

## *Collaborative Work at School as a Tool for Demedicalization*

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### **Abstract**

This text is an excerpt from ongoing master's research entitled "Collaborative work as a demedicalizing tool," which aims to problematize how collaborative work can contribute to the production of possible demedicalizing/depathologizing practices in the school context. As postulated by Capellini (2005), Viralunga (2014), Zerbato (2014) and Zanata (2005), there are many studies that discuss the schooling of students in the regular classroom that prove that the work of the ESA teacher goes beyond the multifunctional classrooms. Thus, in this article, we present a study problematizing how the collaborative work carried out by the ESL teacher in the classroom can be crossed by medicalizing discourses, and the lack of knowledge about these discourses means that their practices and outlooks contribute to the medicalization of the subjects practicing at school. Understanding the term "medicalization" goes beyond medication; we mean the process of artificially transforming social, historical and political issues into medical ones. Collaborative work is one of the ways in which these discourses can be problematized, offering a set of demedicalizing practices with the aim of transforming them. Thinking about inclusion means reflecting on school practices, not just enrolling students in schools to comply with legislation. Inclusion goes beyond compliance; it is necessary to rethink the pedagogical practices offered and analyze whether they are contributing to the formation of subjects involved in a socially referenced quality teaching-learning process in which everyone fits.

Keywords: Specialized Teacher, Specialized Educational Care, Medicalization

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## Introduction

The issue of school inclusion has generated a lot of debate in Brazil, especially due to the consecutive increase in the number of special education students enrolled in mainstream schools. In Brazil, students considered to be special education students study together with other students and this is provided for by the National Policy for Special Education from the Perspective of Inclusive Education (2008, p. 15), which highlights:

- Students with disabilities are those with long-term physical, mental, intellectual or sensory impairments;
- Students with global developmental disorders are those with qualitative alterations in reciprocal social interactions and communication, a restricted, stereotyped and repetitive repertoire of interests and activities. This group includes students with autism, autism spectrum syndromes and childhood psychosis;
- High ability/gifted individuals show high potential in any of the following areas, alone or in combination: intellectual, academic, leadership, psychomotor and arts. They also display high creativity, great involvement in learning and accomplishing tasks in areas of interest to them.

In this scenario, Capellini (2004), Viralunga (2014), Zerbato (2014), Zanata (2004), postulate that many studies point to the schooling of these students in the regular classroom, thus proving that the work of the Specialized Educational Assistance (SEA) teacher goes beyond the Multipurpose Rooms.

Linked to this, the work of the Specialized Educational Assistance (SEA) teacher is not restricted solely to the Multifunctional Rooms. This professional is linked to other spheres within the school unit and, from this point of view, Collaborative Work is understood from a broader perspective, which makes it possible to contribute to the entire educational process. We will use the nomenclature Collaborative Work due to the adoption of this term in the municipal network of Colatina-ES.

Thinking about the inclusion of Specialized Educational Care students means reflecting on school practices, not just enrolling them in schools, complying with legislation and saying that there is an inclusive school. Inclusion goes beyond compliance; it requires a rethink of the pedagogical practices offered and an analysis of whether they are contributing to the training of these subjects as members of a socially referenced quality education that produces meaning for their lives. In Brazil, this Specialized Educational Care called the AEE, so we refer to it in this article with that nomenclature.

Interspersed with medicalizing discourses produced in everyday school life, the learning of children who are the target of special education in the school process can be delimited by a medical report and according to clinically established norms. As Oliveira (2019, p.13) points out,

The constitution of medicalization through discourse helps us to understand medicalization as a more complex process than the abusive use of medicines, but as a web that involves relations of knowledge and power, normalization, the creation of labels and stigmas, the modes of social, cultural and historical organization that give rise to such discourses.

Constantly, the inclusion of special education students in ordinary classrooms produces stereotyped attitudes, as Mazzotta (1982, p.3) cites, "in a pessimistic social consensus, based essentially on the idea that the condition of being "incapacitated," "handicapped," "invalid." As the author further states, more than the "label" or classification that is given to the child, it is their pattern of individual characteristics that determines how they should be taught.

On many occasions, the task of identifying a child who needs to be referred to the health area is almost routine, so commonplace that it's easy to do. And unfortunately, in many cases, the ESL teacher contributes to making these referrals. Thus, the eye of the specialist in Special Education has contributed to producing the diagnosis.

However, in Collaborative Work at school through Specialized Educational Assistance, several of these clinical speeches have been converted into gradual changes in attitudes that occur satisfactorily, what used to be just some leaflet to scribble on, has now been rethought with the aim of meaningful learning with these students.

In dialogues about teaching practices, many subjects are debated, mainly on the central theme of learning, and these problematizations are the starting point: in addition to access, what needs to be thought about in terms of the participation of special education children in the school process?

In this vein, we reflect on the contribution of the Specialized Educational Care teacher from the perspective of demedicalizing practices, as Arantes (2017, p.99) states: "the sensitivity of the gaze manufactures demedicalization in process, creating possibilities for the resignification of differences, reinventing Specialized Educational Care and disarming pathologizing automatisms."

We then consider these subjects as active participants in teaching and learning, linking collaborative work and the common room teacher as possibilities for demedicalizing practices and analyzing the effectiveness of meaningful practices for the training of subjects, both students and students, strengthening an inclusive education that considers the potential of students.

### **Understandings of Collaborative Work**

In order to understand the nomenclature used in the municipality of Colatina - ES for Collaborative Work, the following are similar understandings of the perspectives of Co-teaching. We highlight Collaborative Work as a support service for inclusion, as Mendes, Viralonga and Zerbato (2022, p.26) put it: "the co-teaching work model is based on the social approach because it assumes that the school must be modified and that the teaching provided in the ordinary classroom must be qualified."

At national level, CNE/CEB Resolution No. 4/2009, in its article 5, states that:

AEE is carried out, as a priority, in the multifunctional resource room of the school itself or in another regular education school, in the reverse shift of schooling, not being a substitute for ordinary classes, and can also be carried out in a Specialized Educational Care center of the public network or of community, confessional or philanthropic non-profit institutions, in agreement with the Department of Education or equivalent body of the States, Federal District or Municipalities.

Acknowledging the fact that, according to the Resolution, care is provided in resource rooms during the student's opposite shift, we do not advocate in this article that Specialized Educational Care (AEE) be provided during the same period as the student is in the classroom, as this would make it a substitute and reinforce exclusion. In this sense, we point to Collaborative Work in the classroom as a possibility if we understand its purpose and its real potential.

In addition, it is necessary to problematize the provision of education to these students and to reflect on whether the school is truly inclusive, not just enrolling them. Capellini (2004, p.51) states that "an inclusive school should not just be built on good intentions, it should be made up of concrete actions that enable all children to learn."

In this sense, Vilaronga (2014, p.20) points out that:

Scientific literature from countries more experienced in school inclusion practices has pointed to collaborative work in the school context as a strategy on the rise, both to solve problems related to the teaching and learning process of PAEE students and to promote the personal and professional development of educators.

Collaborative work transcends the Resource Room, and in this vein, national studies have pointed out that the ESA as the only model of support service has not been sufficient for the learning of students in ordinary classes. In this approach, the collaborative perspective of co-teaching would be a possibility to contribute to students' learning.

Although the collaborative perspective appears in the documents as:

- CNE/CEB Resolution No. 4/2009, article 13  
VIII - liaise with teachers in the ordinary classroom to provide services, pedagogical and accessibility resources and strategies that promote student participation in school activities.
- CNE/CEB Resolution No. 2, of September 11, 2001, in its 6th article  
IV - specialized pedagogical support services, carried out in ordinary classes, by means of: a) the collaborative work of a teacher specialized in special education.

The presence of collaboration between school professionals is notable in the normative documents, but it is not yet clear how this collaborative perspective takes place, nor is the teachers' knowledge of this support service. From this perspective, the municipality of Colatina-ES has introduced Collaborative Work. In this sense, Costa (2021, p.30) points out that "most ordinary classroom teachers and Special Education specialists are unaware of Collaborative Teaching, and continuing education programs that take this approach are still scarce."

To understand Collaborative Teaching, Capellini, Zanata and Pereira (2012, p. 10) point out that:

Collaborative teaching is an inclusive teaching strategy in which the regular classroom teacher and the teacher or specialist collaboratively plan teaching procedures to help serve students with disabilities in regular classrooms, through an adjustment on the part of the teachers. In this model, two or more teachers with different working skills come together in a cohesive and coordinated way, i.e. in a systematized work, with previously defined functions to teach heterogeneous groups,

both in academic and behavioural matters in inclusive settings. Both share responsibility for planning and implementing teaching and classroom discipline.

In this way, both teachers participate in the students' teaching and learning process, with the mainstream teacher being responsible for the content to be taught, while the special educator is responsible for the strategies to promote the process. There is no separation of the students, or definition of "these are your students and these are mine," but the idea that they are "our students."

Many still have the idea that the Collaborative Work teacher goes into the classroom to monitor, evaluate teaching practice, but the aim is to rethink teaching practices so that together they foster student learning, not just for special education students, but for all students.

Viralonga (2014, p.20) points out that "with specific regard to the goals of school inclusion, specialists, special education teachers and ordinary education teachers are having to learn to work together to ensure that all PAEE students achieve better results."

It also states that collaborative teaching or co-teaching is one of the support proposals in which a regular teacher and a specialized teacher share responsibility for planning, instructing and evaluating the teaching offered to a heterogeneous group of students.

Providing a socially qualified education for students with disabilities requires more than compliance with legal regulations. It is essential to transcend traditional models and implement more effective articulations in pedagogical practices.

## **Methodology**

The main tool used in this research is the principles of cartography. "To map is to follow processes," and we try to point out that processuality is present at every moment of the research (Barros; Kastrup, p.73).

One of the researchers working on this research will be part of the investigative process, bringing her teaching practice *on site*. The research site is an elementary school run by the Colatina City Council, where one of the proponents of this research works as an employee. This study will focus on just one location, as Sousa and Oliveira (2022, p.24) state from this perspective, the rigor of research lies in its proximity to life and its precision lies in the commitment and interest of the researcher, as an implication in reality and as an intervention.

Sousa and Oliveira (2022, p.25) also point out that:

This perspective of a multiple and complex understanding of reality requires the researcher to be welcoming and flexible and open to recursion, to the unexpected and, consequently, to re-elaboration, in other words, to the unfinished and provisional nature of a type of research that does not result in ready-made truths, but rather the possibility of the constant emergence of new questions, issues and new beginnings.

Initially, the aim is to build up knowledge together with the research participants, teachers, management team and students. From this construction of knowledge, we will map how

medicalizing discourses are present in pedagogical practices through interviews and observations.

The research aims to experience joint planning with ordinary classroom teachers on de-medicalizing practices and finally produce an educational product that contributes to reflections on the medicalizing discourses present in the school.

To do this, we cut out the data produced and then drew up a table with the participants so that we could better understand the target audience for special education in this research. The participants were given a Free Informed Consent Form (FICF), which explained the whole procedure of this research and if they could withdraw.

Table 1: Student Participants

<b>PARTICIPANTS</b>	<b>GENDER</b>	<b>AGE</b>	<b>DIAGNOSTIC CLASSIFICATION</b>	<b>ATTENDS AEE</b>
P 1	Male	7 years	Intellectual disability	Yes
P 2	Male	8 years	Autism	Yes
P 3	Male	8 years	Intellectual disability	Yes
P 4	Female	11 years	Intellectual disability	Yes
P 5	Male	10 years	Intellectual disability	No
P 6	Female	10 years	Intellectual disability	Yes

Source: prepared by the author.

In relation to the table above, the students total 6 (six), of which only 2 (two) are female and 4 (four) male, only 1 (one) is classified as autistic and the others as intellectually disabled.

So we interviewed these participants about the de-medicalizing perspectives from Collaborative Work, which will be discussed below.

### **Demedicalizing Perspectives From Collaborative Work**

The process of medicalization permeating the school environment and beyond has advanced, and to go against this logic at school is to bet on pedagogical work and to recover, as Bassani (2018, p. 181) states, that "school is a place for teaching and learning, not for clinical diagnoses; it is a place for learning assessment, not for diagnostic assessment in the medical field."

To reclaim this place of empowerment for the school, for pedagogical work, is to de-pathologize the medical dictates that have been embedded in this space for decades. We need to broaden these discussions, whether it's in on-the-job training, in training within the school or in dialogues with the staff.

I'm not arguing that diagnoses and medicines aren't necessary, but the way in which they are produced and customarily imposed on the child. In this sense, valuing human diversity and

depathologizing the education of children with disabilities helps us to depathologize the education of all children (Moysés; Angelucci, 2021).

In order to understand de-medicalization, we need to recognize that we are all medicalized, that we come from social and cultural contexts and from a hegemonic, capitalist society. And to break away from medicalization is to discern that the reports and diagnoses that permeate the educational field are instruments of obedience, of silencing, and it is essential to resignify and question this reality.

Demedicalization is not ready, it has no concepts, it is constructed, it happens in everyday life, and thought out together with teachers, with families in what Arantes (2017, p. 99) demarcates in "shared bets on demedicalization are political attitudes in their most powerful sense and invite the invention of non-'teaching' practices." This creates possibilities for reinventing and resignifying pedagogical practices and, consequently, Specialized Educational Care.

From this perspective, Silva and Baptista (2021, p. 60) state that "investing in a de-pathologizing and de-medicalizing perspective, as a new perspective for the analysis of social processes and diagnoses, continues to be our great challenge." This challenge requires investment in teacher training, problematization and reflective spaces.

In this way, collaborative work contributes to these problematizations. To this end, it is vital that the training of these special education teachers goes against the medical perspective, in other words, the continuing training of these professionals needs to be thought of beyond models of disability, beyond classifications. But, in modern times, "openness to others who are different from me is a revolutionary pedagogy based on historical-critical pedagogy" (de Melo, 2024, p. 43).

de Melo (2024, p. 43) further states:

- 1) The student is our best teacher!!!
- 2) We need to work on the human first.

If we understand these considerations that de Melo addresses, we will be able to go against Medicalization.

In order to understand the first consideration, we will look at the students' conceptions of how Collaborative Work can contribute to demedicalization.

So we asked them how they felt when the special education teacher came to the classroom:

Happy, I like it. (P1, interview transcript)

Because the things you teach me here at AEE help me in the classroom. (P 2, interview transcript)

You go to help everyone, it's good! (P 4, interview transcript)

Help others. (P 3, interview transcript)

The naturalization of Collaborative Work in this institution helps to affirm that this support service is de-medicalizing, which is noticeable when the students say that it goes to help everyone and not just them, that it collaborates with the teachers as a whole. And in the reflection when P 4 asks the Special Education teacher: "Auntie, why does the trainee stand next to me in the classroom? Why do I have a certificate?" And when I ask her again if I'm on her side, she replies, "No, you're for everyone!"

Collaborative work in transversality, in changing structures beyond diagnosis, beyond disability, and betting on an education that meets the expectations of people with disabilities, in their individuality and providing learning conditions, so that they are not just at the mercy of socialization.

Analyzing how access to schooling for special education students and how it has been offered is a guarantee of the fundamental right to education. de Melo and Mafezoni (2019. p.10) point out the particularities and challenges of this process, which we still experience when they state that:

In the case of special education students, it is very common for them to be alienated from the teaching-learning process, even in the classroom. In practice, while the other students are learning the historically and systematically established content of the school subjects (Portuguese, Mathematics, History, Geography, etc.), the majority of students with disabilities are in the corners of the classrooms scribbling, painting, forever learning the vowels, in a process of infantilization of the subject.

The authors de Melo and Mafezoni also problematize the practice of removing students from the regular classroom to avoid possible interruptions in the progress of lessons, offering individual activities in the resource room.

de Melo and Mafezoni also propose that we reflect on these current experiences in the school environment and recognize that the work of the Specialized Educational Assistance teacher needs to go beyond the Resource Room, betting on a transversal perspective playing a crucial role in various spheres within the school, promoting collaborative work or co-teaching that covers the entire educational process.

This makes it necessary to take a different look at the contributions of Collaborative Work in the common room and, above all, how pedagogical practices from a demedicalizing perspective can contribute to meaningful learning. We corroborate and believe that it is necessary to reflect critically and urgently break away from a clinical and medicalizing view that perceives people with disabilities as "carriers" of pathologies that must be cured, leaving the educational aspect in the background (de Melo, 2024). And yet, says the author, there is life beyond disability. And in the meantime, we believe that every child learns, and that it is necessary to change teaching strategies as often as necessary.

## **Conclusion**

We know that medicalizing discourses permeate the school environment and that the role of the Special Education teacher in Collaborative Work goes beyond the Multipurpose Rooms. Working together with other school professionals displaces socially and historically constituted clinical practices and discourses on the labels and stigmas of subjects. It contributes to an emancipatory education, establishing a direct link with the curriculum



offered in the common room, in a pedagogical bet that constitutes qualitative leaps in learning. In this respect, there is no ready-made recipe for the predictability of a clinical diagnosis. With this work, we hope to problematize medicalizing discourses and reflect on: what can a child do? what can a student do? what can a teacher do? what can education do?

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