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INTERSECTIONALITIES AND SPECIAL EDUCATION ON THE PERSPECTIVE OF THE INCLUSIVE EDUCATION

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Abstract

The purpose of this article is to show that in research on the schooling of children with disabilities or chronically ill, intersectionality with issues of gender, race, social class and ethnicity are fundamental. The analysis was conducted based on this assumption, considered here as structuring of inclusive education. In order to carry out a narrative that validates this assumption, methodologically, information obtained in long ethnographic efforts with adults who accompany children registered as a target audience for special education in their respective schools was used. The conclusion we reached was that without criticizing the frameworks of gender, race and class that we witness the corporealities in question would not have been analyzed in an inclusive perspective.

INCLUSIVE EDUCATION • SPECIAL EDUCATION • ETHNOGRAPHY • RACE RELATIONS

INTERSECCIONALIDADES E A EDUCAÇÃO ESPECIAL NA PERSPECTIVA DA EDUCAÇÃO INCLUSIVA

Resumo

O objetivo deste artigo é evidenciar que, nas pesquisas sobre a escolarização de crianças com deficiência ou cronicamente enfermas, as interseccionalidades com questões de gênero, raça, classe social e etnia são fundamentais. A análise foi conduzida com base nesse pressuposto, considerado aqui estruturante da educação inclusiva. Para levar a efeito uma narrativa que validasse esse pressuposto, metodologicamente foram utilizadas informações obtidas em longos esforços etnográficos com adultos que acompanham crianças registradas como público-alvo da educação especial em suas respectivas escolas. A conclusão a que chegamos foi a de que, sem criticar os enquadramentos de gênero, raça e classe que presenciamos, as corporalidades em questão não teriam sido analisadas em perspectiva inclusiva.

EDUCAÇÃO INCLUSIVA • EDUCAÇÃO ESPECIAL • ETNOGRAFIA • RELAÇÕES RACIAIS

INTERSECCIONALIDADES Y LA EDUCACIÓN ESPECIAL EN LA PERSPECTIVA DE LA EDUCACIÓN INCLUSIVA

Resumen

El objetivo de este artículo es mostrar que en la investigación sobre la escolarización de niños con discapacidad o enfermedades crónicas las interseccionalidades con cuestiones de género, raza, clase social y etnia son fundamentales. El análisis se realizó sobre la base de esta suposición, considerado aquí estructurante de la educación inclusiva. Para llevar a cabo una narrativa que validara esa suposición, metodológicamente fueron utilizadas informaciones obtenidas en largos esfuerzos etnográficos con adultos que acompañan a los niños registrados como público objetivo de la educación especial en sus respectivas escuelas. La conclusión a la que llegamos fue que sin criticar los marcos de género, raza y clase que presenciamos las corporalidades en cuestión no habrian sido analizadas en una perspectiva inclusiva.

EDUCACIÓN INCLUSIVA • EDUCACIÓN ESPECIAL • ETNOGRAFÍA • RELACIONES RACIALES

INTERSECTIONNALITÉS ET ÉDUCATION SPÉCIALE DANS LA PERSPECTIVE DE L'ÉDUCATION INCLUSIVE

Résumé

L'objectif de cet article est de montrer que les intersectionnalités des questions de genre, de race, de classe sociale et d'ethnicité sont fondamentales dans les recherches sur la scolarisation des enfants handicapés ou souffrant de maladies chroniques. L'analyse s'appuie sur cette hypothèse, considérée comme structurante de l'éducation inclusive. Pour mettre en œuvre un récit qui puisse valider cette hypothèse, la démarche méthodologique a consisté à collecter des informations obtenues au cours des approches ethnographiques prolongées auprès d'adultes s'occupant d'enfants, public cible de l'éducation spéciale, inscrits dans leurs écoles respectives. Nous en avons conclu que sans une critique des normes de genre, de race et de classe qui prévalent, il n'aurait pas été possible d'analyser les corporalités en question dans une perspective inclusive.

ÉDUCATION INCLUSIVE • ÉDUCATION SPÉCIALE • ETHNOGRAPHIE • RELATIONS RACIALES

PROFESSORS AND RESEARCHERS WHO WORK WITH SPECIAL EDUCATION, HOWEVER BASED ON analytical repertoires from the inclusive education were surprised by the end of September 2020, with the publication of the *Decreto* n. 10.502/2020 that introduced the "new" National Policy of Special Education designed by the Ministry of Education (MEC).

Beginning with a disrespect for the *Lei Brasileira de Inclusão* [Brazilian Law of Inclusion] n. 13.146 (2015), which culminated on the complete disfigurement of the *Política Nacional de Educação Especial na Perspectiva da Educação Inclusiva* [National Policy of Special Education in the Perspective of the Inclusive Education] (PNEEPEI) of 2008 (Ministério da Educação, 2008), the content of the aforementioned decree caused perplexity and indignation. Rights protected by the *Constituição da República Federativa do Brasil* [Constitution of the Federative Republic of Brazil] of 1988 (1988) and which were echoed in the Law of Directives and Procedures of National Education n. 9.394 (1996) were also disregarded. International conventions in which Brazil is signatory were not even mentioned. A significant lavish setback had been announced.

From the point of view of those who belong to this field of research as well as hold expertise on monitoring difficulties directly found in the school ground[1] and institutional settings, it is also important to highlight our concern with the stripping of critical perspectives added to the objections that were presented, and which have deepened proper analysis on this subject for at least four decades. We aim to present research outcomes which demonstrate that the currently under attack PNEEPEI (Ministério da Educação, 2008) brings up the necessary approach related to the intersectionality analysis perspectives. This approach consolidates the concept of inclusion we have been socially toiling on since 2008 so as to add analysis and reflection to special education which broadens empirically its realm of research.

The PNEEPEI (Ministério da Educação, 2008), as we know it, is not only a normative reference, but also a critical horizon for the educational research that can, with regard to people with disabilities, incorporate denser analytical repertoires.

As a starting point, inclusive education assumes that disability intersects with the dimensions of gender, race, ethnicity and social class well as presents itself with a diverse range of combination of forms as if it were in a kaleidoscope (Ministério da Educação, 2008).

The characters of the inclusive education, whose presence increased significantly in the ordinary school over the last 30 years, as a result of the guarantees obtained with recurrent legal national and international frameworks are still predominantly approached by descriptions of putative organic, physiological, anatomic, sensory and intellectual insufficiencies. In other words, although under the perspective of the inclusive education, these people are yet mostly classified according to reports of (in) abilities as well as meticulously described on what they cannot do physically.

Thus, what might occur in case we forgot the enhanced efforts made to catch on this reality, motivated by our conviction that is our duty to avoid biological reductionism?

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[1] By the term "school ground" we refer to the Portuguese "chão da escola", which is a Brazilian educational anthropology analytical category that entails the description of non-documented reachable features of the daily routine at schools. Such a concept is congruous with Erving Goffman's ideas on microcosm heed as well as Elsie Rockwell's educational ethnographies.

In 2008, the National Policy of Special Education, in force since 1994, was an object of rectification in its scope and its purposes. With the release of the PNEEPEI (Ministério da Educação,2008) we broadened our perception concerning the educational rights of the chronic or heavily ill person and, mostly, of the people with disabilities.

We recognized that the bodies of these people are inseparable of their sociocultural dimensions, where we find overlapped layers of complexity which materialize such matters as gender, race, ethnicity and social class.

Inclusive education assumptions haven't often been considered (Freitas, 2013). It's still necessary to reinforce that there is no corporeality whose most complex characteristics do not intersection with other dimensions of existence. We notice social construction of sufferings that only apparently result exclusively from the "insufficiencies of the body" in these dimensions (Shakespeare, 2010).

Berckmoes and Reis (2017) noticed that the troubles experienced by one's own body should be analyzed based upon what they called "cultural languages of the social suffering". They suggested an analytical magnifying glass in order to zoom in the way protagonists themselves deal with their specificities, "feeling on the skin" (Berckmoes & Reis, 2017, p. 10) the intersections between structuring aspects of their existence.

Continuous ethnographic efforts based on effective approaches that consider the research with these criteria of observation and analysis are needed so as to grasp situations in which certain actors "feel on the skin" the effects of the inequalities they are subjected to. That's why intersectional perspectives add a dimension of research with which the so-called difficulties of inclusion appear, and are unveiled.

To make this argument more concrete, this article addresses the presence of chronically ill black children enrolled in public schools, kids that keep daily ambulatory routines in the health public system of São Paulo. These situations are contrasted with the experience of black kids with disabilities enrolled in a public school in the outskirts of the metropolitan region of São Paulo.

Though based on the same theoretical-methodological framework, these two researches were carried out at public schools from different geographical areas as part of a broader institutional project that addresses inclusive education. Due to their unified theoretical set and unbroken methodological background, both researches bring to light variable and comparable situations of the same investigative inquiry, in addition to individual unique issues.

We scoped through a "magnifying glass" the everyday life of children who have been studied as if their schooling experience resulted from specific features solely described in their medical reports and records. In other words, we want to share a dimension of the research aimed at the universe of the inclusive education that, effectively, depends on the recognition of intersections to unfold the complexity of its object, that is the body as a social construction.

We reckon intersections to backup inclusive education as being more than just a perspective, but as indispensable for a special education that is not seized by segregating expectations.

Looking through the microscope

The results from an extensive investigation process along with the dynamics that involved participative survey and strategies from the anthropological of approach, permanence and registry of events is what shall be expounded thereupon.

A four-year ethnographic toiling research made it possible to pen down field notes information in addition to careful observation and interviews with adults[2] responsible for the highlighted children.

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[2] The kids described in the research are legally and ethically protected by the vulnerabilities that characterize their

It was possible to obtain access to the way each participant sees themselves in the plot through the very spheres of meaning of the studied contexts, and by gathering native points of view configured in lived experiences. Each character demonstrated unique ways of dealing with their own bodies, though permanently seen as problematic bodies. For that reason, close observations also enabled the analysis of the impact of being permanently pointed out, described and categorized. Gender, race and social class frameworks could be grasped by constant closeness which otherwise would narrow to the description of organic deficits the corporal vulnerabilities that support ways of being and using institutions. These frameworks shaped the sense of body limitation and disability that were built in each situation.

Four kids to be presented are emphasized in the analysis. Two of which are an 11-year-old girl and a 10-year-old boy who feature the examples that will be detailed and were chosen during "face-to--face interactions" (Goffman, 2012) witnessed in an ambulatory of severe allergy, but whose stigmatizing data was also reported in the school experience of each one, according to the collected testimony.

The registered scenes of this universe of observation will be compared to others in a different scenario of a public school. In this public school, two other kids, a 5-year-old girl and an 11-year-old boy, experienced aspects of their corporeality that also became inseparable of gender, race and social class frameworks that permeated the concepts of body developed under very specific circumstances.

The four kids with fictitious names are black, although such information has nothing to do with any "essence" (Brah, 2006). Corporality is a concept which grants that the "body makes itself", not being made (Scott, 1995). This "makes itself" (Davis, A., 2010) or "become itself" (Hall, 2005) is the analytical issue of this article.

Being chronically ill or black children with disabilities are not only characteristics or expressions of the "becoming" from the perspective we adopt, but also concrete historical experience that enables us to understand the debilitating and disabling devices from our society as we focus the social fabric, not on the weakness of the body.

The experiences will be compared and the frameworks of gender, race and social class will be demonstrated with examples, in a way to help a critical comprehension on how concrete characters (Goffman, 2011) in many ways experience the perspective of "excluded on the inside" developed by Bourdieu (2005).

As researchers, we were authorized by the people from the school and the ambulatory to observe, listen and take notes of events as our first criterion.

Interviews were allowed when enquiring about details of a certain comment where a relevant data from the experience of each child could be noticed. Nonetheless, the main strategy was careful listening during the long standing by hours, which ended up in organized conversation panels. There was no stablished or previously determined script for the interviews that followed the experiences described. We were also allowed to record the conversations according to the Informed Consent Form.

Opinions and comments (presented as small quoted excerpts with afterwards bracketed identification, if needed) of mothers, nurses, doctors and office servants were collected at the ambulatory. Teachers, managers, pedagogical coordination, interns and School Life Assistants (in Portuguese, Auxiliares da Vida Escolar – AVE) as well as lunch ladies provided us with information. We managed to talk on repeated occasions with the mothers but with a child only.

The acquaintance with our presence due to the constant daily sojourn created situations in which (Corsaro, 2005) we were invited to help with the organization of the queues, information distribution and requests that would often bring up the feeling of belonging that fooled all of us, as if we were in the same plot, but that allowed us the contact with the daily language in a way to capture, as Geertz (2000) suggests, contents that distinguish themselves in very small gestures.

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situations. They were observed with the authorization of those responsible for them and the direct approach was restricted to the adult interlocutors in the research context. The regulations were approved by the Research Ethics Committee (in Portuguese, Comitê de Ética em Pesquisa – "CEP") of Unifesp under the identifications CEP 296.901/2013, CEP 30.714.814.5.0000.5505/2015, CEP 2.936.887/2018.

The perception of frameworks

"Framework experiences" (Butler, 2015; Crenshaw, 2002; Goffman, 2016) experienced in the everyday life of the ambulatory or of the school of each analyzed child, gender, race and social class are overlapped layers and, for this reason, cannot be considered juxtaposed aspects. While reciprocal configurator categories of the social experience, once they arise in intersection or coterminous (Hirata, 2014), they make a whole greater than the sum of the parts. That is why the characters from this article "made themselves" in the experience and with the concrete experience of being black and poor children, chronically ill or with disability (Brah, 2006, 2019).

To be more precise, we state that they were not but became chronically ill or black and poor children with disabilities, as their identity conformed in what they lacked when compared to others (Hall, 2005; Brah, 2019), in addition to the way that they assimilated a description of themselves that always started from the acknowledgment of "what is lacking" (Goffman, 2000, 2013).

As far as the presence of the ill or body with disabilities is concerned, an intersectional perspective opening is only possible if the scars of these bodies are not taken as "natural disadvantage". Our starting point here is the same as Treiman's (2017) that distances himself from the academic taxonomy that refuses to incorporate these bodies in any intersectional or even simply integrated analysis as if sickness and disabilities were isolated events (Treiman, 2017). Such refusing makes these presences to be frequently dealt as if they were a data of nature that challenges a data of culture.

Chronicle illness and disability are experiences lived in plural, next to, in front of, and in regard to (Bluebond-Langner, 2000). "Live between", "mediate on", "depend on", "make with", and "make for" are situations that connect people and bodies permanently elaborated on the level of interdependencies under which they are built. Within the scope of the interdependencies here described, the gender issues were decisive in the configuration of roles and in the elaboration of expectations of success/failure (Goffman, 2014), as we shall see further ahead.

As reinforced by *disability studies* (Diniz, 2010) the very designation of "person with disability" indicates an effort to show that is the body in the society and with the society that enables the comprehension of an identity under construction, without splitting the always-in-progress person from the issues that permeate his or her existence (McRuer & Johnson, 2014). Hence, the non-casual approximation between the *disability studies* and the feminist studies in the last 20 years of the 20th century contributed to important reflections about the gender in the realm of chronically ill or people with disabilities. According to Haraway (2004), the feminist theories of gender became crucial to this universe because they focused on the body analysis combined with the density of cultural studies, which denied basic binarisms such as nature/culture, nature/history, natural/human, resources/products.

The perception of racial issues is deeply related to matters of gender and social class (Brah, 2006; Crenshaw, 2002; Davis A., 2010). This leads our analytical efforts to a number of political movements made by tag of black and labor identity, with relevant international exemplars, such as the British context investigated by Avtar Brah, or the North-American context discussed by Angela Davis.

For instance, Barton (2017) describes the special feature of black people with disabilities in the context of Great Britain where the stigmatization processes of immigrants put them in the role of "intruders" and "aggregates". But among the "unwanted", black people with disability had even less space in the labor market. That had narrowed their representations of dignity interchange built with "ideologies of the redemptive work", putting them on the fringes of even the mystifying and oppressive narratives.

If race is a cultural/situational category that does not restrain itself to a phenotype, the singularity of being black and having disabilities or being chronically ill adds an expressive invisibility to the process, or else an "ignored presence" as named by Goffman (2000, 2012).

The relation of the individual with the social space is what constitutes subjectivity. That's the way the uniqueness of the self undergoes a process of signification that allows the self to experience this movement as that identifiable one (Brah, 2006).

Expectations of ability or inability associated with the people also poses a challenge. The category "ableism" (Mello, 2016) became strategic to define specific prejudices against people with disabilities or chronically ill, being an equivalent to terms such as sexism and racism (Mozzi & Nuernber, 2017). Ableism refers to capable bodies always conceived with its opposite, the incapable bodies. We have ableism when a perception of "what is lacking" recognizes a whole body as incapable.

Epistemologically, the intersectional approach allows us to understand the identity that substantiates gender, race, social class, molding a concrete, historical body, as configured. Configuration that Hirata (2014, p. 66) named as "intersectionality of variable geometry", which is very suitable for noticing disabilities not limited to biomedical markers that come along with them.

Based on Garland-Thomson (2002), Gomes and Lopes (2017) argued that culture impregnates the singularities of the body and, therefore, the constitution of its meanings. It's known beforehand who "is not", "cannot", "is not capable of" in many situations. This "beforehand knowledge" corresponds to what Goffman (2000) considers as expectations spectrum in which the person does not scape, a social scar, "a stigma".

The examples that will be explored will demonstrate how Tom Shakespeare (1999) is right when explaining that femininity, sickness and disability are simultaneously reinforced, while sickness, disability and social masculinity are contradictory.

With the recurrent presence of non-natural divisions between feminine and masculine in the context of the disabilities and chronic illnesses, a dense universe of analysis uncovers itself and challenges us with examples that show that these authors are right. Therefore, we shall move on to the announced exemplification so that we can, in the end, analyze the content of the instanced situations.

Experiences of skin (or "everyone is black here")

Initially, we shall consider the experiences of the 11-year-old black girl called Mara and Gino, a 10-year-old black boy. Their names are fictitious and both children were part of the group that attended the Allergy and Immunology Ambulatory of a big public hospital of the city of São Paulo for at least three mornings in the week ranging from Monday to Friday.

They were part of the group that was therapeutically monitored to control severe atopic dermatitis, combined with severe cases of asthma. The routines at the ambulatory were connected to the school routines, because the attended children moved to their respective schools by the end of the mornings, indicating a heavily institutionalized daily routine, mingled with long hours of commuting.

Coming from distant territorial basis of the outskirts of the southern zone of São Paulo, they used to arrive very early in spite of two hours of commuting. They used to stay up to 10:30 a.m. when they returned to their own neighborhoods, to their schools. Due to the ambulatory procedures, they were allowed to arrive late at schools once they studied in different places.

This kind of ambulatory provided us with a four-year ethnographic research once its spaces might be considered an extension of the school routine. The age span assisted as well as the frequency of kids meant a lot of homework along with playing around, so as to allow collective experiences of long periods of waiting before seeing the doctors.

Kids exchange homework information, material, as well as problem solving activities. Adults share and compare data on the way children are treated in their own schools and how "the bodies that they have" (nurse) reflects their performance. These adults often restate "they know the children that they have". Here we could notice an issue related to gender. Kids were mostly accompanied by mothers and grandmothers during all the observation period. Women frequently complained about exhaustion by being overburdened, while a father was seen once only. In their own words they expressed their disagreement on the naturalization of a so-called daily women's duty, although many would agree "men couldn't do it".

Mara's and Gino's mothers claimed the status of "most experienced" which reflected on their knowledge of the local environment and its functioning. They would identify the sound of the bus that brought the civil servants (one of them with the key to open the inner door) and, mainly, the sound of the cars of the medical staff, formed by two medical doctors and two practitioners. Based on such experience, they organized what Goffman (2014) defined as "demeanor" and associated with "deference".

According to the author, it is possible to capture scenes where each one organizes their own body, the demeanor, taking into account the presence of others in micro-spaces. In such a research scenario, as doctors walked in women would invariably stand up and push their kids' bodies straight forward, and however staring at them they would never greet or look back. Doctors would keep looking ahead with their heads up.

Standing up meant deference, once they wouldn't do the same in relation to other professionals. To Goffman (2014) these women would "capture the look", that is, mothers and children mainly were either displaying affection or generational authority by, for instance, asking for silence since the very first moment of face-to-face interaction.

From the conversations among Mara's and Gino's mothers and the nurses they noticed the configuration of non-white territory (Gino's mother). They highlighted their choice for that service away from home because they were poor people and wondered if the distance embodied in the gesture of "not even turning the head to say good morning" (Mara's mother) was related to a sort of racial ("we are all black") or social class ("we would not be here if we were not poor") aloof, or even both. That's so due to the countless and flippant occasions the group of mothers and children were referred to in the conversations of the personnel ("everyone in the waiting room is black", says Gino's mother).

The nurses would underline the social asymmetries ("use it as a right, not as a favor received"). Nonetheless, the nurses themselves would recommend the unease group to overlook the behavior of the medical crew ("they are always like that, do not worry").

As regards the "don't care about it" recommendation, another gender perspective rapidly emerged as many pointed out they "were referred to as woman" (mother of another child). During the research, it was possible to record numerous dialogues that demonstrated indignation, since they saw it as a "huge disregard" (Gino's mother) when the medical crew did not address mothers directly. Mothers' facial expressions would show their discontentment when the medical crew would ask the kids to "tell your mother to put this ointment on every day", or when they would ask the children "your mother said that you do not want to take the medicine, is it true?", even when the mother was standing right next to the child at the appointment.

It was possible to understand, as a summary, what Florence Weber (2010) suggests in his ethnography with women about the perceptions of place, services, and associations in statements and comments, with "traits of unpaid places" (many mothers) as well as the misfortune of working classes. Such a perception was, by some extent, captured by Bourdieu (2005) in *The weight of the world* when people in situations of great social asymmetry develop an opinion about what they receive something as similar to what they think they are.

Girl or boy: variations of the same subject

There was no reason to conclude that the medical care was lacking quality and zeal but, on the other hand, the tensions confirmed the interpersonal configurations, with their corresponding "ways of life" (Goffman, 2014) and "ways of being" (Goffman, 2011).

Those exhausted women complained that no consideration was taken into account as regards the distance they traveled, the waiting time, and mainly the fact "they lived for those children" (all mothers) in addition to the leaving of many partners who "could not handle those many challenges" (Gino's mother).

Some mothers developed a unique way of addressing the children (mostly Mara and Gino) by using words that alluded to their skin color and to the expected *idiosyncrasy* of both a boy and a girl.

Children were frequently warned not to "take anyone's belongings", but the warnings (specially for Gino's mother) served as to reinforce the understanding that "everybody already mistrusts non-whites because messing up other people's belongings might seem the intention of stealing something".

However, the fear related to what "it seems to be" turns into a heavy burden under some circumstances, specially to Gino.

He needed to have frequent ambulatory returns due to his skin clinical condition in addition to asthma. Besides, he was hospitalized very often because of his health crisis. Nevertheless, Gino was always advised to handle his weaknesses more properly. According to his mother this more properly meant "as a man".

In a number of occasions, he heard from his mother, other women and the staff that "his real health issue was asthma not a skin disorder, because boys don't have skin disorders" (Gino's mother backed up by the nurse). A boy "can show his body", "have a scar" and "everything is alright because no vanity is needed" (both).

His asthma would suppress his maleness by restricting his movements and stirring since the boy was ordered to "stay quiet" (Mara's mother) once only "girls could handle it" (mothers of Mara and Gino).

That is the reason why dermatitis were lived experiences, as stated by Shakespeare (1999), on female's fragility reinforcement flow, or else as said by Mara's mother: "girls' vanity make them suffer with skin disorders". On the other hand, asthma had to do with males' power, as Gino's mother asserted about "the misery of a boy who can't run which contrasts with girls who are quieter". These situations posed a huge complexity since all kids in that scenario were beset with severe asthma and atopic dermatitis.

Every now and then, Gino's resistance to undress for the medical checkup would spark adult's impatience. Such a lack of patience would be amplified when on being framed as a boy, Gino was threatened "to be treated like a girl if he didn't behave as a boy" (mother threatening to dress him with panties).

Mara couldn't stay quiet while waiting, so she would run, play, even though it sometimes resulted in alarming shortness of breath. Mara "looked like a boy" (her mother) because she couldn't keep quiet. She looked like a boy by her restlessness and gestures since her womanhood was praised by all mothers at the moment to show the skin, because "she would turn into an animal if she had to take off her clothes".

Connections with school

Some adult speeches at the outpatient care converged with the social asymmetries clearly seen there.

Possibly the most convergent aspect was shown when the argumentation related to the priorities of every child's life under treatment. Those who insisted that "the main task of each child was to recognize his/her body limits" would all agree in reasoning.

This assumption would be assertively repeated and reminded whenever children forgot their limitations, mainly when it had to do with expectations of young and adults in a conditioned way ("either they understand what they can and cannot do or else they are likely to suffer in life", Gino's mother).

The distance between social classes during the discussions were clearly showed by representations of consciousness and awareness, as in the doctor's warning that urged the mother stating "you may not be schooled, but you are capable of reminding her that willingness is of no use because she cannot work it out".

Curricular delimitation ("may not be schooled") is unnecessary if the objective was to talk about predictable vulnerabilities when skin and asthma features are ignored. However, that was not the main issue. Warnings would fit interlocution gaps socially tagged that prevented future responsibilities. The doctor would repeatedly warn "later complaints are useless".

Science was neither challenged nor questionable in the configured context, not only because of the deep asymmetry of power embodied in that micro-space, but also because Science was taken up by mothers as a strategy to establish a dialogue with the school.

There was no observable rudeness towards efficient treatment used to inhibit certificated cooperation. In other words, even in strained moments it was always possible to register the medical statements, reports and declarations "so that the school would believe it" (Mara's mother).

Such medical expertise instruments were never denied and would ease statements that were celebrated ("that way they will believe you") and taken up as if they could connect the school to the expectations of impossibility that followed each of those children.

If the transmission of perceptions about the vulnerability allowed intergenerational dialogs (Berckmoes & Reis, 2017) that framed the "appropriate" feminine and masculine to each body (Butler, 2015; Goffman, 2016), it was also in an intergenerational way that some resistance strategies expressed themselves, some based on the idea of "make what you have worth" (Gino's mother).

Concerning the school universe of those children, the reference to "make it worth" was covered by a verifiable ambiguity in situations in which the common suffering experience articulated a type of local language (Rockwell, 2014; Santillan, 2017), almost a cultural repertoire with which the vulnerabilities were taught with noticing resources of his/her own social place in order to remind them of their skin color so as not to forget the male/female prerogatives and, in summary, organize the way of being a chronically ill person.

The ambiguity to which we refer has to do with the repercussion of these experiences in the kids' school universe, especially for Mara and Gino. School life was always there though amidst homework assignments done at times, which was an over repeated argument.

Schools, specifically teachers, were praised (by mothers, servants and doctors) when examples emerged with which it was demonstrated that "it is useless asking too much" (mother of Mara and Gino).

Kids were unanimously and easily tagged as not compatible with the school dynamics. Such an over generalized perception promoted a clear disfigurement of the notion of inclusive education, once countless times schools were praised as truly inclusive when they recognized that the child had "the right not to be demanded of" (mothers of Mara and Gino).

That was considered the "main advantage" of receiving the expert documentation formalized in the diagnostics and reports from the ambulatory, because with these "identity cards" (doctor) the school would easily recognize that the child "cannot do as much as the other ones" (Gino's mother).

A situation was created in which inclusive education was praised for not being inclusive, once schooling expectation was, at first, considered inadequate, transforming the time of stay in school paradoxically associated with the possibility of not staying, of not getting in when necessary and, fundamentally, of not receiving the content "incompatible" with the condition of the chronically ill.

It was performed what Martinez and Rey (2017, p. 110) expressed with fear when they analyzed the general understanding of inclusive education and warned as crucial the comprehension that the child did not receive, with inclusion, the right to the non-education, in contrast.

And all such bodily singularities intersected themselves in the context with a class perspective that addressed to the public school as if it were subordinate and incomplete and, for the same reason, asked to "recognize its place of assistance" (doctor).

Such an interpellation to the public schools, by disrespecting them, was noticed in allegedly comforting speeches such as "during this time, being in the public school is even better, because there are no demands, since I think they could not handle a private one" (doctor, practitioner, Mara's mother), as well as in speeches referred to children's organism that indicated what they "would never find", in these institutions, such as "an environment free of dust", "non-allergic products", "ward" (doctors and practitioner).

We managed to interview Mara's teacher visiting the school. We received important information that showed concern related to the loss of content caused by the absence and leaves caused by respiratory crisis. Nonetheless we could also register a display of affection that confirmed the expectation of the "non-presence" (Goffman, 2012), or else that materialized the "excluded on the inside" (Bourdieu, 2005).

How could such a display of affection result in the application of so impregnated categories of social suffering? That happened when the teacher asserted that "the happiest moment" would take place when Mara fell asleep on her desk and "the best gift for her was letting her rest".

Real and virtual identities (or "no one is black here")

We shall now broaden our analysis movement by shifting the spotlight over to two children who were enrolled in a public school in the metropolitan outskirts of São Paulo.

The research procedures in the context of the school were the same as those mentioned during the stay at the ambulatory. The intention of providing the characters with our listening approach and observation ensured, as well as the field notebooks, the record of microscopic aspects, which were essential to show the effectiveness of the intersections between social problems and disabilities.

Respectively, five and eleven-year-old Rosa and Renan come on the stage where the scenario is a public school which attends children from kindergarten to elementary school. It is a peripheral neighborhood that went through demographic changes during the last decade, with big business installations, however maintaining considerable urban deficits, being basic sanitation the most severe. It's a place where people mention that with exception of a few, "everybody is poor".

The school management presented itself to be welcoming and converted the school environment into a place full of pictures, clippings and posters that indicated the "pride of the school's social work" (pedagogical coordinator). That would develop into themed projects such as the regular political participation aimed at bringing families and teachers together. Political participation was most of the times represented by the efforts to obtain improvements in the neighborhood, assistive technology for the school, security and transportation.

Right at the school entrance there is a cafeteria and a patio surrounded by classrooms. Classrooms on the second floor are accessed by a ramp. The school counts with a park, a courtyard, six swings, a small house, two slides and a greened sand playground. There is also a stage with a small collection of books available as well as an open access computer.

The school is well known for its work with children with disabilities. In the waiting line to get back home using the municipality vehicle, it was possible to observe, apart from Rosa and Renan, other children, with emphasis on one with significant mobility reduction caused by brain paralysis and on another with no verbal communication.

There is a significant number of black children although, surprisingly, in Rosa's class she was the only one. In Renan's class there are three other black boys. Among these, one stigmatized Renan with the word "trash". Two black girls, one of which is Rosa's sister, also studied in the same classroom as Renan. Over and above the skin color, the reference to black children is evident on the racial classification embodied in the school records.

Rosa is in stage II of early childhood education. The character in question was diagnosed with brain paralysis. She is the smallest in her class, wears a very short curly hair and the brain paralysis is not visually noticed. She has overcome initial difficulties and was able to communicate with little speaking challenges by the time of the research. She also lives in a very peripheral area and her mother offers cleaning services.

She was very unsettled and field notes revealed that she would hit classmates. The teacher reported once that she did so because of "envy and jealously", because she was the only one who did not have a backpack yet.

Though that seemed to be odd and irrelevant, possessing a backpack was an important way of distinguishing social stratification and labelling families as "somehow structured" (Rosa's teacher) so as to afford an expensive item.

There was something else about the girl with disabilities without a backpack. Her mother was seen as a "typical evangelical" (teacher), which was put in the same symbolical place as her laboring financial struggles. In other words, the argument over her lack of money would be reinforced by her rejection towards mundane symbols such as Disney printed backpacks.

The moments when Rosa beat other girls were often registered, but when she threatened a boy, she faced the threat of retaliation, "she would take a punch" (threatened boy). On the other hand, it was observable affectionate interactions outside school among the attacked girls. However, mothers would still complain about the passivity of the school regarding the "girl who beats others" (vice-principal).

On the teacher's point of view, she acted that way because of her hard life since her mother's religious position would forbid her to participate in the social activities promoted by the school. Even so, Rosa was considered an example of surmounting, once her progress was evident when compared to her arrival and time of this research.

Concerning Rosa's reaction towards others, especially those that ended in aggressions, there is a parallel to be made in relation to what was observed in the daily life at the ambulatory. A pattern of censorship was repeated not based on the refusal of the aggressiveness itself, but based on the mismatch between the way of reacting and "what is expected from a girl" (teacher).

Some situations provided strategic approaches for us, and made it possible, as suggested by Corsaro (2000) in his ethnographies with children, to witness inside the logic of games and to register some "interpretative reproductions". In other words, some situations made it possible to participate in micro-ceremonies in which social roles were passed on with reinterpretations of the characters themselves. Rosa was able to compose situations in order to play the baby into scenes with other children, who performed the pre-rehearsed condition of mothers.

Up until that moment, Rosa had not learned how to write her own name, which reassured "effects of disability" in the teaching speeches in the teachers' room. However, during activities with play dough and other materials, she would meet the proposals like the others, in spite of the teacher's complaint about how easily she would miss the interested in any activity.

When it was possible to talk to the teachers about Rosa being a black girl and visibly one of the poorest, the first mention was quickly discarded: "no one is black here, they all have the same opportunities and receive the same treatment".

The observation from the perspective of those being observed

Rosa's family life was constantly evoked as an essential resource to understand her difficulties. Her mother's widowhood was mentioned as an overload factor with tasks for the eldest daughter, who also attended this school. But it also justified the perception of a "not very encouraging environment" (director).

The difficulties to walk and the limited verbal communication presented by Rosa when she was enrolled were considered evidence of "limits lived in the house" (director) and the resourcefulness manifested over time, considered to be an evidence of the "benefits of socialization" (trainee).

The head of the school stated that in the beginning Rosa couldn't communicate verbally and walk properly because she was limited at home. It was the interaction with other students what was responsible for "bringing these skills to the fore".

Rosa showed a lot of affection towards her teacher, who returned by sharing her WhatsApp with the family, which resulted in the exchange of voice messages as a relevant information, considering the difficulties of speech provoked by the brain paralysis.

The persistence of the teacher convinced Rosa's mother to buy her the backpack. For those who were protagonists in the school routine, that should cause some pacifying effect, once the complaints with respect to the "habit of beating" (teacher)were increasing.

In the context of observing Rosa, her teacher asked us about our perception of Renan's presence at school, in another group, which was a suggestion of comparisons between "what is either possible and what is impossible for the school". Renan was the evocation of the impossible.

We deeply noticed the "character" (Goffman, 2011) Renan incorporated, taking into account the meaning of incorporation based on what Thomas Csordas (2008, p. 13) emphasizes when he points out that more important than thinking of an individual body, biologically conformed, is to reckon that "body in the world" with its different ways of living and ways of being.

His mobility is unique, as most of the times he uses his hands to drag himself around, due to the immobility of his legs. He walks with the hands, because he hates his "iron round feet" (Haraway, 2010), refereeing to the available wheelchair. He rarely opens up to the experience that such orthosis provides him with.

This black boy, with significant movement restrictions, is always described as a "result" (teacher in the teacher's room) of his family. Or else, "the lack of it", according to the general evaluation.

He is seen as a lot poorer than the majority of students, because of his deeper material precariousness, and is described as "sloppy, wandering through the streets until very late" (principal). His deceased father is mentioned for drug use and his mother is mentioned for aggressive phrases that she addressed to her son in the presence of teachers, among which the most remembered was the one in which she shared her expectation that "he would die soon".

Two teachers referred to Renan as "rough" and, in general, anyone talking about him would start by warning that he "missed a lot of classes" due to this combination of "motherly rejection and constant absence" (supervisor), which hindered any concrete action from the school.

While Rosa's progress was seen as performances to be praised due to her control over her own body, her difficulties reflected "deficits on the feminine" since she kept beating the other girls. The teacher was convinced that her behavior was a reflection of her "mother's coldness", as it was noticed that in a recent activity involving mothers and children at the school, Rosa's mother would not even allow her daughter to touch her in an activity in which the purpose was precisely the physical interaction between kids and adults.

Rosa mobilized tactics (Certeau, 2000) by turning given instructions into possibilities to leave the class with her friends, to assist the teacher and to accompany others to the loo.

Renan "negotiated" his restlessness by letting himself be led to a situation where he could stay alone, playing with a laptop available on the stage of the central courtyard. The frameworks he received from gender frames were shown in very unique circumstances.

Renan was brawny and visibly fast when hanging around, due to his constant use of arms to walk. It resulted in dry hands. He lives with his mother, stepfather and twin sisters. Whenever possible "he reminds everybody that he is a boy" (school coordinator).

One of Renan's most remarkable crises at school was spearheaded by some boys from his class, who pushed him into the women's loo in one of the rare occasions he decided to use his wheelchair.

The boys' gestures, words and ways of teasing indicated the association they made between Renan's frailties and the "girls' positions" (children), among which the specific loo was marked.

Rosa and Renan were children that caused astonishment because they were considered unruly "despite their disabilities" (teacher).

Renan's actions and reactions were amplified when analyzed by adults at school. So named unruliness was always "diagnosed" (teacher) with indicators of a "violent personality".

One of Renan's teachers questioned him about the many fights he was engaged and he answered him by stating that it happened because "they spoke ill about him". Many reasons related to the fact of "being a boy" (teacher and vice-principal) would come up again in moments where the conflicts gained a greater proportion and the head of the school was called to intervene.

The school was a full of women environment, professionally speaking. Thus, the general perception that "some of his issues raised were part of the masculine matters" (coordinator) was nurtured by Renan's interaction with two other men, his teacher and the vice-principal.

Whenever Renan seized this "being a boy" as a tool for self-assertion ahead of others, these men would get him back to "his position" as "a man because you beat, but not a man because you cannot even pee upright" (coordinator, while interpreting their motivation to push him into the women's loo).

It seemed to us the context was an evidence of what Hall (2000) named as relational dimension of the identity branding. Renan's disability was associated to virility deficits for the other boys, and "not even by beating them" he would be able to see assert himself or to be seen as a "complete man" (teacher).

Renan's frailties were not enough for not being fought back, since that would contain the language that formed the masculine ways of tackling even though the assaults would bring highly asymmetric bodies closer based on the assumption: "I beat him back! Is he or is he not a man?".

When there is no difference between being and not being

Renan missed a lot of classes. Rosa almost never missed a class.

When Renan was present, the blackboard was filled with capital letters so that he could easily copy, although he was not keen on it. His teacher encouraged others to befriend him, but considered that the ideal would be to have an assistant "while" he was teaching.

This parallel signified in the projection of "while" as a place for those who are inside, but remain outside, reminded us once again of the "excluded on the inside" mentioned by Bourdieu (2005), although there was a difference between the situation of Renan and Rosa.

She is seen as a girl "saved" from the family rudeness by school socialization, whilst Renan is seen as intangible, because his dysfunctional family is of no help by leaving "all the burden to the school" (coordinator).

Renan was generally kind to the teacher and small children. When a trainee was assigned to accompany him, his lessons were partly done and the interruption would take place when he, with some gentleness, would inform he was tired.

Renan was able to copy, though he was not literate. For the teachers he was progressively able to assimilate all consonants and had some dominance over the encounter with vowels. He did understand syllables pretty well according to records.

He enjoyed experiments with slime, that is a homemade play-dough used at school. He would even show what he managed to do with the dough and showed confidence in the trainee, even believing that she would not tell anyone the task she performed with him, which was changing his diapers.

Among so many intertwined threads in that daily routine we recorded that Renan started to live with his grandmother, since his mother left him behind after a number of threats of losing his custody, said the teacher.

A teacher considered that Renan "victimized" himself in a search for a compensation for everything his "dysfunctional family would not give him". And, with psychologizing outbursts, she would say that his life would only change "whenever he embraced himself".

In teachers' dialogues that brought Renan to the spotlight and produced analyses that were invariably structured in dualism, cause and consequence converged in representations of access to rights, recognizing the need to pedagogically defend him: "why isn't Renan assisted since other kids with Down syndrome and autism are?" (vice-principal).

Based on the number of records we had, we could realize that almost all adult school personnel were willingly eager to report experiences they had with Renan. Everywhere people testified that they witnessed spectacular reactions from Renan.

Renan was remembered for a long time after he was taken to a shelter by the Guardianship Council. Though he was not there anymore, Renan, the absentee, was much more on the spotlight than Rosa. He became a character that, according to Goffman (2000), was no longer equivalent to his real identity, but to a virtual one that was built based on the expectations and stigmas that accompanied him.

About the school limits

The school's teaching and management staff repeatedly expressed opinions conductive to register contradictions in the school ground related to inclusive education. Both Rosa and Renan were taken as samplings as regards school limitations.

Pedagogical impossibilities were based on two assumptions, whenever such limitations were at the core of the teachers' talks, as well as of the managerial team. The first reserved the families the decisive role for "the success or not of the inclusion process" (head of the school).

Once stablished that kids belonged to a "dysfunctional or crumbled family" (as it was in the case of Renan's mother who abandoned him to the point of losing his guardianship), inclusion started to be represented (Moscovici, 2010) as affective compensator and reorganizer of what was described as self-respect and self-esteem on the symbolical exchange of the daily life.

Countless demonstrations complained about the "lack of medical reports" (head of the school), situation that led the "school to act uninformed" (pedagogical coordinator). Nonetheless the situation "prompted the school to get proper information from the family" (teacher).

In these conditions, searching for information with members of the families, conflicts between school and families became intense. The head of school sorrowed and resented over everything about Renan's mother. She also expressed her concern about the boy's educational rights and became indignant about the "pedagogical withdraw" that many expressed in relation to children with disabilities.

In her emotional expression of her indignation, she opened space to consider that the boy "was a negro apart from being disabled", which led us to come to the conclusion that, according to her, there is an intersectionality between disablement and race. The vice-principal seemed to agree over it, making a similar comment, although teachers claimed to be convinced that "being black or white makes no difference in the school setting" (teacher).

The second assumption regarding the limits of the school emerged in the teachers' speeches, which expressed the comprehension that "once"the intellect is preserved", children's reactions spring from their "feelings of inferiority" (teacher), leading such feelings of "victimization" (teacher) to the need of being hindered in everyone including children. For this reason, they considered unacceptable that kids with disabilities refused to use assistive technology and orthosis such as walkers and wheelchairs. The motto of this second assumption is: "school helps only those who care for themselves" (teacher).

Noticed in many indicators of the school limitations, these assumptions led to a mutual understanding about the situation of Renan. Most people from the school lamented all the difficulties and his troubled story, coming to the conclusion that "the shelter was the best option for the boy" (pedagogical coordinator).

Final remarks

Gender, race and social class are intertwined categories. In the context of inclusive education, they are essential, so that the presence of children with disabilities or chronically ill in the school universe is analyzed in order to avoid reductionism or ableist visions that relate school performance to the so-called "bodily insufficiencies" in a simplified way. None of the remarks in this article refer solely to the disability as such, which is why it is possible to conclude that no segregating specialized schooling strategy could handle the ongoing complexity exposed by these interweaving factors.

The examples and the excerpts highlighted may can give the impression that there is no openness for the inclusive education in the context of public school. Nevertheless, it is not so, as demonstrated in previous articles and researches carried out in the school ground (Freitas & Jacob, 2019).

However, it is undeniable that the education of people with disabilities or chronically ill faces considerable challenges and, for that reason, our emphasis in this article focused on the ways of reacting towards the issue as we realize and share that the core of our inclusive insufficiencies is not on the disability itself.

The importance of social relationships that allow an intersectional approach of disabilities and chronicle illness along with other factors found in individual concrete experiences can be acknowledged dialectically, by denial.

In other words, repeatedly, when characters from the ambulatory or school received questions regarding gender, race and social class as contents of the situation addressed, the words were recognized, however veiled, as if they were always externalities to the limited body.

A sample of it can be recognized in the request we received so that "a drama caused by the nature would not be mistaken with other things" (teacher). The denial of gender, race and social class biased was crucial to the comprehension, in the ways of refusing, what is built in each micro-situation. If we did not recognize the intersections involved, the so-called inability would still be represented the guiding thread of the existence of each character analyzed here.

The more intersectional approach issues in each recorded situation are overlooked, the more the ableism spectrum keeps permeating beliefs, diagnosis and prognosis.

As we wind up this article, we wish to air a teacher who tried to organize our way of understanding and tried to indicate what our analysis missed:

> . . . the is no one who knows less or has more money, there is no such possibility and all of them receive help in the public school, it may be somewhat different a private school, but not in a public one, because they all receive material, they all receive meal, they all receive uniform, so here everyone is the same.

That is an emblematic remark because, on the one hand, there is an effort to point out an equal treatment, which is reinforced in other words by many under different circumstances but facing the same issue, that is, children with disabilities or chronically ill. On the other hand, this manifestation took place to emphatically reinforce the teacher's refusal to associate gender, race and social class issues to the questions we asked. There is a daily educational openness for this subject, but there is also great resistance to change the spotlight to aspects that are not only fixed on the bodily impossibilities.

It was possible to confirm Goffman's (2000) hypothesis, which indicated that in certain given circumstances, some people develop a virtual identity derived from what is said about them, thought about them, fundamentally built with the expectations as regard to everything the person will or will not achieve.

The web of interaction that weaved the plot we analyzed at the ambulatory led to a boundary that synthesized, in the speech of a woman, the intersection between disability, gender, race and social class: "everyone is black here".

This speech, although said among peers, moved politically from the bottom up and shared a perception of untranslatable social suffering without taking into account the resistance to a context that always resembles "the place of each person" (nurse).

With few exceptions, school characters rephrased this sentence by proclaiming a place where "everyone was white". These exceptions made and still make a lot of difference, but this speech contains a complex political vector, once it indicates the "majority" that, in its own way, is pronounced from top to bottom, labelling asymmetries and social inequality as "unnecessary" to understand the context and mainly such complex characters like the ones we came across. That demonstrates that the research in special education contexts in the inclusive perspective has much to gain by assuming the density of intersectional perspectives as its own.

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The authors do not provide the data for this research, as new studies are still being developed. Therefore, after the end, the data may be made available by consulting the authors.

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