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VYGOTSKY'S DEFECTOLOGY, INCLUSION POLICIES IN SANTA CATARINA AND THE CHALLENGES OF CHILD MEDICALIZATION

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ABSTRACT

Public policies on school inclusion for children diagnosed with Autism Spectrum Disorder (ASD) in Santa Catarina are discussed here based on Vygotsky's studies on defectology. Our research is organized along four axes: a) the exponential growth of diagnoses in schools; b) the fragmented training of teachers (and those who work in special education); c) school organization and specialized care for children with reports in regular education and, d) excessive medicalization as a response to school difficulties. The discussions and results presented here refer to data produced from monitoring children with ASD reports in three public schools in different municipalities in Santa Catarina, as well as document analysis. Vygotsky problematizes the concepts of normality and abnormality, indicating that human development takes place in social, cultural and historical relationships, which consider the school to be a particularly potentiating environment for the humanization of man.

Keywords: inclusion policies; autistic spectrum disorder; defectology

Defectología de Vygotsky, políticas de inclusión de Santa Catarina y los desafíos de la medicalización infantil

RESUMEN

Las políticas públicas de inclusión escolar para niños diagnosticadas com Trastorno del Espectro Autista (TEA), en Santa Catarina, están aquí discutidas a partir de los estudios de Vygotsky sobre defectología. Nuestra investigación está organizada en cuatro ejes: a) el crecimiento exponencial de los diagnósticos en las escuelas; b) la formación fragmentada de los profesores (y de aquellos que actúan en la educación especial); c) la organización escolar y la atención especializada a los niños con laudos en la enseñanza regular y, d) la medicalización excesiva como respuesta a las dificultades escolares. Las discusiones y resultados aquí presentados se refieren a datos producidos a partir de acompañamiento de niños con laudos de TEA en tres escuelas públicas de distintos municipios de SC, además de los análisis documentales. Vygotsky problematiza los conceptos de normalidad y anormalidad, indicando que el desarrollo humano se realiza en las relaciones sociales, culturales e históricas, que consideran la escuela un medio especialmente de potencializar para la humanización del hombre.

Palabras clave: políticas de inclusión; trastorno del espectro autista; defectología

Defectologia de Vigotski, políticas de inclusão de Santa Catarina e os desafios da medicalização infantil

RESUMO

As políticas públicas de inclusão escolar para crianças diagnosticadas com Transtorno do Espectro Autista (TEA), em Santa Catarina, são aqui discutidas a partir dos estudos de Vigotski sobre defectologia. Nossa pesquisa está organizada em quatro eixos: a) o crescimento exponencial dos diagnósticos nas escolas; b) a formação fragmentada dos professores (e daqueles que atuam na educação especial); c) a organização escolar e o atendimento especializado às crianças com laudos no ensino regular e, d) a medicalização excessiva como resposta às dificuldades escolares. As discussões e resultados aqui apresentados se referem a dados produzidos a partir de acompanhamento de crianças com laudos de TEA em três escolas públicas de diferentes municípios de SC, além das análises documentais. Vigotski problematiza os conceitos de normalidade e anormalidade, indicando que o desenvolvimento humano se realiza nas relações sociais, culturais e históricas, que consideram a escola um meio especialmente potencializador para a humanização do homem.

Palavras-chave: políticas de inclusão; transtorno do espectro autista; defectologia

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INTRODUCTION

In this article, public policies for the inclusion of children with disabilities in the state of Santa Catarina (Southern Brazil) are discussed based on the theoretical and methodological contributions developed by Lev Seminovich Vigotski (1896-1934), based on four argumentative biases: a) the exponential growth of reports and diagnoses of children in schools; b) the (fragmented) training of teachers who work in special education; c) the school organization and care for children with reports, in the classroom with a specialized teacher (or: how shared teaching is carried out in the schools where we have been conducting our research); and d) medicalization as a way of dealing with school difficulties (we qualify them as difficulties, here, since we consider that many of the diagnoses and drug referrals could be avoided and addressed based on teaching relations, in the context of school organization).

Our focus is on children diagnosed with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), enrolled in public schools in Early Childhood Education and the initial years of Elementary School. Since 2019, we have been conducting research in three municipal public schools in two different cities in the state. Participant observations were carried out in Early Childhood Education classes, second, third and fourth years of Elementary School in these educational institutions.

According to data from the United States Centers for Disease Control and Prevention (CDC), published in a report by BBC Brasil (2023), one in every 36 American children under the age of 8 was diagnosed with autism in 2020. Furthermore, according to the report, the research, carried out every two years, reveals a consistent trend of increasing cases: in the previous edition, with data from 2018, the rate was one case for every 44 children.

In Brazil, as of the date of writing this article, we still do not have similar epidemiological studies with updated data, but in the schools we have been researching, we have been able to monitor the increasing number of children with diagnoses of ASD and ADHD. The data collected in our research allows us to state that the situation is alarming. In a public municipal school in the state capital, out of 476 children enrolled in the first to ninth grade of Elementary School, 27 have been diagnosed with intellectual disability or ASD (1 in every 17 children). In a preschool in a city in the interior of the state, in a class of 28 children aged between 3 and 4, 6 have been diagnosed with ASD (1 in every 5 children). These data were collected from the school secretariat and are not yet available for public consultation, but they are numbers that are changing exponentially.

First, it is crucial to recognize that the increase in ASD diagnoses may reflect a certain recognition of a disorder, resulting in a more accurate and earlier identification of the student who may need multidisciplinary monitoring. This does not necessarily indicate a real increase in the incidence of ASD, but rather a type of diagnostic qualification and, consequently, forms, methods, methodologies, and services that can help in understanding what may be different or not follow some type of linearity in society. What we criticize in our studies is the indication of the determinant diagnosis and the medication prescription that follows in practically 100% of the cases that we have seen in the schools studied.

Lev S. Vigotski's studies, produced about 100 years ago, mark a paradigmatic change in the understanding of human development, by challenging the boundaries between what was conventionally called "normal" and "abnormal" behavior at the time. Between 1924 and 1931, Vigotski devoted himself to defectology[1] studies (an area of knowledge still in force in Russia), with the aim of contributing to a new educational project (People's Commissariat or Narkompros[2]) aligned with revolutionary ideals that aimed to include and promote formal education for the entire nation (overcoming the extremely high illiteracy rate).

Vigotski (2001, 2022) vehemently criticizes the idea of a biological determination for human behaviors considered deviant or pathological. For the author, human development comprises the humanizing process in social, cultural and historical relations, attributing to the environment a fundamental role in the constitution of the subjectivity of the human being. Vigotski (2018) considers that the genesis of the child's development needs to be investigated in its relation with the environment (cultural and historical). His revolutionary approach indicates that biological limitations can be overcome in a dynamic process of development in which the potential for transformation is always present.

The children with disabilities, sensory limitations or behaviors considered atypical may experience organize their higher psychological functions[3], finding, in social relations and in the environment, ways to overcome their challenges, based on the constitution of new developmental formations (neoformations). In this sense, education constitutes a space for emancipation and development, which enables the increase in the power of a humanizing process.

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[1] The field of defectology is that dedicated to the study of people/children with physical or intellectual disabilities.

[2] Narkompros or People's Commissariat, renamed the Ministry of Education in 1946, was the Soviet department responsible for administering public education and most matters relating to culture in Russia.

[3] Higher psychological functions are a complex psychological system, socially and culturally mediated, in which functions such as memory, attention, perception, speech, emotions act in a related way.

Although Brazil has made progress in legislative terms, with the enactment of laws such as Law No. 12,764/2012 (Berenice Piana Law), which institutes the National Policy for the Protection of the Rights of Persons with ASD, the implementation of these policies still faces significant obstacles. Among these challenges, the excessive medicalization of school-age children stands out, which often minimizes and simplifies complex issues by reducing them to medical diagnoses and pharmacological treatments, ignoring the social and cultural dimensions that are, as Vigotski (2022) states, the cornerstone for child development.

The revolutionary approach in the field of defectology enables the understanding of human development that surpasses and questions the limits of what is conjectured to be defined as normal and abnormal behavior (Vigotski, 1924/2001). By investigating children who do not fit into social norms of behavior, Vigotski challenged traditional views that labeled "abnormal" behavior as a static, permanent, and biologically determined deviation. He states that "[...] there are no precise limits of any kind between normal and abnormal behavior" (Vigotski, 1924/2001, p. 257).

The author's concern with development and learning problems led him not only to theoretical investigations, but also to active participation in special educational programs aimed at children with disabilities. In 1925, he created a psychology laboratory, where he laid the foundations for the Experimental Institute of Defectology, focusing on the study of child development processes in their various manifestations. His contributions covered both theoretical and methodological aspects as well as institutional and clinical aspects in the field of disability, aiming to capture the complexity of the psychological and behavioral functions of people with disabilities (Prestes, 2010).

The Soviet author criticized the static simplifications of the categories "normal" and "abnormal" in human behavior, proposing an approach that valued the person and their performance in the micro and macrosocial environment and that could understand the development of the child in their life situation (Vigotski, 1996). His psychology stood out for its dynamic and dramatic view of development, emphasizing conflicts and contradictions as drivers of progress (Del Rio, Alvarez, 2007).

A fundamental concept developed by Vigotski (2022) was that of overcompensation, which suggests that people with disabilities seek new forms of systemic organization to overcome their challenges. The compensation process allows us to reflect on people as active agents in the face of the social obstacles they may face, which makes us think about a dramatic dynamic of development.

Mecacci (2017) highlights the complexity of overcompensation, emphasizing that it involves restructuring all of a person's higher functions, rather than simply replacing impaired functions with intact ones. He argues that, for Vigotski, compensation aims to adapt to normality, while overcompensation involves the development of a social position through active participation in the social context.

The reflection about compensation and overcompensation reveals an operation that resembles the processes of creation, forming a dynamic cycle that characterizes human development. The human capacity to imagine and create is fundamental to our evolution as a species, and this ability is linked to the plasticity of nervous substances, allowing the transformation of elementary functions into higher ones (Vigotski, 1930/2009).

For Vigotski, the dynamics between intellect and affection are mobilized in an integrated manner, transforming throughout ontogenetic development, influenced by social, cultural and historical factors. His studies about schizophrenia challenged the traditional approaches of the time, by highlighting the influence of the cultural environment and social relations on the manifestations of the disease (Mecacci, 2017).

His studies with children and adolescents considered the diagnosis as a starting point for understanding how social, historical and cultural factors influence and even determine the development of the person.

Vigotski recognized the role of education unrelated to benevolent and compassionate objectives, or restrictive and "misfortunes", leading the debate to "the miracle of a social education [...]" (Vigotski, 1924/2001, p. 258). For the author, social education through the expansion of social experiences, the investment in the potential of the person and the consideration of particularities has a transformative character. From this perspective, considering the school as a privileged social space for human development, Vigotski contributes greatly with good clues for teachers and schools. For the author, the role of the teacher is fundamental, in the sense of understanding that teaching methods need to coincide, even if the methodologies are adjusted, both for the child considered normal and for the one said or characterized as abnormal (Vigotski 1924/2001).

ABOUT OUR STUDY

This study used a qualitative and documentary approach, with the objective of analyzing school inclusion policies for children with ASD in the state of Santa Catarina, relating them to the contributions of Vigotski's defectology and the challenges of child medicalization. Data collection was based on an analysis of legislative documents and statistical reports, focusing on federal and state laws aimed at the inclusion of children with ASD, in addition to monthly observations carried out since 2019, through research and extension projects[4], in educational institutions serving Early

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[4] Research projects submitted through the Brazil Platform and approved with opinion number: 5,479,185 and 6,275,310.

Childhood Education (1 school) and Elementary Education (3 schools).

Statistical data provided by the *Fundação Catarinense de Educação Especial* – FCEE (Santa Catarina, 2024) were analyzed, presenting a detailed overview of the educational services offered to children with ASD in the state. The analysis of the quantitative data allowed us to map the number of children diagnosed and attended in schools, as well as the main pedagogical practices adopted to promote their inclusion. These data were complemented with a literature review about defectology and Vigotski's (2022) critique of excessive pathologization, in order to articulate the empirical results with the theoretical contributions.

For the analyses, we considered a documentary and interpretative approach, in accordance with the principles of historical-cultural psychology. The focus of the analysis was to identify the gaps between the inclusive policies described in the official documents and the guarantee of implementation in schools, in addition to discussing the use of medicalization in the face of school challenges (based on normative standards) probed in children with ASD.

In our research, we undertook three analytical axes: the first, based on legislative documents and our field records, which were organized and categorized based on policy objectives and target audiences, especially children with ASD. Then, the documents were interpreted in light of Vygotskian theory, emphasizing Vigotski's (2022) critique of the pathologization of behavior and his defense of an education that values children's social and cultural development. Finally, the findings were compared with contemporary academic literature, with special attention to the studies by Paoli and Machado (2022) and Souza and Guaragna (2023), which address the negative impact of biomedical approaches on inclusive education and the risks of excessive medicalization.

OVERVIEW OF THE INCLUSION OF CHILDREN WITH ASD IN SANTA CATARINA

With the advancement of understanding and awareness regarding the rights of people with ASD in Brazil, several national laws have been implemented with the purpose of ensuring inclusion and protection. One of the most significant is Law No. 12,764/2012, known as the Berenice Piana Law, which institutes the National Policy for the Protection of the Rights of People with ASD. This law establishes guidelines for guaranteeing fundamental rights, access to education, health and social assistance, in addition to promoting social inclusion and combating prejudice and discrimination. (Brazil, 2012)

The Law No. 13,146/2015, known as the Statute of Persons with Disabilities, also contains important provisions related to the rights of people with ASD. This statute recognizes ASD as a disability, thus guaranteeing access to specific public policies, such as inclusive education, accessibility and inclusion are social. (Brazil, 2015)

In Santa Catarina, since 2006, Resolution No. 112/CEE/2006 of the State Education Council has systematized the standards for the establishment of guidelines that outline the Special Education Policy of the State of Santa Catarina. This policy has been constructed in partnership between the state secretariat and the *Fundação Catarineense de Educação Especial* with the aim of thinking about and defining special education services in the Santa Catarina Education System.

However, this resolution was changed due to the sanctioning of the National Education Plan, Law No. 13,005, of June 25, 2014 (Brazil, 2014) and Law No. 13,146, of July 6, 2015 (Brazil, 2015), which instituted the Brazilian Inclusion Law, and also the new State Education Plan, Law No. 16,794, of December 14, 2015 (Santa Catarina, 2015a). In 2016, the state government presented Resolution CEE/SC No. 100 (voted in ALESC on 12/13/2016), which defines, in its first article, that the child with ADHD continues to be characterized as a member of the special education public, being served, therefore, by a specialized teacher in the after-school period (and having his/her place in regular education guaranteed) (Santa Catarina, 2016).

In 2015, State Law No. 16,819/2015 was enacted, defining the State Policy for the Protection of the Rights of People with ASD. These guidelines protect the rights of access to regular education and specialized care from a teacher in regular classes. In addition to these rights, the incentive for the training of specialized professionals, the creation of reference centers for early diagnosis, the awareness of families about the importance of diagnosis and treatment, and support for social, labor, and productive inclusion are regulated. (Santa Catarina, 2015b)

In 2017, the Program for the Protection of the Rights of People with ASD was created in the State of Santa Catarina, by Ordinance No. 59/2019 (Santa Catarina, 2019b), of the State Department of Education. These actions complement measures and guidelines for monitoring children from Special Education in the public education system, including ensuring adequate support for students with ASD (Santa Catarina, 2017).

It is worth mentioning that some cities in Santa Catarina, such as Florianópolis, Joinville and Blumenau, have specific municipal laws that address policies for assisting people with ASD. All of these state and municipal laws have the primary objective of guaranteeing rights and promoting inclusion, in line with current federal laws.

Regarding people diagnosed with ASD, there are also some specific laws. The data provided by the Autism Portal at FCEE offers an important overview of the situation of people with ASD in the state. According to the information, there is the Autistic Identification Card, issued by FCEE and instituted by State Law No. 17,754/2019 (Santa Catarina, 2019a), which has been used by 8,171 people with ASD since its launch in February 2020 until January 2023 (Santa Catarina, 2024).

Accredited by the FCEE, 238 specialized institutions serve 11,885 people with ASD, of which 6,289 are children up to five years of age, 3,631 are between six and 17 years of age, and 1,965 are over 18 years of age (according to data from January 2023). With guidelines aimed at providing adequate care for people with ASD, the FCEE seeks, in addition to teaching and learning, access to diagnosis and the job market (Santa Catarina, 2024).

The greater number of children up to 5 years of age are seen as early in identifying the disorder, which sets in motion laws guaranteeing rights that have been achieved. On the other hand, it may also indicate a greater number of children identified by a diagnostic pattern. We could think of an exaggerated awareness of the need to identify ASD at such young ages in childhood.

DISORDERS AND MEDICALIZATION: WHAT TO THINK ABOUT

The biological approach in fields called "Mental Health" that transforms behavioral disorders that present themselves outside of some expected linearity into diagnoses is a contemporary challenge. The phenomenon of medicalization has become increasingly present among different age groups, especially school-age children and adolescents in situations of deprivation of liberty. According to Souza and Guaragna (2023), the *Comitê Nacional do Uso Racional de Medicamentos* warns about the trivialization and inappropriate use of medications, drawing attention to "medicamentalization" as one of the consequences of this process.

The medicamentalization is not limited to the use of psychotropic drugs; rather, it reflects a simplistic approach that reduces human phenomena to individual organic or psychic aspects, ignoring the social, political and cultural aspects that are fundamental to the development of children and young people. In turn, this medicamentalization occurs in situations that were not previously considered medical problems, resulting in pharmacological treatment (Souza &* Guaragna, 2023)

The naturalization of the use of medications, especially among children and adolescents, reflects the expectation of standardized behaviors of obedience and concentration, even in a society that often does not provide the appropriate environment for the development of other ways of acting.

The diagnostic criteria are often subjective and do not take into account the context in which the behaviors occur. The stories of people are disregarded, categorized as atypical or "abnormal"; the inequalities produced in the social sphere, which hinder equal access to cultural elements; and the limitations caused by the absence of these structures.

The indiscriminate medicalization (which we verified in our research, in schools), evidenced by the proliferation of diagnoses such as ADHD, ODD (Oppositional Defiant Disorder) and ASD, reveals a conception of human development that simplifies and masks complex issues about child development. Among them, the expectations placed on children to form a pattern of obedience and alienation. Facts that are heavily contested, including in discussions permeated by Vigotski (2022).

The challenge highlighted is precisely the dialogue between what the doctor prescribes, without necessarily understanding the school environment, and how the school or even families receive these diagnoses. Often, the diagnosis can be seen as a definitive sentence, and not as a parameter or tool that contributes to the child's development.

In view of the phenomenon of medicalization and pathologization of education, it is essential not only to recognize and understand its implications, but also to propose actions that confront this reality. A fundamental approach is the promotion of broad and critical training for education professionals, including educators, managers, school psychologists and others involved in the school environment. This training must go beyond technical development and encompass an understanding of the social, cultural and political dimensions that influence pedagogical practice.

We understand that the training of teachers who work in education, including special education, presents a series of challenges that directly impact the practice of inclusion policies. Initial teacher training, often light and fragmented (Gatti, Barretto, André, & Almeida, 2019), is impacted by the diversity and complexity of situations experienced in the classroom and at school. The historical and cultural dimensions of human development and the central role of the teacher, as proposed by Vigotski (2022), are contents absent from these teacher trainings. From this perspective, teaching (and school performance in general) ends up resulting in reductionist solutions, which often rely on blaming the child himself, who is referred and prescribed by doctors who do not dialogue with the educational area. The biologizing diagnosis and the medications prescription seem to solve any challenge related to the inclusion of children. This is a reductionist view of inclusion that is often limited to the adaptation of behaviors and pedagogical practices that only include the presence of the child in the classroom (who is almost isolated, with a second teacher who barely meets his needs or shares little with the full teacher in the classroom). This reinforces the biological determination. Investing in solid initial and ongoing education is essential to overcoming the pedagogical and cultural dimensions of child development.

In order to promote democratic education, it is necessary to defend public educational policies that prioritize the quality of teaching and training of professionals. This implies discussing that medication does not replace the learning process, social relations, and monitoring with multidisciplinary professionals who, above all, can identify and enhance children's potential.

The school and families, as well as society in general, need to understand the diagnosis as a "clue" to invest pedagogically in overcoming the child's limitations, instead of simply accepting medication as the only solution. The collective engagement of the school community, including education professionals and families, can contribute to a society at the "top", as Vigotski (2022) wishes. The school organization also plays a crucial role in the inclusion of children with diagnoses.

Vigotski (2022) teaches us that the school environment needs to be a transformative space, in which children can reorganize their higher psychological functions and overcome their limitations. However, the current organization of schools often does not provide the necessary conditions for this development to occur. Pedagogical practices continue to focus on adapting children to school norms, without transforming the environment itself to accommodate the singularities of each child. This creates a barrier to effective inclusion, reinforcing a segmentation that prevents children with ASD from fully participating in pedagogical activities.

For inclusion to be genuine, it is necessary to reorganize pedagogical practices and the school environment itself, in order to create conditions that focus on children's potential. This implies a change in the educational paradigm, in which the focus is not only on adjusting children's behavior to the school environment, but on transforming this environment so that it is welcoming and inclusive.

ISSUES AND PERSPECTIVES

The stigmatization of people with ASD and the excessive medicalization of this disorder or other syndromes can generate negative consequences, such as the social and educational exclusion of children, adolescents or adults. The indiscriminate use of psychoactive drugs often does not cover the real or underlying (and no less important) needs of the child and can even mask the real deviation of conduct, behavior of the child, such as macrosocial issues.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and According to the American Psychiatric Association (APA), ASD is a Neurodevelopmental Disorder characterized by restrictive and repetitive behaviors, as well as changes in social relationships and communication. According to these documents, people with ASD face challenges in social contexts, understanding gestures and facial expressions, participating in shared games, and communicating. Speech disorders are also common, as are possible dysfunctions in emotional and/or affective regulation processes, requiring psychological, educational, and social support to minimize the associated impacts (American Psychiatric Association [APA], 2014).

Paoli and Machado (2022) warn about the risks of a unilateral approach to autism that results in the strengthening of stereotypical and labeled definitions, generating much more segregation than inclusion of the child with a report. A common stereotype is the categorization of autism in a binary and biological way that fits into biomedical standards. For the authors, "[...] this limited approach does not reflect the potential of people on the spectrum, nor human development in its complexity" (Paoli & Machado, 2022, p. 15). The authors indicate the use of the terms "atypical" and "typical" because they consider them less stigmatized.

The results of this research reveal a complex scenario in relation to the school inclusion of children with ASD in the state of Santa Catarina. The analysis of legislative documents, such as Law No. 12,764/2012 (Brazil, 2012) and Law No. 16,819/2015 (Santa Catarina, 2015), showed that from a normative point of view, the state has a solid basis to guarantee the rights of these children. However, as indicated by the data provided by the *Fundação Catarinense de Educação Especial* (Santa Catarina, 2024), the translation of these legal guidelines into practice faces challenges, especially in relation to the excessive medicalization of children.

Analyses point to a continuous increase in ASD diagnoses, a phenomenon that can be partially explained by the improvement of diagnostic criteria and increased social and educational awareness of issues related to autism. However, while this growth reflects greater attention to inclusion, it also reveals a growing concern with the way these diagnoses have been used. Medicalization appears as a quick and frequent solution to deal with behavioral and learning challenges, reducing complex issues to pharmacological responses, as Souza and Guaragna (2023) help us to reflect. As Paoli and Machado (2022) argue, this biomedical approach tends to reinforce stereotypes and labels, disregarding the multiple dimensions that make up child development, and neglects the crucial role of social and cultural relations that, as Vigotski proposed throughout his study, are fundamental forces in the development process.

Vigotski (1924/2001) emphasized that human development is constituted by the social and historical context in which the person lives. Reducing children's behavior to medical diagnoses not only neglects this dimension, but also puts inclusion on alert by reducing children with ASD to the status of patients.

Another critical point highlighted by the results was the lack of efficient coordination between health and education policies. Although legislation recognizes the importance of multidisciplinary support, the reality of schools still shows a gap in the integration of teams of educators, psychologists, speech therapists, and other specialists in monitoring children with ASD, which may be related to a precarious investment of public money. Souza and Guaragna (2023) argue that coordination between the fields of health and education is essential to prevent the use of medication from being the only intervention considered, as it masks the real needs of children and promotes stigmatization that limits their potential. Furthermore, it is crucial to ensure that the diagnosis is not an immutable sentence, but a starting point for pedagogical interventions that value the uniqueness of each child. However, current practice in schools in Santa Catarina, as in other parts of Brazil, still lacks such a structure, which may be related to a precariousness in the investment of public money.

The research also reveals that, although inclusion policies have advanced at the legislative level, practical implementation often falls back on a technicist and biomedical approach, in which children are categorized based on diagnoses and treated as objects of intervention, rather than as agents of their own development process. This gap between theory and practice is problematic, especially when we observe what Vigotski (2001, 2022) defended as the transformative role of education.

We mapped academic research on disability, to understand Autism Spectrum Disorder in the context of other disabilities. In a search carried out in the *Biblioteca Digital Brasileira de Teses e Dissertações* (BDTD) in January 2024, with the descriptors: *criança, infância, medicalização laudo, diagnóstico, parecer, escola, educação básica, inclusão, educação especial, TEA, autismo;* we found an increase in interest in dissertations and theses in Brazil.

Out of a total of 135 final papers (theses and dissertations) defended over a 15-year period (between 2010 and 2014), only 5 focused primarily on research into ASD, which reinforces our argument that this is a recent phenomenon (in schools and in research).

Finally, it is important to emphasize that the results of our research point to an urgent need to rethink the training of education and health professionals, so that they can work in an articulated manner and be aware of the challenges involved in inclusion. Criticism of medicalization and pathologization does not mean rejection of diagnostic and therapeutic advances, but rather a call to reflect on how these diagnoses are used within the educational environment. In this sense, it is necessary to ensure that pedagogical practices do not reproduce a reductionist view of human development, but rather seek to promote the social and cultural engagement of children. To this end, Vigotskian propositions are valuable.

FINAL CONSIDERATIONS

Throughout the research reported here, it was possible to demonstrate that, although public policies for school inclusion for children with ASD in the state of Santa Catarina have advanced from a legislative point of view, their practical implementation still faces major challenges. These challenges were identified in four central axes of analysis, present in our observations in three public schools in the state.

Firstly, the exponential growth in diagnoses of children with ASD in schools reveals a trend that, while on the one hand may represent greater awareness of the disorder, on the other hand, increases our concerns about the exponential growth of the medicalization of children at an increasingly early age. This practice tends to reduce the complexity of child development to a biomedical diagnosis, which ends up reinforcing the pathologization of behaviors. The Vigotski's perspective challenges this view, by proposing that human development is dynamic and mediated by social and cultural relations, and cannot be simplified to medical categories alone.

Secondly, initial and continuing education do not include the pedagogical and social demands imposed by the inclusion of children with ASD. Education should be based on development perspectives that can invest in typically human possibilities. We believe that the theoretical and methodological contributions of Vigotski's historical-cultural psychology are fundamental to understanding children's development as occurring through cultural law and taking the environment as a founding element for overcoming the idea of normal behavior.

The school organization and care for children diagnosed in classrooms continue to be a challenge. Many schools still struggle to integrate these children into regular education efficiently, and shared teaching is not always capable of promoting effective inclusion. There are many issues that come up against, such as the lack of professionals, adequate training, and even public investment in schools, with regard to spaces and materials.

Finally, medicalization as a solution to school difficulties emerges as a central concern. Research has shown that, in many cases, the use of medication is treated as a quick response to address behavioral and learning issues, which disregards the social and cultural dimensions of child development. Vigotski (2022) proposes an educational approach that invests in the possibilities and potential of human beings (and not in the insistence and reinforcement of their limitations and impossibilities).

In view of these challenges, it is considered that the inclusion of children with ASD in public schools depends on a radical change. Just as inclusion is dimensioned in a process of transformation, in which the potential of children is necessarily the target of educational investment.

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