

THE EDUCATOR'S ROLE IN THE AUTONOMY JOURNEY FOR ADULT STUDENTS WITH MENTAL DISORDERS

ROLE PEDAGOGA NA CESTĚ K AUTONOMII PRO DOSPĚLÉ STUDENTY S DUŠEVNÍMI PORUCHAMI

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Abstract

The vision of people with mental disorders has a historical and social nature. In the last decades, important steps have been taken toward guaranteeing dignity for these vulnerable people across the globe. This paper focuses on educators that deal with students with mental disorders in Young and Adult Education. The study is aimed to clarify a commitment to the social inclusion of people with mental disorders, which was allowed thanks to the critical education. The link between communication and education is analyzed in the paper, showing the potential of language to consolidate effective educational practices. Furthermore, the relationship between mental health, critical education, and empowerment of students is explored in this paper. Finally, examples of Brazilian initiatives that contribute to the development in this field are included here.

Keywords: mental disorder, critical education, Brazil

Abstrakt

Pohled na lidi s duševní poruchou má historickou a sociální povahu. V posledních desetiletích byly na celém světě podniknuty důležité kroky k zajištění důstojnosti těchto zranitelných lidí. Tento příspěvek se zaměřuje na pedagogy, kteří se věnují studentům s duševními poruchami v rámci vzdělávání mládeže a dospělých. Cílem studie je objasnit závazek k sociálnímu začleňování osob s duševními poruchami, k němuž došlo díky kritickému vzdělávání. V příspěvku je analyzována vazba mezi komunikací a vzděláváním, jež poukazuje na potenciál jazyka při upevnění efektivních vzdělávacích postupů. Dále je v práci zkoumán vztah mezi duševním zdravím, kritickým vzděláváním a zmocněním studentů. Nakonec jsou zde uvedeny příklady brazilských iniciativ, které přispívají k rozvoji této oblasti.

Klíčová slova: duševní porucha, kritické vzdělávání, Brazílie

Introduction

The Special Education area is inseparable from social and historical issues. According to Winzer (1993), each society has acceptable and mismatched elements. Behaviors and physical characteristics of the socially privileged vary in accord with the epoch and the constitution of social values. In the

present article, the Mental Health sphere will be approached as part of the Special Education focused on young people and adults.

Until the XIX century, there were no significant initiatives for Special Education. From that period, alternatives have begun to emerge to receive their public. However, these approaches had

a philanthropic character, meaning no pedagogical dimension (Capellini 1995). The field advanced in the XX century, although centered on adapting people with mental disorders and disabilities for “normal” conduct.

In Brazil, significant efforts in favor of inclusive education were driven by the Law of Guidelines and Foundations of Basic Education No. 5.692 (Câmara dos Deputados 1971) and, the most important to highlight, the Federal Constitution of 1988 (Senado Federal 1988). These documents emphasize Brazilian citizens' equality and the right to quality education for all. Furthermore, in 1994 the World Conference of Special Education happened in Salamanca, Spain (UNESCO 1994). The Salamanca Declaration was created during the conference. It defines the importance of inclusion in education and embraces a public beyond people with physical disabilities. Inclusive education gives special attention to any student in a vulnerable scenario, including people with mental disorders.

According to WHO (2020), the number of inpatient admissions to the mental health system was 125.68 per 100,000 population. In case of outpatients, the number was significantly higher, although it decreased since 2017 (5729.19 per 100,000 population). From a pedagogical view, this data shows the importance of caring for people with mental-related disorders, suggesting the necessity of encompassing their specificities and promoting effective education.

A report from the Instituto Paulo Montenegro (2018) shows that 8% of the Brazilian population was illiterate in 2018. Among this number, some people gave up their studies due to prejudices related to their mental conditions. Nowadays, some of them return to study Young and Adults Education, looking for participation in the labor market, personal knowledge, and social inclusion (DVV International 2018).

For the above-mentioned reasons, explaining the social view on “madness” is important. This paper goes hand in hand with an interpretation of the meaning that this label implies in individuals, based on Michel Foucault's ideas. Furthermore, it is focused on language issues. The proposed topic is related to education and the role of educators in the Young and Adults Education of people with mental disorders is elucidated.

The last topic is approached from the perspective of *critical education*. It is based on publications of Paulo Freire, the most important author in the field of Young and Adults Education in Brazil, who has been called the Patron of Education of the nation. The ideas of Brazilian philosopher Álvaro Vieira Pinto are mentioned in this context too, because he was the one who had inspired Freire in his work.

Finally, the analysis of the education process in Brazilian Initiatives to receive people with mental disorders and provide them quality education is

addressed in this paper. The examples used here concern the Psychosocial Care Centers (*Centros de Atenção Psicossocial*, abbrev. CAPS), a public mental health initiative with 2.465 CAPS in the Brazilian territory (Agência Brasil 2017). The Brazilian Literacy Movement (*Movimento de Alfabetização de Jovens e Adultos*, abbrev. MOVA), a voluntary initiative that was started by Freire, is also included (Instituto Paulo Freire 2023).

The Label of Madness

The fact that an image of the mad person constitutes itself as a “derivation” of society was stressed by Foucault (1979). Foucault believes that the subject becomes mad only after being labeled like that. Consequently, the social sphere in the classical period (i.e., 1660 to the end of the 19th century) starts to configure “madness” to silence it. The individuals with mental disorders are considered unaware of their actions and – to the detriment of that – to be not aware of it. The expressions of such a person are seen as meaningless and related to delusions.

In the XIX century, it was possible to observe great advances in psychiatry, and it was the moment when medicine started to deal with “madness” and mental disorders (Severo, Dimeinstein 2009). In this situation, insanity becomes closely linked to pathology, giving rise to psychiatric hospitals (the so-called “asylums”). These institutions were configured as a strategy to hide individuals that perform socially unacceptable behavior (Foucault in Providello, Yasui 2013).

Nevertheless, it is possible to conclude that it is not correct to say people in these institutions were necessarily affected by some pathology, because some behaviors considered as diseases in some historical period can be seen as non-pathological in another time, such as it occurred in the case of homosexuality. This way, the diagnosis of mental disorders is subjective and relative, varying culturally and historically. It's important to stress that currently, in Brazil, the diagnoses of mental disorders occur officially based on the 10th revision of the International Classification of Diseases ICD-10 (Severo, Dimeinstein 2009).

In this context, it is fundamental not to let fall into forgetfulness during all the compulsory hospitalizations marked by invasive and unethical procedures, subhuman conditions of life, and the total deprivation of freedom of the patients. These factors – among others – led Basaglia to identify in his book *L'utopia della realtà* [*The Utopia of Reality*] (2005) the insufficiency of psychiatry as the only sector responsible for mental health. Basaglia is known to have been a pioneer in the anti-asylum struggle, pointing out that these services were not intended to reinsert the person in society but rather to hide it and make it an object of medical study (Serapioni 2019; Lobosque 2018).

In the Brazilian context, the fight against psychiatric institutions started due to multiple reports of abuse and authoritarianism against inpatients at the end of 1970s (Lüchmann, Rodrigues 2007). It is important to highlight here the correlation with *sanitarism*, a movement that gave rise to the Unique Health System, popularly called by its initials in Portuguese, SUS (*Sistema Único de Saúde*). Representatives of *sanitarism* made the state responsible for providing public health assistance in an integral and free manner after the promulgation of the Federal Citizen Constitution of 1988, which followed the end of the military dictatorship period in the country (Oliveira 2012). Given this moment, when the state was tasked with ensuring the health of the Brazilian population concurrently, it was attributed to promoting citizens' mental health.

Starting from this point, amid a scenario of resumption of democracy and civil rights, the ban of the "asylums" occurred in 2001 by the grant of the Anti-mental Asylum Law No. 10.216/2001 (Presidência da República 2001). Successively, the Psychosocial Support Network (*Rede de Apoio Psicossocial*, abbrev. RAPS) was established in 2011. This institution founded the CAPS, Children and Youth Psychosocial Care Centers (*Centros de Atenção Psicossocial Infanto-juvenil*, abbrev. CAPSi), and Psychosocial Care Centers – Alcohol and Drugs (*Centros de Atenção Psicossocial - álcool e drogas*, abbrev. CAPSad) (Miliauskas *et al.* 2019).

These centers aim to guarantee the care of people with mental disorders so that they are not excluded from society. "*Strategic device of the current public mental health care policy, these services have as their central challenge the deinstitutionalization*" (Leal, Delgado 2007: 137; authors' translation). According to the Brazilian Health Ministry, the CAPS have a vast interdisciplinary team, including educational professionals, who act in an interdisciplinary way.

These networks are centers of Young and Adults Education, defined as a stage of Basic Education in Brazil. It is offered to people who could not finish their studies at the regular age as an obligation of the State. Besides that, other classes are installed in formal and informal places, making the scholarly components available to adults with mental disorders. As an example, the Literacy Movement, known by the initials in Portuguese, MOVA, offers classes in non-governmental organizations, which attend to this target audience (IFSC 2021).

The offer of these classes in different learning environments expresses considerable advances in the social view about historically marginalized people. It favors the deconstruction of the *label of madness* and opens opportunities for these people's self-confidence. Establishing legal rights opens opportunities for developing other social sectors, such as education, covering the specificities of people with mental disorders. In this context, language should be considered the base of

education, not limiting it to the verbal language but considering its multiplicity (Ministério da Educação 2017). From this point of view, in the next section, the link between communication and the education process will be discussed, because it represents a fundamental aspect of this topic.

Communication as Mediator of Education

Foucault (1972) points out that "mad" people were characterized as unable for a long period in human history. Although, in the context of human rights valuation, as mentioned above, currently, there are rising movements to guarantee a decent life for people with mental disorders. In this scenario, these individuals deserve a retraction for all years of exclusion. The authors consider hearing what they say as the fundamental point to start this action.

The experiences in education environments ruled by ethics and respect constitute a terrain of possibilities for self-expression and social changes. First of all, it is necessary to understand the importance of the long-life knowledge accumulated by students. There is a prejudice that academic education is of value (Vieira Pinto 1982). However, Vieira Pinto (1982) and Freire (2005) converge their ideas, affirming the students are in the center of learning, so education must emerge from their reality. Thinking about people with mental disorders needs to be focused on their specificities and such people have to be seen by educators as capable humans, which means that building trust between students and educators is crucial.

Trust is fundamental to language liberation. Verbal language is not the only one to be taken into account. There are also other ways of expression. In this sense, Castro and Lima (2007) discuss the artistic workshops conducted with adults with mental disorders by the Brazilian psychiatrist Nise da Silveira, a professional of great importance and pioneer in the field of occupational therapy in the country. Silveira connected with her "clients"—as she used to call her patients in the psychiatric hospital—through art. She provided them with art tools, clay, and other materials, and she tried to understand what they were saying by the works they produced. Interdisciplinarity, based on the combination of multiple academic disciplines into one activity, was apparent in such cooperation.

Furthermore, during the 1960's, Paulo Freire promoted the Culture Circles, where young and adult students, as well as educators used to meet to discuss their reality and learn how to read and write. One of the successful experiences happened in Angicos, a municipality in the state of Rio Grande do Norte (Freire 1967). People who felt unable to learn how to read and write before were stimulated to express themselves in multiple ways: audio-visual, verbal, illustrative etc. In this process, Freire followed his students; he knew them and knew what the world they lived in meant to them.

Other stimulation practices for communication are the Dialogical Gatherings, called *Tertúlias Dialógicas* in Portuguese. These gatherings represent a successful educational activity in the Dialogic Learning Model (Zacharias 2021; Comunidade de Aprendizagem 2014). The Dialogical Gatherings were first developed in a Young and Adults Learning classroom in Spain, looking to establish a successful communication between all people involved in the referred education environment. In this activity, classic works are the target of joint reflection, mediated by horizontal dialogue. In Brazil, the Literacy Movement (IFSC 2021) uses this experience to promote equal education, originating in the expressions of students using different languages.

Afterwards, long-life knowledge does not invalidate the importance of academic knowledge. For a long time, people with mental disorders were denied to study in regular classes and offering quality education to them is a big step toward transforming their lives in a good way. For Vieira Pinto (1982), education has a double dimension: it incorporates values already consolidated in the society but it can also create new ones.

Therefore, education may be considered a potential instrument of social change. To make it real, a movement of action-reflection-action must be performed, as Freire (2005) suggested, always permeated by dialogue, showing the potential of language in the education process. Educators well-prepared to deal with mental disorders can help to consolidate effective practices. To explain it properly, some concepts will be presented in the next section.

Teaching in Contexts of Students with Mental Disorders

The education process is defined by Freire (1967) as an act of courage and love. Also, in his point of view, regardless of where he works, the educator needs to establish a horizontal relationship with his students. The author highlights his criticism of *banking education*, referring to traditional methods ruled by power hierarchies.

In the traditional method, the educator is seen as the holder of knowledge, and the students should internalize it passively (Saviani 2007). Not only in Brazil but also in other countries around the world, however, the resistance to traditional ideas for education is not widely accepted. Currently, there are various movements criticizing traditionalism in the educational process (Libâneo 2005). Traditional education methods have been criticized in the last decades. However, they are still present in implicit behaviors of teachers.

In Brazil, Basic Education ranges from Young Child Education to High School. It is provided by the State, it is compulsory and free. People who are unable to finish their studies at the regular age have the civil right to finish their studies in the Young

and Adults Education modality. In this point of view, the National Education Guidelines and Framework Law No. 9.394 also highlights the obligation of the State to promote the right to Basic Education for individuals who could not have access or conclude their studies during the regular age (Presidência da República 1996).

For example, Young and Adults Education classes in CAPS express the importance of educators that reflect on their practice and question whether they are reproducing the old institutional logic (Alverga, Dimenstein 2006). In summary, they must be aware not to replicate the hierarchy in psychiatric hospitals in the past, where the patients were silenced and infantilized, thus building a social pyramid.

According to Barros (2018), some educators who work in CAPS emphasized that they miss having academic training, which could provide them with better preparation to deal with people with mental disorders. Teaching is not something that can be generalized. It varies according to the context, the public, the organizational structure, etc. Besides, Fernandes (2003) points out that:

"The international teaching and learning practice, is not reduced to the didactic question or to the methodologies of studying and learning, but articulated to an education as a social practice and to the knowledge as a historical and cultural production, dated and related, in a dialectical and tensioned relationship between practice-theory-practice, content-form, subjects-knowledge-experiences and interdisciplinary perspectives" (Fernandes in Morosini 2006: 376; authors' translation).

Beyond it, it is possible to recognize a desperate sensation of not knowing how to act in some situations when thinking of adults with mental disorders education. Imagine a utopian situation when the students get into some crisis or come to the classroom under medication. In a regular school, such a situation would be challenging when it happens. The educators cannot be prepared for all challenges during their academic formation. Some knowledge can only be acquired through practice, direct experience, and reflection. One educator interviewed by Barros (2018) in this context says the following:

"I have a dynamic to work. I have long-term experience and I know how to deal with each user. Because each of them is specific, I search for different activities which will be used as a therapy for their disorder" (Barros 2018: 28; authors' translation).

As said before, the lack of educators' academic formation on how to deal with people with mental disorders can bring out insecurities and mistakes in their practice. For this reason, the implementation of public policies in this field, continuing training courses, as well as reflecting in undergraduate courses are of main importance. It is impossible to prepare an educator for all situations that could

appear during the education process. Education is not static, it is immersive in a constantly changing reality and every person/student has their singularity (Vieira Pinto 1982). Therefore, the educator needs to be prepared, in his essence, committed to building a transformative education based on criticism and questioning reality. For this reason, *critical education*, mainly guided by Paulo Freire's and Álvaro Vieira Pinto's ideas, will be described in the next section with the special attention to mental disorders.

The Relationship Between Mental Health, Critical Education, and Empowerment

Problematizing the world was one of the central ideas of Freire's practice (Freire 1995). He used the term *práxis* to define such a kind of pedagogical practice that is followed by the reflection, i.e., a permanent process that looks for the individual's freedom (Freire 2005). Appropriated by the *práxis* exercise, the individuals are exposed to limited situations, in which they feel uncomfortable and must overcome them, opening doors to create the *unprecedented viable*. Those are the fundamentals of freedom education: the transformation of reality, making possible something that seemed impossible but it was not. Always committed to the people and their aims.

In this context, one of Freire's famous phrases is: "*Here, no one teaches another, nor is anyone self-taught. People teach each other, mediated by the world, by the cognizable objects which in banking education are 'owned' by the teacher*" (Freire 2005: 80). It means that the educator cannot just deposit a huge baggage of content on the student. The student needs to educate himself, guided by the educator. People with mental disorders are frequently seen as unable to take care of their lives and develop their skills. However, Freire shows in different moments that everyone can educate themselves from a *popular education* perspective. According to the author, *popular education* is made for the people to trust them (Schugurensky 2000).

Next, Vieira Pinto (1982) defines education as a twofold phenomenon encompassing the maintenance of social elements already present in the society and the possibility to change it. Nonetheless, he affirms that critical education is the only perspective that can be effective and contribute to real development. The author defines knowledge as having multiple dimensions. Talking about the *existential* dimension, the criticism of individual status happens when he knows who he is. This dimension shows the necessity of the people with mental disorders to discover their identity in the recovery process, not what the prejudiced judgements say about them.

Moreover, the *fecundity* dimension of knowledge in this educational approach has to be emphasized. It is defined as follows. "*Knowledge is always the generator of other knowledge. [...] Critical knowledge is always a reality transformer*" (Vieira Pinto 1982: 67, authors' translation). This definition reveals the volatility of society. It is always changing and changeable. People with mental disorders and educators can make further changes to overcome mental disorders stigma and provide such people with a good life. The Young and Adults Education can be a fertile ground for dialogue, reflections, and relationship building that promote social claims.

In Brazilian history, educators who do not defend the traditional learning processes are constantly convicted by the Brazilian elite as enemies of the nation and indoctrinators. This denomination is used when the teacher allows the classroom to become critical, addressing issues that might stress the *status quo* (Paulino 2018). In short, *critical education* creates spaces for students to think for themselves rather than internalizing ready-made external conceptions that have been imposed on them.

In this way of thought, according to Freire (2005), freedom may be achieved by *popular education*. It means that the individuals become aware of their civil rights and acquire the possibility of claiming them. Popular education is also characterized by the horizontal relationship between educators and students; all occurs in constant dialogue. The dialogue instigates curiosity and criticism, the desire to understand the world, and constant learning.

Using this approach with people with mental disorders can contribute in numerous situations, e.g., allowing them to understand the ideas of the anti-asylum movement and the importance of frequent non-institutional spaces. Thereupon, the presence of educational professionals in mental health centers is not restricted to teaching users how to read and write or the essentials of elementary education, but also to guide this part of the population in critical thinking. So, as indicated by Freire (1967; 1995; 2005), education can contribute to making conscious, capable of critical thinking, and making democracy valid.

Dialogue with people with mental disorders can also help them to understand social processes surrounding their condition. In this scenario, Campos and Magalhães (2019) noticed a link between mental disorders and poverty, the detriment of illiteracy, and early work, among other factors. These conditions made users feel unhappy and blame themselves for their failure. It brought them the feeling of not being good enough to participate in social life and discouraged them. The authors identify two possible scenarios: 1. People with mental disorders may have been prevented from studying and having a good quality of life because of their mental disorders; 2. Mental disorders manifested in these people due to the

poor living conditions. It is worth mentioning that their analysis converges with Freire's thoughts about questioning reality, understanding it, and changing it.

In an environment where competitiveness is implemented as something positive, people who have been deprived of basic conditions, such as quality education, good food, transportation and other factors, clearly will not have the necessary disposition to compete equally with the privileged part of the population (Oliveira 2017). In this context, the educator may be seen as somebody who can conduct people with mental disorders to a critical view of the political facts, including those which violate their rights and encourage them to participate actively in the political system.

Back to the above-mentioned ideas, freedom of education benefits all involved, not just people with mental disorders. Living in an equal society ensures the best opportunities for all (Freire 1995; Vieira Pinto 1982). To make real changes, the educators need to understand that they will learn a lot from their students if they establish a horizontal relationship with them: *"The teacher is no longer merely the-one-who-teaches, but who is himself taught in dialogue with the students, who in turn while being taught also teach"* (Freire 2005: 80). Furthermore, especially people with mental disorders—who were historically denied the love for the students and the education process—must prevail, seeking out fight against a society based on fear.

Conclusion

The vision of people with mental disorders is of a historical and social nature. During centuries and especially in the last decades, important steps were taken toward guaranteeing dignity for these people. Creating the Unique Health System through the sanitarian movement gave Brazilians free health care. Furthermore, Anti-mental Asylum Law was indispensable to thinking of a decent life for individuals who were historically seen as incapable.

Equally important, the public access to education for people with mental disorders was guaranteed in legal documents, such as the Salamanca Declaration (UNESCO 1994) in an international sphere and, in the national scenario, in the Federal Constitution (Senado Federal 1988) and the Law of Guidelines and Foundations of Basic Education (Câmara dos Deputados 1971). These documents ensure the access of people with mental disorders who have not accessed or could not finish their studies at a regular age to Young and Adults Education.

The *label of madness* is defined by Foucault (1979) as an individual's silence, transforming his speech into invalid delirium. On the other hand, using multiple languages in education is essential to the educator learning to hear what his students say. They have a huge baggage of world knowledge, which is gradually being integrated into academic education. Furthermore, according to Freire (2005), everyone is capable of learning and everybody has something to teach. He and Vieira Pinto (1982) explained the importance of *critical education*, seen as the only way to freedom and real development. This approach promotes the empowerment of people with mental disorders and allows them to see their capacity.

The role of the educators in the educational process is essential. They are guides for students rather than someone who is acting as the one who knows everything. The lack of a quality education background for educators in dealing with people with mental disorders, but also the impossibility of educators to be prepared for all situations in his pedagogical practice was explained in this contribution. Moreover, CAPS and MOVA were brought here as examples of effective initiatives for quality Young and Adults Education in people with mental disorders. These institutions break the rules of former psychiatric hospitals. For this reason, the educators who work in them should build trust with their students and promote a transformative education.

Acknowledgments

Special thanks go to Petr Zelensky, a director of the Institute for Czech-Brazilian Academic Cooperation and coordinator of the UNIGOU Remote program that gives Brazilian students the possibility to participate online in scientific research and training practices within the Czech academy. This contribution belongs among the outputs of the project "United for the Development of the Amazon" (ID: 2022-1-CZ01-KA130-HED-000054682), which is accredited by the European Commission.

References

AGÊNCIA BRASIL (2017). Expansão da rede e redução de internação podem melhorar serviço de saúde mental [*Network Expansion and Hospitalization Reduction Can Improve Mental Health Service*]. URL: <https://bit.ly/3FrvqXM>

- ALVERGA, A. R. D., DIMENSTEIN imenstein, M. (2006). A reforma psiquiátrica e os desafios na desinstitucionalização da loucura [*Psychiatric Reform and the Challenges in Deinstitutionalizing Madness*]. *Interface-comunicação, saúde, educação*, 10(20), 299–316. DOI: <https://doi.org/10.1590/S1414-32832006000200003>
- BARROS, R. F. D. S. (2018). A atuação das pedagogas do CAPS: um estudo nas cidades do Curimataú Paraibano [*The Performance of the Educators of the Psychosocial Care Center: A Study in the Cities of Curimataú Paraibano*]. Bachelor's Thesis.
- BASAGLIA, F. (2005). *L'utopia della realtà* [*The Utopia of Reality*]. Torino: Einaudi.
- SENADO FEDERAL (1988). Constituição da República Federativa do Brasil de 1988 [*Constitution of the Federative Republic of Brazil from 1988*]. URL: <https://bit.ly/2V3iHac>
- CÂMARA DOS DEPUTADOS (1971). Lei nº 5.692, de 11 de agosto de 1971 [*Law No. 5.692, December 20th, 1996*]. URL: <https://bit.ly/3K2ZdJU>
- CAMPOS, I. O., MAGALHÃES, Y. B. (2019). Analfabetismo e Saúde Mental: O Discurso de Usuários de Um Centro de Atenção Psicossocial [*Illiteracy and Mental Health: The Discourse of Users From a Psychosocial Health Care*]. *Revista FSA*, 16(4), 151–165. DOI: <http://dx.doi.org/10.12819/2019.16.4.8>
- CAPELLINI, V. L. M. F. (1995). História da Educação Especial: em busca de um espaço na história da educação brasileira [*Special Education History: Searching Space in the Brazilian Education History*]. *UNESP/BAURU*, 1–25. Senado Federal (1998).
- CASTRO, E. D. D., LIMA, E. M. F. D. A. (2007). Resistência, inovação e clínica no pensar e no agir de Nise da Silveira [*Resistance, Innovation and Clinical Thinking and Acting by Nise Da Silveira*]. *Interface-Comunicação, Saúde, Educação*, 11(23), 365–376. DOI: <https://doi.org/10.1590/S1414-32832007000200017>
- COMUNIDADE DE APREDIZAGEM (2014). *Caderno de Tertúlia Dialógica* [*Dialogical Gathering Notebook*]. URL: <https://bit.ly/31Ympba>
- DVV IINTERNATIONAL (2018). *Adult Education and Development 85/2018*. URL: <https://www.dvv-international.de/en/adult-education-and-development/editions/aed-852018-role-and-impact-of-adult-education>
- FREIRE, P. (1967). *Educação como prática de liberdade* [*Education as Practice of Freedom*]. Rio de Janeiro: Paz e Terra.
- FREIRE, P. (1995). *À sombra desta mangueira* [*Under the Shade of This Mango Tree*]. São Paulo: Olho d'água.
- FREIRE, P. (2005). *Pedagogy of the Oppressed*. New York, London: Continuum.
- FOUCAULT, M. (1972). *Histoire de la folie à l'âge classique* [*History of Madness in Classical Age*]. Paris: Gallimard.
- FOUCAULT, M. (1979). *Power, Truth, Strategy*. Sydney: Federal Publications.
- IFSC (2021). “MOVA – São Carlos” na luta contra o analfabetismo – A solidariedade e apoio do IFSC/USP [*“MOVA- SÃO CARLOS” In the Fight Against Illiteracy – The Solidarity and Support From IFSC/USP*]. *IFSC – University of São Paulo*. URL: <https://bit.ly/3zVAMJz>
- INSTITUTO PAULO PREIRE (2023). *Projeto MOVA-BRASIL* [*MOVA-BRAZIL Project*]. URL: <https://bit.ly/3I4zFuf>
- IINSTITUTO PAULO MONTENEGRO (2018). Indicador de Alfabetismo Funcional - 2018 [*Functional Literacy Indicator - 2018*]. URL: <https://drive.google.com/file/d/1ez-6jrlrRRUm9JJ3MkwxEUffltjCTEI6/view>
- LEAL, E. M., DELGADO, P. G. (2007). Clínica e cotidiano: o CAPS como dispositivo de desinstitucionalização [*Clinic and Daily Life: The CAPS as Deinstitutionalization Device*]. *Cepesc*, 137–154. URL: <https://bit.ly/31TBPxb>
- LIBÂNEO, J. C. (2005). As teorias pedagógicas modernas revisitadas pelo debate contemporâneo na educação [*Modern Pedagogical Theories Revisited by the Contemporary Debate in Education*]. *Alínea*, 1(1), 19–62. URL: <https://bit.ly/3I07kVP>
- LOBOSQUE, A. M. (2018). Foucault and the Brazilian Anti-asylum Struggle: An Intense Presence. *Psicologia em Revista* (Belo Horizonte), 24(1), 324–336. <http://dx.doi.org/10.5752/P.1678-9563.2018v24n1p324-336>
- LÜCHMANN, L. H. H., RODRIGUES, J. (2007). O movimento antimanicomial no Brasil [*The Anti-asylum Movement in Brazil*]. *Ciência & Saúde Coletiva*, 12(2), 399–407. DOI: <http://dx.doi.org/10.1590/S1413-81232007000200016>
- MILIAUSKAS, C. R., PORTO FAUS, D., JUNKES, L., BUENO RODRIGUES, JUNGER, W. (2019). Association Between Psychiatric Hospitalizations, Coverage of Psychosocial Care Centers (CAPS) And Primary Health Care (Phc) In Metropolitan Regions of Rio de Janeiro (RJ) And São Paulo (SP), Brazil. *Ciência & Saúde Coletiva*, 24(5), 1935–1948. DOI: <https://doi.org/10.1590/1413-81232018245.18862017>
- MINISTÉRIO DE EDUCAÇÃO (2017). Base Nacional Comum Curricular (BNCC) [*Common National Curricular Base (BNCC)*]. URL: <https://bit.ly/34Bc9q2>

- MOROSINI, M. C. (Ed). (2006). *Enciclopédia de pedagogia universitária [Encyclopedia of University Pedagogy]*. Porto Alegre: Projects Brasil Multimídia.
- PROVIDELLO, G. G., YASUI, S. (2013). Madness in Foucault: Art and Madness, Madness and Unreason. *História, ciências, saúde-Manguinhos*, 20(4), 1515–1529. DOI: <http://dx.doi.org/10.1590/S0104-59702013000500005>
- OLIVEIRA, A. L. (2012). História da saúde no Brasil: dos primórdios ao surgimento do SUS [*History of Health in Brazil: Since the Beginnings to Sus Emergency*]. *Revista Encontros Teológicos*, 27(1), 31–42. URL: <https://bit.ly/3I3cuR4>
- OLIVEIRA, N. C. M. (2017). A relação público privada na educação básica brasileira: as implicações do neogerencialismo como de gestão [*The Public-Private Relationship in Brazilian Basic Education: The Implications of Neo-Managerialism as of Management*]. *Revista Margens*, 11(6), 57–60. DOI: <https://dx.doi.org/10.18542>
- PRESIDÊNCIA DE REPÚBLICA (1996). Lei nº 9.394, de 20 de dezembro de 1996 [Law No. 9.394, December 20th, 1996]. URL: <https://bit.ly/3FhhGPi>
- PRESIDÊNCIA DE REPÚBLICA (2001). Lei nº 10.216, de 6 de abril de 2001 [Law No. 10,216, April 6th, 2001]. URL: <https://bit.ly/38GrPWj>
- SAVIANI, D. (2007). *História das idéias pedagógicas no Brasil [History of Pedagogical Ideas in Brazil]*. Campinas: Autores Associados.
- SCHUGURENSKY, D. (2000). Adult Education and Social Transformation: On Gramsci, Freire and the Challenge of Comparing Comparisons. *Comparative Education Review*, 44(4), 515–522.
- SERAPIONI, M. (2019). Franco Basaglia: Biography of a Revolutionary. *História, Ciências, Saúde-Manguinhos*, 26(4), 1169–1187. DOI: 10.1590/S0104-59702019000400008
- SEVERO, A. K. D. S. & DIMENSTEIN, M. (2009). O Diagnóstico psiquiátrico e a produção de vida em serviços de saúde mental [*The Psychiatric Diagnosis and the Production of Life in Mental Health Services*]. *Estudos de psicologia (Natal)*, 14(1), 59–67. DOI: <https://doi.org/10.1590/S1413-294X2009000100008>
- UNESCO (1994). *Declaração de Salamanca sobre Princípios, Política e Práticas na Área das Necessidades Educativas Especiais [Salamanca Declaration]*. URL: <https://unesdoc.unesco.org/ark:/48223/pf0000139394>
- WHO (2020). *Mental Health Atlas 2020 Country Profile: Brazil*. URL: <https://bit.ly/3nd4szB>
- VIEIRA PINTO, A. (1982). *Sete lições sobre educação de adultos [Seven Lessons About Adults Education]*. São Paulo: Cortez.
- WINZER, M. (1993). *The History of Special Education: From Isolation to Integration*. Washington: Gallaudet University Press.
- ZACHARIAS, M. (2021). Tertúlia Literária Dialógica online no MOVA [*Online Dialogical Literary Gathering at MOVA*]. *Caderno de Resumos do Congresso de Leitura do Brasil*, 1(1). <https://bit.ly/3zT0gau>

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