producing immediate reflexes. The confrontation between these elementary forms (involuntary attention, concrete perception, etc.), the cultural forms of

behavior and the superior psychological functions (voluntary attention, active memory, abstract perception, written language, etc.), provokes internal contradictions among the innate aspects, which they become the basis for the development of culturally constituted functions, thus having an incorporation of elementary functions through the appropriation of signs that complicate psychic functions and make them voluntary.

With regard specifically to the attention function, Luria (1979/1999) and Vygotsky (1995/2000) state that voluntary attention is a superior psychological function that forms throughout human development and also constitutes a character of cultural development, as considers:

[...] its evolution and the change of the very procedures of the tendency and the functioning of the attention, the domain of the procedures and their submission to the man power, that is, it is about similar processes to the cultural development of other conduct functions [...] (VIGOTSKI, 1995/2000, p. 14).

Thus, for Luria (1981), voluntary care is not characterized as being of biological origin, as it cannot be seen as a consequence of the organism maturation, given that its genesis is historical-cultural. It is the result “of forms of activity created in children during their relations with adults, in the organization of this complex regulation of selective mental activity” (LURIA, 1981, p. 228).

Following this understanding of development, for Vygotsky (1995/2000)

[...] the written language is formed by a system of signs that conventionally identify the sounds and words of the oral language that are, in turn, signs of real objects and relations (...) the written language becomes a system of signs that directly symbolize the designated objects, as well as their reciprocal relations. (p. 184).

In this way, what is written does not directly represent the object, but the social meaning that refers to it during verbal communication among the subjects of the society in which it is inserted. In this way, it is possible to observe that the child's ability to write derives from a sign or from a concrete relationship with the

object and, therefore, if the child's relationship with this object is not permeated by the adult's mediations, he will not be able to, also, use the drawing of writing as an auxiliary instrument (LURIA, 2014).

In view the above, it becomes necessary to question why the understanding of learning difficulties and behavior is mostly explained from an organicist bias with centrality in the individual? We believe that the fact that school and social problems are transformed into mental disorders disregards the cultural and historical problems derived from economic class divisions, which confer wealth and power of judgment, classification and decision of what is right or wrong, healthy or pathological, good or bad within a society.

The diagnoses, therefore, in our understanding, end up representing the superficial and quick explanations of a short-sighted society, which starts to limit the access to the contents produced in the human society, considering that they take the “sick” subject as incapable, without organic conditions to learn or manage to regulate their behavior. Thus, we set off for an investigation of reality and its critical analysis, which we will see in the next topics.

3 Methodology

Two schools from a city located in the northern region of the countryside of Paraná state were part of the study, one public and one private institution. Four pedagogues participated in the research, two from each one of them. The pedagogues had training in Pedagogy or Portuguese-English Literature and all had a postgraduate course in the education area. The participants were between 40 and 55 years, with 20 to 35 years of service in the education field.

Data were collected through semi-structured interviews, which according to Marconi and Lakatos (2011), aim to get important information for understanding the perspectives and experiences of the people interviewed. However, the aim of this study was to go beyond the description of the data collected, making them a starting point for understanding the concrete reality of these professionals and the working relationship they established with the diagnosed student. Thus, returning to the theoretical aspects of Historical-

Cultural Psychology, we analyzed the approximations and contradictions among the collected content, the objective conditions of appropriation by professionals about and the role they play in the learning and development process of these students and the theoretical concepts.

We chose to interview a pedagogue responsible for the morning shift and another for the afternoon shift at each school. In order to maintain the secrecy of the participants' identities, they were referred to by the letter "P", followed by a number that corresponds to an eventual order established by the researcher (P1 - participant 1), and so on, in addition to adding the letter C to reference to the school they belonged to, C1 public institution and C2 private institution.

The interviews were only carried out with authorization from the Research Ethics Committee of the State University of Maringá and the Regional Education Nucleus. In addition to the subsequent delivery and signature of all participants in the Free and Informed Consent Form, which explained the purpose of the interview, the use of the recorder, the guarantee of secrecy in relation to the participant's identification, the issue of voluntary participation and of the possibility of withdrawal and possible risks.

4 Analysis and Discussion

The data collected during the semi-structured interview with the pedagogues were analyzed in order to understand their actions after confirming the diagnosis of “disorder” of student’s learning and behavior. In our understanding, verifying the actions that schools develop with students from the arrival of their diagnoses, allows a look at a concrete reality, in which they are inserted, and at their objective conditions of appropriation of the social role that they must perform.

Thus, the pedagogues, when asked about what they do when they receive confirmation of the diagnoses of ADHD or Dyslexia from students, reported that at first they pass on the child's diagnosis to the teachers’ awareness and take their signature in the minutes so that the statement is made official and the student in her class has a diagnosis.

And then we pass everything to the teacher. The teacher signs everything. They sign. And then, in each class council minutes, we write it down, we pass it on... (P4-C1)

[...] usually we get the signature of all the teachers; that the teacher is aware that that student has this disorder. (P1-C1)

We consider it relevant to highlight that this procedure is presented as a much more bureaucratic expression of the school than in ways of helping the teacher to think about planning actions, case discussions and/or care that enable the student development. With that, we consider the predominant possibility of not having a problematization of information or a study by the pedagogical team together with the teachers. An exception is the performance of P3-C2, which was the only professional to show that, upon receiving the diagnosis from the specialized professional, she promotes a meeting between her and the child's teacher, with the objective of exchanging information and work guidelines.

[...] I have a meeting with the teacher and the professional. This is because I believe that when the professional guides this teacher, he becomes more confident to work with these children. (P3-C2)

However, we understand that this professional's posture is also only possible to be carried out because the school where she works (C2) has physical, material and concrete conditions, which allow the teacher to follow the meetings and, to the place, receive an external professional. Through the reports, it was also possible to verify that the actions carried out by the pedagogues in the schools after the diagnosis get there in principle, are summarized in individual pedagogical actions, which aim at a curricular adaptation of contents and assessments for that student. Or actions that seek contact with the students' families, bringing them closer to the teacher and the search for specialists, which are also private and individual actions, because they focus only on working with the student.

When we pay attention to what the pedagogues say about curricular adaptation, which encompasses changes in the rhythm and in the way that the

contents are held, as well as changes in the evaluation periods and their models, we do not observe differences in the actions carried out by the public or private school professionals before the diagnosed student. Thus, we verified that when the professionals talk about curricular adaptation, the actions are aimed at the elaboration of school activities and evaluations according to the child's learning limit defined by the diagnosis. That is, the actions are directed only to the child's real development zone, which according to Vygotsky (2014, p. 111), is “[...] the level of development of the psychointellectual functions (...) that was achieved as result of a specific development process already carried out”. As can be seen in the speech of P4-C1:

And sometimes the teacher says: “Oh, but I can't put together a different test just for him!” Then I ask: “How many exercises will you give in the test?” (Pedagogue) “Ah, I will give 10” (Teacher) “After these 10, which contents are related?” (Pedagogue) “So many.” (Teacher) “So (...) you'll already write down on his test, which ones they can do and which ones they won't do! Because if you give him 10 questions, he'll be scared and won't be able to do it. (Pedagogue).

About this aspect, Leontiev (1978) and Vygotsky (1934/2009) explain that school actions only directed to the child's real development zone do not promote progress in human development, given that they do not expand the possibilities of using instruments⁴ and signs, keeping the student in touch with the everyday content they already have access to. Unlike the actions directed to the zone of proximal development, which, according to Vygotsky (1933/2014), corresponds to what the child can and manages to do when the adult, a more prepared individual, guides her action on the world, so that she can later develop the autonomy to take over the necessary instruments and signs, which are the “[...] synthesis of the material and intellectual activity produced throughout history” (SILVA; LEONARDO, 2012, p. 67), being able to understand the why the activities in the classroom happen.0

⁴ Technical instruments are those that have their orientation towards the external object and modify it. The psychological instruments are those that guide the psyche and human behavior.

Thus, the student, by appropriating these contents, undergoes a reorganization of the psychic processes and a modification of the psychic functions activities, resulting in new levels of development. Because, with the help of the teacher and the directed activities, the child has the possibility of appropriating culturally elaborated knowledge and having a psychological advance, improving his superior psychological functions and his behavior.

For Eidt and Tuleski (2007), the school plays an essential role in the higher psychological functions development, since this institution is one of those responsible for allowing the teaching-learning of scientific content. In this way, learning is fundamental for the development of higher psychological functions, as these appear first in interpsychic relations and then in intrapsychic ones, that is, in collective activity (interpsychic) and they are directed by other subjects who present themselves as superior peers (teacher), allowing them to be internalized and appear leading the individual activity of each student (intrapsychic).

We observed, in most speeches, that the actions are focused on the area of behavioral adjustments, taking the focus away from the teachers, that is, from their role of conducting culturally elaborated mediators, such as scientific content, to the students, which makes us think that even the performance of students without a diagnosis lags, because teachers are more concerned with social adjustments than promoting learning. About the importance of the diagnosis, the pedagogues say:

It is a path that the school will have to follow, it is a north, right. (P1-C1).

It serves to define which path we should follow with the student (...) it is our north. (P3-C2).

With this, there is a need for the actions of the teachers to constitute planned and systematized pedagogical activities that create motives that generate feelings for their students, that is, activities in which the child can understand the “why” and the “what for” of school contents and actions

performed. When this does not happen, the pedagogical action only generates stimulus motives, which are those immediately related to it, such as taking grades to pass the year. Therefore, according to Leontiev (1975), the meaning and sense of the studying activity is broken, the first being a historically elaborated social construct that the subject appropriates through concepts, knowledge or the way of action, in turn, the meaning is the result of each individual's personal experiences, reflecting the direct experience he has with the world, in addition to being constructed from the motive and purpose of the activity. This disruption directs the child's attention to other activities that make more sense to him, such as playing and talking with a friend. Therefore, the child becomes in the eyes of society: undisciplined, inattentive or, according to some diagnostic manuals, a child with a behavior and learning disorder.

Nevertheless, we have subsidies to oppose the hegemonic conceptions about the supposed ADHD and Dyslexia, in order to point out that these are not exclusively due to organic and hereditary factors, as prescribed in diagnostic manuals and in some articles, but rather, aspects submerged in the appropriation of school contents. Because if before the appropriation of these contents the child's actions were spontaneous or guided by someone or an object, directed in an emotional or affective way, afterwards, there is autonomy of the child in relation to his actions, which makes them planned, organized, rationalized and directed towards what motivates them.

Thus, it is evident that the diagnosis used from a hegemonic understanding ends up leading to the development of individualized pedagogical actions, which emphasize the fact that the child has a "disorder". Thus, in view of the limits imposed on the individual's learning, the school exclude itself from the possibility of promoting overcoming conditions, remaining only in the teaching of contents already appropriated by the child, which does not produce the need to return to the class contents as they become repetitive and meaningless.

Accordingly, it is relevant to consider the mode of action of the pedagogues, contextualizing it in the school environment in which they are inserted; an

environment that, regardless of being public or private, is affected by the same ills. An example of this is the fact that professionals in the educational field are constantly overloaded and have a deficient training to deal with individuals who are not considered “normal” or who are at variance with the ideal of a student presented during undergraduate courses.

In addition, teachers need to comply with content frameworks pre-established by the State, making them prioritize, in their actions, compliance with external requirements, rather than the students’ real needs in the classroom. This ends up causing insecurity and uncertainty to the teacher when working with children supposedly diagnosed with learning and behavior problems, as well as doubts about how to deal with the syllabus.

[...] I see that this younger generation of professors arriving may even have had a little more about the disorders in college. We, in college, didn't have it, right? (P1-C1).

[...] in our graduation, we don't have a discipline that teaches us to work with the differences we receive at school (...) right, a discipline that comes to address the disorders and difficulties, there isn't! (P2-C2)

Still about the precariousness of the school, the pedagogues affirm that knowing the student's diagnosis is essential in the context, because it is the only possibility of knowing what type of student they have in the classroom and how they can deal with him within the limitations he presents:

[...] even with those limitations of the school (...) lack of classrooms and specialized teachers, knowing the reality and the diagnosis of the student is fundamental for our practice in relation to the development and behavior of the student, because then we think that we always need, and in some way, to establish methodologies and differentiated strategies that can reach him where he is at a disadvantage. It is these jobs that minimally allow them to advance and even manage to solve some, even if a little, exercises, so the diagnosis helps, yes. If before the child it would not solve anything in the classroom, at least, with our effort, even with the difficulties, she starts to be able to do some things. (P4-C1)

From this speech, we can observe a contradiction between the actions of these professionals and the importance they give to the diagnosis. Because, while in the actions before the diagnoses, the pedagogues find it difficult to carry out a work that promotes development, in the speech they use to validate the importance of the diagnoses, they bring it as a source of strategies problematization and organization, which develop in the child the aspects that are supposedly deficient.

With this, we noticed that the professionals have a pre-established discourse that the diagnosis is not an instrument that paralyzes school actions and the development of the child, however, the actions carried out by them show the gap between theory and professional practice, since who are unable to appropriate this knowledge in their practices, falling into actions that perpetuate the hegemonic understandings of the sick place of those who do not learn or do not behave.

It is notable that pedagogues have difficulty working with students who have problems in learning or behavior in the classroom, that is, those considered to be outside the “standard”. This makes them seek, in the diagnosis, a work north, so that they feel more calm when they are well directed to deal with what the student has and with what may be required of him. On the other hand, they also feel that they cannot offer much for the student to leave that condition, either due to the lack of information or the predominantly individualizing understanding of the problem, which generates in them a feeling of frustration for not being able to handle the student's difficulty.

With these observations, we infer that the professionals did not appropriate the true mediating role of their activities in the learning of their students and, consequently, in their development, which makes the professionals feel that their “hands are tied”, because they believe that they cannot do so much to revert the space that children occupy in society. As reported below by one of the interviewees:

[...] I feel, as pedagogue, a little frustrated in this part, because we can't do much for this child, you can't do it. Even if you want to, that you do all this curricular adaptation that I'm telling you about (...) it's like that, you have the north, but at the same time you're ... it's frustrated too. (P-C1).

In view of the above, it is necessary to rescue Vigotski (2014) and Leontiev (1978) to affirm that every educational process has a mediating character, whether developed by an adult, a teacher or a more experienced child. According to Vygotsky (1999), mediation is the fundamental trait of human activity, as cultural mediators, which can be psychological or technical, interpose themselves between the subject and the object of their activity, causing a qualitative leap in the functions initially governed by the biological apparatus. Therefore, the teacher's work has the purpose of guaranteeing students the appropriation of scientific, systematized and erudite knowledge. Thus, for Vigotski (2009), the teacher must develop school activities that act as mediators between scientific content and students, intervening and directing the development of their higher psychological functions until they are able to carry out intellectual activities in an independent way.

Thus, one participant (P4-C1) points out that this maintenance of the child's place as a patient is related to failures in the pedagogues' training process and other professionals in the education field, because it is the graduations that do not give them a basis to work with "special" students. Which, consequently, can also be used to justify the understanding of this professional and the other participants that the child's development happens spontaneously at some point in life, with no need for much emphasis on educational work.

I don't know, I didn't study much about it, as I said, we didn't have much training about it, because we don't work with special education, but, well, at some point in life, it seems that they have a "snap". (...) they react a lot with praise, you know, I don't know, they react a lot when you start praising anything they do, it seems that, then, they are more willing to do it. (P4-C1).

This speech confirms that the pedagogues do not recognize the relevance of the teacher's role in the teaching-learning process, nor do they consider him/her capable of promoting children's learning in order to develop their higher psychological functions.

Given the above, we understand that not having professional training that makes it possible to understand the learning-development relation results in the fragmentation between the social meaning of the pedagogical activity and the personal feeling attributed to it, culminating in alienated work. Thus, it is understood that alienated work mischaracterizes the school educational practice, interfering with the quality of teaching and the product of the teacher's work. Alienated labor makes men “less men, they become impoverished, becoming commodities that are all the more devalued the more they feed capital, property of some men to the detriment of the majority of them” (MARTINS, 2007). Work, then, ceases to be an activity that generates development and becomes an activity that empties man.

Gradually, the alienated pedagogical activity is being transformed into an automated operation (mechanical repetition of contents, meaningless tasks inside the classroom just to pass the time). According to Basso (1998), the expression of the rupture between meaning and sense of work makes teachers perceive their working conditions as limiting, feeling discouraged and frustrated with the profession. Therefore: “The alienation of pedagogical activity can only be understood if we analyze the objective and subjective conditions of teaching work as a dialectical unit.” (ASBAHR, 2005, p. 115).

In the speeches that were analyzed in this research, for example, it is possible to consider that, among the objective aspects observed in the pedagogues' speech, there are the lack of materials, teachers and the precariousness of the physical space. Among the subjective aspects are the lack of theoretical training of teachers and the distance between theoretical content and the schools' reality.

With this, from the alienated pedagogues' teaching actions, there is an impediment in the child's access to school contents, since these are not mediated. Without contact with erudite contents in the social, intrapsychological development and overcoming the child's condition who does not learn or does not behave is impossible. Thus, the formation of an alienated student is also perpetuated, as it is only offered him the minimum content necessary for the social order to be maintained, that is, for the student there is also a break between meaning and the sense of studying.

Thus, it is evident that the relation between human activity and the formation of consciousness can either be a humanizing or an alienating formation (ASBAHR, 2011). The humanizing training, when it provides the subject with access to the goods produced by him and throughout the history of human development, as well as when the subject recognizes himself in the activity he performs and becomes a historical subject. The alienating formation, on the other hand, has its objective origin, but not as the objectification of human forces, but as the expropriation of these forces according to the social relations of domination.

Therefore, the work as a vital, social and conscious activity, promotes humanization. However, capitalist society, which is based on the domination of man by man, through the expropriation of other people's work, makes the subject increasingly subject to alienating and alienated processes, whether he is already a professional (pedagogue, teacher, etc.) pre-candidate for labor (student).

5 Final Considerations

By understanding that human development is connected to the development of human history, society and culture, we emphasize the importance of social relations for the development of humanized subjects. In addition, the man, a being constituted as a historical subject, will also become a transforming agent of society, contradicting the conception that the

individual is determined only biologically and that there are no possibilities for change (TULESKI, 2008).

Therefore, it is fundamental that pedagogues understand that human qualities are not given at birth and that, in order to develop, it is necessary that the learning process be conducted by another, more experienced individual, as this will make it possible to understand the movement of phenomena towards beyond their appearances. In the diagnosis of ADHD, for example, we observe that the focus of the problem is the fact that the child cannot direct his attention or is considered too agitated, therefore, only the appearance of the phenomenon is considered, since there is no attempt to identify and understand how (not) the development of voluntary attention to her and in what contexts these behaviors are perceived. It is not possible, therefore, to isolate the child from the world in which he is inserted, relating to it and developing from it, to only identify him as having a disorder and guilty of his non-learning. Braga (2011) complements this idea based on the study carried out on the diagnosis of Dyslexia, in which the biologizing conception is evident in the speech of teachers “who conceive superior functions as innate” (p. 131), contributing to the growth of diagnoses in the school environment.

We consider it relevant to highlight that voluntary attention and written language are exclusively human functions because they are only developed during the learning process of culturally elaborated contents, thus allowing instinctive and spontaneous reactions to be overcome by voluntary reactions. That is, the learning and development processes work interdependently, which is why the school is one of the main means for the culturally produced knowledge throughout the history of human development to be transmitted to the subject and, consequently, provide the development of their psyches and social reorganization.

Thus, when investigating the actions of pedagogues who work in public and private schools, we did not identify differences in the actions developed by them, what we observed is that all actions are directed to the individual

capacities of the student, the one considered “sick”. Therefore, they are actions that reproduce the hegemonic conceptions and leave aside the social role that the school should play and that it does not, without problematizing the reasons for this.

The actions developed in relation to the curricular adaptation of the pedagogues interviewed involve the contents and tests according to the limitations presented by the child, directing activities only to the zone of real development as previously discussed. As seen, from the theoretical assumptions of Historical-Cultural Psychology, actions directed in this area do not promote qualitative advances in psychic development, because it keeps the student accessing the knowledge he has already acquired and mastered.

The pedagogues point out the relevance of the diagnosis for the organization and planning of their pedagogical actions, because when they are faced with students who do not learn and do not behave, without diagnoses, they feel helpless and insecure to carry out any type of work and refer them to an assessment in the health field. However, when the children return with their diagnoses, the pedagogues continue to feel insecure in their pedagogical practice.

Given the above, we understand that it is necessary for education professionals, especially pedagogues, to recognize that it is the set of their actions in the classroom that constitutes a planned and systematized pedagogical activity, creating motives that generate feelings for their students. When this does not happen, the pedagogical actions only generate stimulus motives, which are those immediately related to it, such as taking grades to pass the year, breaking the sense and meaning of the studying activity for the child, so this directs their attention for other activities that make more sense to them, like playing and talking with their friends.

Another point to be highlighted is the fact that pedagogues are constantly overloaded and have deficient training, which perpetuates the idea of the existence of an ideal student standard within the classrooms, and those who do not conform to this standard are considered to have a disorder. In addition, these

professionals, from both schools, are always required to comply with content frameworks pre-established by the State, without even having the opportunity to consider the particularities of their classrooms.

For this reason, all pedagogues see in the diagnosis a source of security to work with the problem student, on the other hand, they also feel that there is nothing they can offer to reverse the student's situation who does not learn or does not behave, because they do not have criticism training that allows them to overcome hegemonic understandings and emphasize aspects of the periodization of human development and the contexts that surround the child.

Una mirada desde la psicología histórico-cultural sobre la actuación de los pedagogos en el TDAH y la dislexia

RESUMEN

Con el objetivo de investigar cuáles son las acciones de los pedagogos a partir de la confirmación de los diagnósticos de Trastorno por Déficit de Atención con Hiperactividad (TDAH) y Dislexia, se realizó una investigación de campo con dos profesionales de una escuela pública y otros dos de una escuela privada. Los datos fueron recolectados a través de entrevistas semiestructuradas y analizados a partir de la realidad concreta en la que se insertan los pedagogos, y sus condiciones objetivas de apropiación del rol social que deben desempeñar frente a los denominados problemas de aprendizaje y conducta de sus estudiantes. Se concluyó que ambas escuelas utilizan el diagnóstico para sustentar sus acciones con un enfoque en el individuo y lograr que los maestros sean conscientes de que su estudiante tiene un “trastorno”. De esta forma, los pedagogos no reconocen que el conjunto de sus acciones es el camino para la formación y desarrollo del alumno y se sienten inseguros y poco preparados para trabajar con los alumnos diagnosticados.

Palabra-Clave: Psicología histórico-cultural. Diagnóstico. Trastorno del aprendizaje y del comportamiento. Educación.

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