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Clinical Practice and Schooling of Students with Autism Spectrum Disorder (ASD)

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ABSTRACT – Clinical Practice and Schooling of Students with Autism Spectrum Disorder (ASD). The article analyzes Special Education prerogatives from the perspective of Inclusive Education for school inclusion of students with Autism Spectrum Disorder (ASD). It identifies the passage of the Autism Law (2012) as an effective framework for inserting individuals with ASD into public inclusion policies, considering them disabled people for legal purposes. It questions the implications for education of conceiving people with ASD as disabled, which would entail a risk for educators to disregard the particular psychological functioning of these students, demonstrated by the psychological theories analyzed and the basis for their teaching strategies - Mind Theory and Psychoanalysis. It strives to make the findings of such theories contribute to teachers' reflection on their students, especially that of the specialized educational service (AEE), both with behavioral strategies, and with pedagogical material preparation that takes into account their known psychological characteristics.

Keywords: TEA. Special Education. Inclusive Education. Theory of Mind. Psychoanalysis.

RESUMO – Clínica e Escolarização dos Alunos com Transtorno do Espectro Autista (TEA). O artigo analisa as prerrogativas da Educação Especial na Perspectiva da Educação Inclusiva para a inclusão escolar dos alunos com Transtorno do Espectro Autista (TEA). Problematisa as implicações, para a educação, de se concebê-los como pessoas com deficiência, o que acarretaria um risco de o educador desconsiderar o funcionamento psíquico particular desses alunos, demonstrado pelas teorias psicológicas analisadas – Teoria da Mente e Psicanálise. Empenha-se em fazer com que os achados de tais teorias contribuam para a reflexão do professor com seus alunos, em especial aquele de atendimento educacional especializado (AEE), tanto nas estratégias comportamentais, quanto na preparação do material pedagógico que leve em conta suas características psíquicas conhecidas.

Palavras-chave: TEA. Educação Especial. Educação Inclusiva. Teoria da Mente. Psicanálise.

Introduction

In 2018, the National Policy of Special Education from the Perspective of Inclusive Education (PNEEPEI) will celebrate its tenth anniversary of existence. Inspired by this, this article aims to illuminate the implications of the prerogatives of this document, specifically for school inclusion of students with Autism Spectrum Disorder (ASD), tracing the historical progression that culminated in the effective incorporation of these students into Brazilian public inclusion policies. Finally, the findings of the Theory of Mind, cognitive psychological orientation, and psychoanalytic theory on autistic functioning will be analyzed, with the objective of considering clinical field contributions to teacher performance in school education, especially those that operate in the specialized educational service (AEE).

In several passages, the text will use the general term *children* for people with ASD, since the focus of this discussion is on the inclusion of these individuals in school, which occurs mainly in early childhood education, followed by elementary school, but becoming less frequent in middle school and high school educational stages (Nunes; Azevedo; Schmidt, 2013), due to social interaction difficulties. The text will also alternate between the child and person designations *with* ASD or *with autism*, keeping however with the same common concept between them.

Some Legislative Frameworks for Special Education Policies and the Inclusion of People with ASD

The history of Special Education in Brazil is marked by a series of laws aimed at guaranteeing the rights of disabled persons in society. The inaugural one was, without a doubt, the Universal Declaration of Human Rights (UDHR), proclaimed in the postwar period in 1948 in Paris, stating that “[...] all human beings are born free and equal in dignity and rights” (UNICEF, 1948). With this premise, the UDHR establishes a new social ethic, which edifies humanity, entailing the struggle of insertion of the marginalized in the social environment, among them, people with disabilities. As a result, the establishment of legal guidelines around human conduct became a fact (Silva; Barbosa; Pimenta, 2018).

The Brazilian Federal Constitution of 1988 was designed to ensure the exercise of individual and social rights, as well as freedom, security, well-being, development, equality and justice as the supreme values of a fraternal society. Article 205 of the Constitution advocates the universal right to education, aiming for the full development of the individual, their preparation for the exercise of their citizenship and their qualification for work. Article 206, paragraph 1 proposes equal access conditions and permanence in school as some of the principles of teaching. It guarantees not only the right to education, but in article 208, item III, also ESA, which is attendance to the special needs of students with disabilities, preferably within regular schooling.

One year after the publication of the 1988 Constitution, Law No. 7,853/89 was sanctioned, which established “[...] general rules to ensure the full exercise of individual and social rights of disabled persons and their effective social integration” (Brasil, 1989, p. 1), assuring in particular the guarantee of educational rights.

This law restructured the competencies of the National Coordination for the Integration of Persons with Disabilities (CORDE), which has been in existence since 1986, making it the body responsible for coordinating government actions related to the disabled, drawing up programs and projects and raising awareness in society of the social integration of these individuals (Ferreira, 2009). The constitutional rights acquired were also reiterated by article 54, item III, of the Statute of the Child and Adolescent (ECA) – Law No. 8,069 (Brazil, 1990).

The evolution of the guarantee of rights towards educational inclusion in the last decade of the twentieth century was universally strengthened through two thematic international conferences. The first was the World Conference on Education for Everyone, which took place in Jomtien, Thailand in 1990 and produced the *World Declaration on Education for Everyone* (UNESCO, 1990). Its immediate effect in Brazil was the elaboration of the *Decennial Plan of Education for Everyone*, which aimed, in ten years, to assure children, young people and adults (1993 to 2003) of minimum learning content that would meet the basic needs of life education: the universalization of fundamental education and the eradication of illiteracy (Menezes; Santos, 2001).

The second, in 1994, was the *World Conference on Special Education*, held in the Spanish city of Salamanca. The so-called *Declaration of Salamanca* (MEC, UNESCO, 1997) proclaimed the universal right to education, regardless of individual differences, and undertook the building of an inclusive educational system, specifically with regard to the population of students with special needs (Aranha, 2005). Both statements, of which Brazil was a signatory, marked the history of Special Education in the country and internationally.

Consequently, in December 1996, Law No. 9,394/96 of Guidelines and Frameworks of National Education (LDBEN) (Brazil, 1996) was published, instituting the practice of education as a universal right and guaranteeing special educational services for people with disabilities.

For the first time, a chapter (Chapter V) for Special Education appears in an LDB, whose details are fundamental: a guarantee of enrollment for people with special needs, *preferably* within the regular educational network (Art 58); the creation of specialized support services to meet peculiarities of Special Education clientele (Article 58, § 1); special education provision during early childhood education (Art. 58, § 3) (Godofredo, 1999, p.30, emphasis added).

We emphasized the adverb *preferably*, already fixed in the Constitution of 1988, to highlight and anticipate the gradual change of po-

litical-educational thinking regarding the reception of these children and young people by regular education. At that time, special schools still maintained their importance in working with students with special needs.

In May 1999, the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities was held in Guatemala. Its contents were enacted in Brazil by Legislative Decree No. 198/2001, which is a contemporary of the National Education Plan - PNE, which emerged in the same year, which proclaimed “[...] the commitment to respond educationally to a wide range of vulnerable groups and reducing inequalities, in terms of access, permanence in school and educational success” (Brazil, 2001, p.36). In 2003, the *Inclusive Education Program: the right to diversity* emerged to support the training of managers and educators, with the aim of transforming educational systems into inclusive systems (Garcia, 2013).

In this trail, the PNEEPEI, launched by the Special Education Secretariat of the Ministry of Education and Culture (MEC), was enacted in 2008 as an advanced and improved stage of previous documents. One of its innovations is the concept of Special Education that is inclusive, emphasizing the availability of resources and services, designed by the EEA:

Special education is a modality of education that covers all levels, stages and modalities, carries out specialized educational services, provides resources and services and provides guidance regarding their use in the teaching and learning process in common classes of regular education (Brazil, 2008, p. 10).

The document also recovers and delimits the Special Education target audience as “[...] students with disabilities, pervasive development disorders and high skills/giftedness” (Brazil, 2008, p. 1).

As will be detailed later, autism, currently denominated ASD by the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th edition) (APA, 2013), is classified by ICD-10 (International Statistical Classification of Diseases, 10th edition) (CICD, 1993) as a Pervasive Developmental Disorder (PDD). It is noted that PNEEPEI already set the target public. In practice, however, it was only after its enactment as a disability for legal purposes that these subjects effectively became deserving of attention and acceptance by inclusive public policies.

Thus, in December 2012, the National Policy for the Protection of the Rights of Persons with Autism Spectrum Disorder was enacted - Law 12,764/2012, popularly known as the Autism Law or the Berenice Piana Law, in honor of the mother who dedicated herself to its institution. In this document, a person with ASD is considered a disabled person for all legal purposes. Despite divergences in the clinical field as to whether a child with ASD is actually deficient or not, the importance of the law refers to the legal rights acquired for these individuals: access to social assistance services offered by the State, the guarantee of school entrance

as a special needs student, inclusion in health policies, including treatment by a multidisciplinary team, early diagnosis and intervention, as well as the rights listed by the Statute of Disabled Persons – The Brazilian Law of Inclusion of Disabled Persons – No. 13,146/15 (Brazil, 2015): access to inclusive housing, vocational education, labor market and social security, amongst others.

This last law (Law no. 13,146 / 15) is one more instrument that appears to compose the legal frameworks of the prerogatives destined towards Brazilian inclusion policy effectiveness. Its purpose was to ensure and promote, under conditions of equality, the exercise of the rights and fundamental freedoms of disabled persons, with a view to their social inclusion and the full exercise of citizenship. This law in itself introduces an innovation in the way that society thinks about a disabled person. It defines disability by emphasizing, above all, the role of the environment, which may be a facilitator or obstacle to the transposition of the barriers that prevent the inclusion of these individuals.

A person with a disability is a person who has a long-term physical, mental, intellectual or sensorial disability, which, *in interaction with one or more barriers*, may obstruct their full and effective participation in society, on an equal basis with others (Brazil, 2015, p.1, emphasis added).

In a certain way, this perspective corresponds to that presented by PNEEPEI, 2008, which locates in the environment (with emphasis on its resources) protagonism as to the effectiveness in reducing the limitations that accompany the person with disability, in a world organized for the non-disabled.

The Statute of the Disabled Person also indicates the obligation of public schools to receive the target public of special education, including private educational institutions. Private institutions are prohibited by law from collecting, in addition to the current monthly amount, an additional amount to pay for a support professional that the student may need. The compulsory inclusion in a public school had already been determined in articles 5 to 7 of Decree 8,368/2014, which regulates the Autism Law, 2012. Article 7, however, demarcates this obligation to “[...] educational institutions linked to state, district or municipal education systems” (Brazil, 2014) whereas the 2015 law extends this condition to all educational institutions, including private ones.

The legal frameworks of Special Education are fundamental for the institution of inclusive practices in education. However, there are still many challenges for the implementation of its premises. In terms of management, making ESA professionals, the lead teacher and the classroom support professional work together effectively demonstrates, in our view, the greatest current difficulty of inclusion. In the sphere of teacher training, there are still insufficient numbers and models of informative courses and reflection meetings about teacher practice with inclusion students. Regarding the latter, this article aims to trace

the findings of a psychological clinic with people with ASD that may contribute to teacher performance with their students, especially the ESA teacher, both in behavioral strategies and in the preparation of pedagogical material that takes into account their known psychological characteristics.

The Diagnostic Frameworks of People with ASD

From the perspective of Inclusive Education, the field of Special Education calls for an intersection between the areas of health and education. The target public is thus recognized inside school walls by means of a medical report, issued by a psychiatrist or neurologist, that identifies that student for the deficiency or pathology found. Only from this document will the Individual Development Plan (IDP) be constructed to adapt the school curriculum to the needs of the student (Poker; Martins; Giroto, 2015).

We believe that this medical investiture in the educational field focuses on an inhibition of teaching knowledge about a teacher's students and the recognition of their pedagogical abilities. Despite this critical view, and for the purposes of this article, we will take into account the structure of current practice and seek to extract benefits to enrich teaching knowledge. Therefore, the proposal is to present to the teacher the criteria that determine the inclusion of a student in the diagnosis of autism or ASD and, above all, their particular characteristics of thinking, interpreting the world and acting.

For the first proposition, the two main psychiatric manuals that underpin the medical reports are outlined: the ICD, published by the World Health Organization (WHO), linked to the United Nations (UN), and the exclusively psychiatric DSM, American Psychiatric Association, United States.

Brazilian medical practice uses the ICD, but it is notorious that the DSM, more specific in the field of Mental Health, impresses its classification perspective directly in the conception of the subsequent edition of the ICD¹. The classification of autism in the tenth edition of the ICD (ICD-10), dated 1993, distinguishes it from Asperger's Syndrome, both of which belong to the Pervasive Developmental Disorder (PDD) classification. Thus, PDD is fixed into code F84 and its subtypes: F84-0 Childhood Autism, centered on the three basic characteristics of the picture described by Kanner (1943/1997): (1) isolation (*aloneness*); (2) immutability (*sameness*) and (3) the absence of communicative language; F84-1 Atypical Autism (those types that appear to be autism but do not fully meet the diagnostic criteria stipulated for F84-0); F84-2 Rett syndrome (a neurological and female-related syndrome); F84-3 Another childhood disintegrative disorder (the main difference with autism is that it does not *disintegrate*, it manifests itself early on); F84-4 Disorder with hyperkinesia associated with mental retardation and stereotyped movements (mental retardation differentiates the clinical +autism picture); F84-5 Asperger Syndrome; F84-8 Other PDDs; F84-9 NPDD (which

includes Invasive Developmental Disorder Not Otherwise Specified - IDD NOS).

The TEA classification in the fifth edition of DSM (DSM-V), 2013, is registered under code 299-0. Its criteria maps out the so-called *autistic triad*, the basis of the notion of a spectrum with polarities: difficulties in social interaction, communication (verbal and non-verbal) and the presence of restrictive and repetitive behaviors. Symptoms must be present in the early stages of development, causing significant impairment in social, occupational, or other important areas; and no longer justified by Cognitive Deficiency or overall developmental delay.

It is observed that the classification of the DSM-V ASD promotes a specialization of Childhood Autism and Asperger Syndrome frameworks, removing them and differentiating them from the pervasive development disorders in which they were previously included. To locate them within the spectrum, according to the level of severity of symptomatic manifestations, the DSM-V proposes three levels of degree of autonomy: (1) *requiring support*, classified as *mild*; (2) *requiring substantial support*, designated as *moderate* and (3) *requiring very substantial support*, qualified as *serious*.

Once the criteria that make up the diagnosis have been defined, we begin to present the specific characteristics of the psychological functioning of people with autism or ASD. For this, the perspectives of the Theory of Mind, elaborated by Cognitive Psychology and Psychoanalysis, will be briefly described. Both coincide in several of their assumptions, although they operate using terms specific to each.

The Psychological Functioning of a Child with ASD: Theory of Mind and the TEACCH Method

The Theory of Mind was developed in the 1980s by cognitive psychologist Uta Frith in collaboration with her colleagues Simon Baron-Cohen and Alan Leslie. Frith (1991) defined Theory of Mind as a powerful, practical, mental tool that gives humans the ability to establish relationships between external states and internal mental states. A continuous, almost compulsive, or even unavoidable operation to infer about the causes and effects of behaviors observed, attributing greater coherence to the information processed. Thus, making it possible to properly interpret people's actions, even anticipating them in certain situations, thus assuming a common theory about the way the human mind works.

Conductive people, those who seek a more objective observation of behaviors, strive to actively inhibit their natural tendency to relate behaviors to mental states. Individuals with ASD would be naturally *conductive*, lacking this possibility and devoid of the compulsion that leads other people towards the pursuit of coherence, in the relationship of mind to behavior.

Autistic children are conductive. They do not assume that people can be, for example, (well) considered or, on the contrary, cruel. They take behavior as it is. Therefore, those intentions that change the *meaning* of behavior, such as deceit, adulation, persuasion, and irony, are difficult to understand. We could say that while autistics interpret behavior literally, compulsive mentalists do the opposite: they do not interpret behaviors in themselves, but from the perspective of the intentions that exist behind them. These are the effects of having a theory of mind (Frith, 1991, p. 229).

The Theory of Mind stipulates that the mainstay that sustains all the symptoms present in autism is the inability to integrate information, deriving from it coherent and meaningful ideas. The predisposition of the mind to give meaning to the world would find fault in people with autism. The difficulty of individuals with autism to properly conceptualize mental states would entail a second difficulty, to create empathy with the mental states of other people. Considering these states implies establishing an *affective contact*, an element that is disturbed in the subject with ASD.

The culmination of the capacity to attribute mental states is, for Frith, self-consciousness, that is: the representation of the self as an instance that possesses and elaborates mental states. An absence of self-consciousness becomes correlated with intense loneliness, and by the inability to enjoy the company of other people, which would not involve, for autistic individuals, a “companionship between minds” (Frith, 1991) capable of providing them with a pleasurable relationship. Hence their preference for the company of objects, devoid of mind.

Frith, in reference to Alan Leslie’s studies, points out that the origin of Theory of Mind lies in fantasy. “Representations take the world to mind” (Frith, 1991, p. 234). That is, a baby is given the ability to make representations of people, things and events that they experience. But already in their first year of life, they experience a great step in their development: to be able to elaborate *meta-representations* - representations of representations; thus developing the capacity to fantasize, and then gradually to develop their mentalistic capacity. In autism, both fictional games and mentalistic capacity are shown to be difficult.

The essential component of *meta-representational* capacity Leslie called *decoupling*, which Frith illustrates as the use of quotation marks in some word, putting in abeyance her usual semantic reference. *Decoupled thought* easily integrates into other thoughts, suffering a startling change of meaning, “[...] once freed from its normal ‘duties’ of reference to the real” (Frith 1991, p. 236). Limited in this capacity, autistic individuals see everything in black and white, not understanding nuances of meaning, interpreting literally what is said, without being able to “[...] read between the lines”².

With her Theory of Mind, Frith ventures to explain the presence of deficiencies in social relations, communication and imaginative capac-

ity of the individual with ASD; the latter coming from the same primitive mechanism that gives rise to the Theory of Mind, whose commitment is reflected in the process of communication and social interaction.

With her theory, Frith (1991) justifies the presence of other secondary symptoms of autism. Thus, the language problem presented by these children would pose a problem of the semantics of mental states. Already in an affective relationship, the effect of the inability to perceive what it means to have mind, to think, to know, to believe or to feel in a different way to how other people think, know, believe and feel. The problem of learning social skills would be related to not only superficial appropriation of social norms, but also the ability to read between the lines and thoughts of others. Finally, the absence of eye contact would be a consequence of the inability of an individual with ASD to use and understand the visual signals associated with certain mental states.

The TEACCH method – *Treatment and Education of Autistic and Related Communication Handicapped Children* –, created in 1966 by Eric Schopler of the University of North Carolina in the United States, is an adaptation of the principles of Theory of Mind in association with behavioral therapy, for people with ASD and children with disabilities in the area of communication. This method was proposed for use in the ESA Multifunction Resource Rooms (SRM) in Brazil.

After intense behavioral observation of children with autism, Schopler found that lack of environmental structure increased the lack of objective in action and worsened the stereotyped behavior of the child. He also observed that children with autism have better visual acuity than other individuals and that, therefore, visual resources should be much used in their learning. Parental involvement also becomes critical in that they not only collaborate in the knowledge of their child and in the elaboration of an individual program intended for them, but also apply TEACCH activities in the home environment, establishing themselves as co-therapists.

Using the fact that an autistic individual is able to learn, but in a significantly different way to other people as a basic principle, Schopler established a Functional Skills Scale, used in the evaluation of the children and also as an orientation for interventions. He elaborated a standard structure for a TEACCH classroom, with a place reserved for individual activities with an educator, another for group activity, a third for snacking, and a fourth location for the child's free activities. In this structure, they would be allowed to execute their gestural stereotypes or to turn their objects, without any intrusion from an educator. Each of these spaces is only used for the function intended, thus fulfilling one of the basic principles of TEACCH: the structuring of the environment.

This would be an imperative for the education of autistic students, in which every presented situation must be structured, with available material, sequence and a pre-established time duration. The occurrence of frustrations in the development of the activity, seen as a negative item, should be minimized to the extreme, and if possible excluded.

When observing the difficulty of a child with ASD, with a possibility for the occurrence of frustrations, the activity should be divided into small steps to be followed and easily performed by the child, offering positive reinforcement for each success achieved. The preparation of activities responds to a chain of previous questions; and once the need to be achieved is established, the problem that prevents it from occurring naturally is found, and a solution is elaborated to achieve that first goal.

In promoting normal language development, the priority is not to teach children words, but to facilitate social communication. As the autistic child who makes use of language tends not to do it for social purposes, one should encourage any and all forms of communication and not just speech itself. Some autistic people will never learn to speak, especially those who show no evidence of this ability, even limited in its use, such as speech-like cadences in their babbling, or some echo speech, for example (Schopler; Mesibov, 1994). Education should be geared to the child's level of development. In the case of presenting little or no progress in speech, but demonstrating some understanding of language, it may be useful to introduce sign language or cards, which are provided by Alternative Communication. Regardless of the child's use of speech, the TEACCH method necessarily institutes visual support for all attributes taught, because of the ease with which autistic students present in assimilating this information pathway.

The absence of the search for bonds and a response to an attempt to approximate others can be solved through the deliberate intrusion of the parents or therapist into the child's solitary activities, so that, for this pleasurable circumstance, they must obligatorily interact with others. Such a proposition proves to be quite controversial, dividing psychologists and educators favorable or opposed to such an intrusion into the child's space. However, with or without such deliberate intrusion, it is found that the generalized social difficulties of the autistic child are not healed. Rutter (1993) points out that behavioral therapy, one of the TEACCH supports, has already recognized throughout its history the lack of knowledge that can overcome this difficulty. However, it is suggested that social skills training should be addressed with these children.

The TEACCH method advocates that the autistic student's learning occurs in an organized environment, subjecting them to systematic teaching. Due to their difficulty in self-orientation, the student should be uninterruptedly directed and supervised in this process, and the tasks should be scheduled in a way that encourages the student to work alone.

One of the characteristics of people with ASD is the tendency to focus on one aspect of the problem to the detriment of all others. This can be minimized by offering them tasks that involve a small number of alternatives to be considered, and if the therapeutic work is focused on the child's natural environment at home and at school.

Another characteristic of the autistic student is the tendency to memorize answers learned, without due attention to the concepts involved in the question presented to them. The educator should be careful to verify that the student is understanding what he/she learns mechanically.

The reduction of stiffness and gestual stereotypes can be obtained through the *gradual change* technique, in which small modifications are introduced that are perceived and accepted by the child as having no pattern changes until important changes in their behavior are achieved. Some environmental aspects elicit stereotyped behaviors. Detection of these causal aspects - usually arid, poor and low-stimulation environments - and their extinction are necessary. These behaviors can also be reduced by introducing behaviors that are incompatible with stereotypes and that can compete with them (Rutter, 1993).

The elimination of nonspecific and maladaptive behaviors - anger attacks, aggressions, fears, nocturnal enuresis - is also done through the functional analysis of behavior and application of the learning principles with which cognitive behavioral therapy works in the clinic.

Some assumptions of TEACCH's Theory of Mind and its method, in partnership with behavioral therapy guidelines, are verified by another line of the psychology field: psychoanalytic theory. However, there are divergent elements, especially in relation to the strategies of acting with the autistic child. We will now go on to the precepts of psychoanalysis and then discuss what the educator can draw from this field for his scholastic practice with students with ASD.

Psychological Functioning of Children with ASD: psychoanalytic assumptions

For psychoanalytic theory, there are three central points to be observed in order to understand the particular functioning of children with ASD: the position that they occupy before others, the relation that they establish with language and bodily constitution (Pimenta, 2003; Maleval, 2009a; Pimenta, 2012; Laurent, 2014).

In regards to the first aspect, an autistic child is threatened by the presence of others, from which they consider urgent to defend themselves. Other people are evidenced by their demands - especially those related to food or excrement - and by their bodily presence, demarcated by their voice and gaze. Children with ASD protect themselves from others by nullifying them: not answering when called or not looking at them are manners well recognized by clinicians, educators and family members. For those who are unaware of the dynamics underlying the child's attitudes, the behaviors they observe seem puzzling and disconcerting to them, since they attest that in other situations the child hears or looks at what interests them. For a psychoanalyst, an autistic child does not suffer from a perceptual deficit or a cognitive deficit, but from an excess - the excess of the presence of others, which they have to cancel out.

The second point to consider is the child's relationship with language. The absence of speech in the current developmental period (between one and two years of age) is an important diagnostic criterion. Some autistic children will access speech later, usually between four and five years of age; others will remain *mute* regarding the intention of verbal communication with others. Those that do speak will demonstrate a typical trait of autism, already present in Kanner and Asperger's observations: the privilege given to signs and the embarrassment with signifiers and the resulting misunderstandings of meaning. Signs couple signifiers with a single meaning; significant functioning in the language already allows for one and the same word to have more than one meaning, according to the context in which it is used. A recognizable example is that of the meaning of the word *bark*, which can refer to the sound a dog makes or to the outer covering of a tree. The literal understanding of language, pointed out by autism scholars, emphasizes this mode of functioning through signs.

The question of the absence of speech in autistic individuals, co-existing with a revealed assimilation of language, is also an unknown for clinicians, educators and family members. Cases of autistic individuals who do not verbally address the people around them, but who communicate fluently through writing through a computer, denoting the correct learning and use of language are not uncommon³. The Lacanian-oriented psychoanalyst bases this fact on the difficulty of an autistic child to use the voice libidinally, not extracting pleasure from speech directed towards another.

There are two privileged ways for this child to use language: with a *private* language or with a *functional* language (Maleval, 2011). The first, also called "verbose" language (Lacan, 1975/1998), has no communication function and serves for the pleasure of vocal sonority; in the psychoanalytic terms, for the autoerotic enjoyment of sound. It is presented by repetitions of phonemes, words or phallic phrases. The second type, also called language of intellect, advances in social interaction and consolidates verbal communication on the part of children with ASD. It is a speech that serves to objectively expose their wishes (go out, eat yogurt, drink water, etc.) and to assist them in the practical interpretation of reality. Functional language, however, does not encompass emotions and feelings.

Surprising everyone – clinicians, educators, family members and the autistic individual themselves –, a third type of language use occasionally arises for individuals with ASD: the fleeting enunciation of spontaneous phrases (Maleval, 2011). In these verbalizations, individuals with mute autism utter completely correct speech, from a grammatical and semantic point of view, addressing themselves directly to a receptor. These speeches occur in moments of subjective urgency, in which the individual comes out of their mutism and makes an appeal to another, imperatively, with the intention of modifying a situation that is becoming unbearable to some extent. This is what happened with an 8-year-old autistic boy that I accompanied. When he was shaken by his

mother to speak, he said loud and clear: "Stop doing this to me, no! It's hurting me! That hurts!", to then submerge again into his mutism.

The fleeting utterances of spontaneous phrases bring with them a theoretical importance: they show that for *mute* autistic individuals, it is not a matter of an inability of speech, but of a choice of the individual not speak, or of not giving away their voice. The sentences appear grammatically well-formed, including the absence of pronominal inversion (referring to oneself in the third person, as it is called by another person), so common in the beginning speech exercises by these children. In spontaneous phrases, the pronoun *I* supervenes, used properly (Maleval, 2011).

As a third item to be taken into account, the relationship with the body is observed. In autism, the relationship is impossible because the individual did not constitute a body. In the conception of psychoanalysis, the body is not given, it is instituted. From the biological organism, which is not apprehensible, the body is constituted through registers of the imaginary and the symbolic. In this process, described by Lacan (1949/1988), the neurotic subject appropriates a body, which he turns to *have*. The psychotic subject, in turn, does not come to constitute a body with the imaginary completeness that the neurotic achieves, but has it in some way. In autism there is no body in this sense. The original resource to institute it did not occur to make minimal imaginary composition⁴. This is shown in the bodily agitation of some autistic children or, on the contrary, in the marked body inertia of others. Deregulation of the bodily function of the subject also attests to the fact that there is no narcissism, of a minimal delineation of an Ego: the relationship with food and excrement are always the most diverse breakdowns (do not eat/eat unnecessarily, do not evacuate/manipulate stool, etc.).

These three criteria of observation guide the interventions of psychoanalysts in clinical practice. These same guidelines will serve teachers to work with students with ASD, as will be seen ahead. Clinically, the structuring of a border - denominated as the *autistic border* - that establishes the contour of a body, although artificial and fragile. For this, autistic children rely on three elements: the autistic object, the double object and the theme of their specific interest (Maleval, 2012).

The autistic object, recognized by Kanner (1943/1997) as preferential by autistic subjects, can be considered *simple* or *complex* (Maleval, 2009a). The *simple autistic object* does not contribute to the subject's social interaction, keeping them isolated and protecting them from relations with people. It has two main characteristics: hardness and dynamism, which help autistic people to animate libidinally, taking the dynamic object as a double. In turn, the *complex autistic object* brings the simple as a base, but improves it, in order to contribute to the bodily composition of the autistic subject and the resulting openness to social interaction. Temple Grandin's *tightening machine* (Grandin, 1999) is one of its examples⁵.

The double is the second element that competes for the elaboration of the border. The double can be a person, an animal or even a character. The autistic subject sticks to it, making it equivalent. It is not an identification, but a transitivity. An example was given by Temple Grandin when designing an engineering plant such as that of a professional he had observed, he simply imagined himself to be himself and made the plan he desired. However, he did not have any learning of this process, because, when taking off from the double, the figurative abilities that were his no longer belonged to her (Sacks, 1995). In children's schools, it is common for autistic children to avail themselves of another colleague as a double, which encourages them to do as they do and thus move forward in minimal social interaction and sometimes in learning.

The third item, the field of specific interest, is the most elaborate element among those that compose the autistic border, in the psychoanalyst's view. Some autistic children present *islands of competence*, indicating a theme of limited interest. The link with the chosen subject is often rigid and excessive, a basic characteristic of ASD. However, for psychoanalytic orientation, it is only from chosen content that it becomes possible to promote learning situations and even shift interest to other adjacent themes. The specific interest of this child makes them relate to the world and interact socially, even with the particularities of the tendency toward immutability, as indicated by Kanner.

Clinically, the construction of the autistic border is a complex task with the aim of being able to promote greater social interaction of autistic children. In psychoanalytic terms, the notion of a spectrum encompasses clinical pictures ranging from a smaller to a greater aperture to others. Among the former, we find Kanner's autism, and among the latter, Asperger's Syndrome, and, at its most extreme, high-functioning autism. The possibility of moving within the spectrum, towards the greater aperture end, depends on the construction and structuring of the border that protects the subject. The more they feel supported by the border, the more resources there are to interact and open to the social bond.

The items observed to identify autistic functioning - position before others, relation with language and bodily constitution - are also those indicators of clinical work to be performed with these children. One must verify the degree of openness to others, identify if speech exists, the subject's use of it and determine the resources found for the constitution of a body, even if fragile and artificial, within the understanding proposed by psychoanalytic theory. The purpose of this study is to analyze the elements that may constitute the protective autistic border - autistic, double object and specific interest -, the state in which this task of the autistic subject is and the interventions to be made to assist them.

Contributions from Clinical Practice to Education

The clinician will follow some procedures with an autistic person. Many of them can be transposed into the classroom educator's role, as they recognize the autistic child's functioning and verify what is relevant in dealing with the student

Thus, the psychoanalytically oriented clinician seeks to identify the resources that the autistic subject uses to treat others, that is; to place them at a bearable distance; to establish themselves in a passive position, to be regulated by it (which is not incompatible with the performance of interventions); to modulate eye contact and voice, and to use non-imperative speech; to perform interventions aimed at establishing a space for play (Laurent, 2014), creating opportunities for interaction; to identify and maintain the protective autistic object, helping to make it complex; to verify what or who is functioning as a double; to discern and consider the protective border that has been instituted by the autistic subject and to recognize the privilege given to signs.

Interventions are made by using *gentle force*, in the proposal of Di Ciaccia (apud Maleval, 2012) that respects autistic protection, but, counting on their consent, increasing their resources and expanding them towards social interaction.

Add to these the use of *peripheral understanding*, which is the fulfillment of orders given to third parties (Pimenta, 2012). This item is privileged, appropriate to the school environment or group clinical care, as it must rely on another child to happen. The phenomenon of peripheral understanding can be described by the procedure of a simple order given to another and which is then obeyed by the autistic child who witnessed it. For example, an educator who is in the presence of the student John, who has autism and does not respond to orders given directly to him, and is also in the presence of his colleague Peter, who has typical development, addresses their speech to the colleague: *Peter, John is now going to the cafeteria for lunch*. Through the mechanism of peripheral understanding, when listening to the order given to the other, John would immediately get up and go to the cafeteria.

The effectiveness of peripheral understanding can be explained by two participatory and complementary elements. The first indicates that others do not directly address the child with their voice and their gaze, loosening their massive presence that is felt as invasive by the subject. Correspondingly, the one to which the other is addressing, receiving their demand, supports their autistic colleague in the double function, in its most direct and less elaborate aspect, transitivity. One should not overlook the fact that it is another child who receives the message of the educator, in what Lacan (1949/1988) pointed out as proximity in age for the possibility of the occurrence of transitivity. In this way, the speech of another, addressed to an equal, can be taken by the autistic subject and answered.

The application of clinical premises to the educational field implies the convergence of some guiding elements. The recognition of a highly developed memory capacity in autistic subjects is a common point between cognitive and psychoanalytic theories, despite each being explained by diverse theoretical arguments. The indication of the use of visual support for learning, the concise and clear presentation of the activity orientation and the importance of anticipation of events that will occur are also coincident.

In psychoanalytic terms, the ability to memorize and visual support is based on the privilege of thought by signs, as well as the need for clarity and short sentences to guide the task. Anticipation of events comes from the remarkable autistic characteristic of immutability. The establishment of routines and anticipation of events is fundamental for the maintenance of autistic children in a position of control and of science of the sequence of events, which promotes tranquility and greater possibility of consent to carry out proposed activities.

The divergence between the two conceptions of clinical practice exposed in this study resides on the educator's action in the repetitive and stereotyped behaviors of autistic students. The guidelines range from harshly preventing them from being nonfunctional and allowing them while seeking to capture the student's attention with something that interests them and that promotes interaction. It should not be forgotten that this is an essential characteristic of ASD, a participant of its diagnostic criteria and difficult to achieve without a careful observation of the particularities of each child's functioning.

Considerations

After being declared as belonging to the Special Education target public and supported by current legislation, students with ASD became the focus of studies about the possibilities of their education and learning resources to assist them.

Faced with their main characteristic – difficulty in social interaction – there are those who question the impropriety of inclusion in a regular school, that would not allow for adequate work for their special needs (Voltolini, 2004; Silva, 2010; Silva, Barbosa; Pimenta, 2018). On the other hand, policies of Special Education from the Perspective of Inclusive Education seek to find feasible means of advancing the learning and acquisition of abilities of these students in the regular school environment. This article was intended to contribute to this end.

Inserting children with ASD in the context of disabilities, had, as seen, the convenience of incorporating them effectively, and not only in legal text, public policies and the school inclusion process. For example, the current autism symbol – a constant interlaced ribbon of colored puzzle pieces – has become one of the indicators that make up the preferential service plaques of public places, alongside that of pregnant women, the elderly, mothers with small children and disabled people.

It is well known that being frustrated by not doing what they would like, in a waiting context, leads children with ASD to intensify habitual self-stimulation through repetitive and stereotyped movements, or even into crisis (Pimenta, 2012). In this sense, these subjects were benefited by the meeting of their needs by legal prerogatives. We believe that all professionals – both in health care and education - who deal with people with ASD and their families recognize the daily assistance provided by the Autism Law.

However, the risk of seeing autism as a disability is to forget, through everyday use, that it is only “for all legal purposes” (Brasil, 2012). The implication brought by such a lapse eclipses the understanding that it is a particular way of being in the world, and not a deficiency. It is a manner of learning and thinking. If educators consider their students with ASD in this way, they will be attentive to their signs and will equip themselves to find strategies to teach them - through their specific interest, introducing new and diverse pedagogical foundations from them; placing themselves close to students, if they have been invested as a double; or, on the contrary, by instructing them through a learning program, in writing or on a computer, which dispenses to a certain extent with the presence of a teacher, if it is being taken as very invasive and provoking autistic *upheaval*; using a colleague who has been qualified as a double by a student with ASD, parsimoniously, so as not to overload him, but knowing how to propose activities that will be followed and imitated by the subject; employing the peripheral understanding resource to guide those who can operate by this means; anticipating routine events, to keep the student in control and, consequently, calm and with possibility of cooperation, in his/her own way.

The intention of this article was to dispense with directly addressing the psychopathological implication of the overlap between health and education practices, which has as its effect the proliferation of infant-juvenile diagnoses and teachers’ expectation that a maladaptive student will have one. The disorderly use of medicines is a consequence (Silveira, 2012; Moysés; Collares, 2013). There is no specific drug for ASD. What is prescribed, in some cases, targets excessively maladapted behaviors: insomnia, abundant agitation, copious gestural stereotypes. However, even with drugs, the basic psychological functioning of ASD students essentially does not change: they do not become more empathetic, do not stop thinking with signs, do not significantly expand their social interaction. It will be the educator’s actions, as seen previously, that can be reflected as opportunities to enable learning.

We understand that recognizing the intersection between the fields of clinical practice and education in cases of ASD, and learning about the contribution of clinical findings to some aspects of the educator’s role in the school inclusion process will allow them to acquire greater autonomy to decide on the best procedure in the situations with which they deal with in daily practice. The history of legislation in the area of Special Education from the perspective of inclusive education, currently in force, alongside the Autism Law of 2012, which in fact intro-

duced ASD children into this scenario, inaugurated the need for regular schools to support these students. Their particularities, however, do not favor the learning process in its most basic aspect: the teacher-student relationship. How can one minimally promote an opening of autistic students to others, and from there, to give him/her learning processes? This is the current challenge for Special Education from the Perspective of Inclusive Education for ASD students.

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Notes

- 1 As a corroboration of this premise, we note the recent (18/6/2018) release of the ICD-11 text, scheduled to be officially launched in 2019, which will include autism under the nomenclature of Autistic Spectrum Disorder (ASD), as did the DSM-V, in 2013.
- 2 An example of this is in the film *Rain Man* (1988), whose autistic character possesses verbal ability and objective understanding, but unfolds throughout the film to understand a television joke that takes into account the *uncoupled thinking* defined by Leslie. The character takes as a question what, in fact, by decoupling the meaning of words, has become a statement. To the assertion of the sportscaster of *baseball*—‘Who plays first, Who plays second base’—, naming the players in this way, he searches in vain for the answers of the interrogative pronouns, to which these words lend themselves in their interpretation.
- 3 See the example of Annick Deshays (Maleval, 2012), among several others (Maleval, 2009b).
- 4 To understand this process, see Pimenta (2012).
- 5 The story of the autistic Temple Grandin can be seen in a film of the same name, released by HBO in 2010 and directed by Mick Jackson.

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