

ANALYSIS DISCURSIVA ABOUT DYSLEXIA: ITS NUANCES AND THE DAMAGE CAUSED IN THE LEARNING PROCESS

ANÁLISE DISCURSIVA SOBRE A DISLEXIA: SUAS NUANCES E OS DANOS CAUSADOS NO PROCESSO DE APRENDIZAGEM

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ABSTRACT: This study aims to make a discursive approach about dyslexia, its nuances and the damage caused in the learning process, as well as to show that teachers need to be aware that patients with this disorder have specific difficulties in cognitive processing and take a longer time and differentiated pace to learn. It was also seen with this research that the brain is not only able to produce new neurons, but also to respond to stimuli of the environment, with a learning that has to do with modifications linked to experience and modifications that are the expression of intentional plasticity. It can also be seen that the difficulty of learning is not an isolated situation and that, often, an evaluation and diagnosis of specialists are necessary for the treatment of disorders of this nature. Thus, family and school must walk together and the teacher be the mediator of the entire educational process for the success of dyslexic student learning.

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Keywords: Dyslexia. Conscience. Phonological. Brain. Apprenticeship.

RESUMO: Este estudo tem como objetivo fazer uma abordagem discursiva acerca da Dislexia, suas nuances e os prejuízos causados no processo de aprendizagem, bem como, mostrar que os professores precisam se conscientizar de que portadores deste transtorno apresentam dificuldades específicas no processamento cognitivo e levam um tempo maior e ritmo diferenciado para aprender. Viu-se ainda com esta pesquisa que o cérebro não só é capaz de produzir novos neurônios, mas também de responder a estímulos do meio ambiente, com um aprendizado que tem a ver com modificações ligados a experiência e modificações que são a expressão da plasticidade intencional. Pode-se ver ainda, que a dificuldade de aprender não é uma situação isolada e que, muitas vezes, são necessários uma avaliação e um diagnóstico de especialistas para o tratamento das desordens desta natureza. Assim, família e escola devem caminhar juntas e o professor ser o mediador de todo o processo educacional para o sucesso da aprendizagem do aluno disléxico.

Palavras-Chave: Dislexia. Consciência. Fonológica. Cérebro. Aprendizagem.

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1 INTRODUCTION

This study aims to make a bibliographic survey about Dyslexia in school daily life, due to the need to expand knowledge regarding the theme mentioned above and the importance of teachers to understand how the child's learning takes place and that this consists in the formation of new neural networks even because the main challenges faced today in the classrooms are the difficulties of learning due to a number of factors.

One can also consider the learning problem as a symptom, in the sense that not learning does not constitute a permanent picture, but rather enters a peculiar variety of behaviors in which they stand out as a sign of decompensation. It is also important to emphasize that learning problems are complex; and in the classroom children are usually found who, even if they have the necessary skills to learn, cannot achieve the income that would be expected of them, either by the methods used by teachers or through a multitude of factors.

It will also be discussed in this research on how educators should analyze students with Dyslexia, as well as disorders associated with this pathology in the classroom, even because it is part of the teaching work to verify and judge the students' performance, as well as their results. It is also up to the teachers to recognize the differences in the students' ability to learn, to be able to help them overcome their difficulties in their learning process, and thus, evaluating them, the teacher, by perfecting their techniques, also evaluates their work.

This research will also address the causes, symptoms, factors, diagnosis and treatment of the dyslexic student and learning problems in the classroom context, through a debate analysis based on a methodological basis, as well as the foundation of authors who deal with the subject with great clarity and bring richness to the framework of the research in question and it is expected that it will serve as a support for the construction of other works in this same perspective and the same objective that is to achieve together with the dyslexic individual the true path to meaningful learning, overcoming obstacles in the school and social context.

2 BRIEF HISTORY/ANALYSIS DISCURSIVA ON DYSLEXIA/ITS NUANCES AND THE DAMAGE CAUSED IN THE LEARNING PROCESS

The following study will emphasize a theme that has been widely discussed and that causes restlessness in the classrooms due to the lack of preparation of teachers in dealing with challenging situations, and often do not know how to evaluate or guide the activities of dyslexic students in the classroom. It is on this theme that will be discussed below and will seek theoretical support in renowned authors who deal with the theme with vehemence, where this research will be enriched with a methodological focus and systematically updated.

It is known that dyslexia causes a language disorder because it prevents the relationships between auditory and visual language, the u is, receptive and expressive language. Thus, Martins (2003, p. 57), stresses that "dyslexia must be distinguished from the congenital and hereditary evolution of acquired dyslexia, which is aphasia, a disorder that results from a stroke, stroke or brain tumor". Thus, the child with Dyslexia should not be ashamed, not even his parents. This was due to the fact that dyslexia is not a lack of intelligence, because what happens with dyslexics is that they process information in a different area of the brain, remembering that they have normal brains.

Capovilla (2004), in turn, argues that Dyslexia is one of several types of learning disorders. It is a specific language disorder of constitutional origin and can be characterized by difficulty in decoding isolated words, usually reflecting different phonological processing skills. These difficulties in decoding isolated words are often unexpected in relation to age and other cognitive and academic abilities, resulting from a general developmental disorder or sensory problems.

It is important to highlight in this study that reading is an open path for the most diverse sectors of knowledge. It is also considered a very sophisticated process, although for most people it develops easily, however, for a certain group of individuals, such a process is a difficult and quite complicated task. Therefore, Martins (2003, p. 57) again points out that "Dyslexia is defined as a learning disorder in the area of reading, writing and spelling". The author also says that dyslexia "is a hereditary condition with genetic alterations, thus presenting alterations in the neurological pattern".

It can also be said that reading is a dexterity, just as writing is a dexterity. One of the prerequisites for the development of a dexterity is intelligent reasoning as to the problems and tasks that entail and why they. To effectively reason about reading and writing tasks, children need to form concepts about the communicative functions and linguistic traits of speech and writing. The school influences, favorable or not in the development of this learning. If schools employ methods and materials that adjust to such development, the skills of reading and writing can take their own in a fluid and natural way.

According to Rotta (2006), Dyslexia was identified by Berklan as a difficulty in learning through a German ophthalmologist. He used the term to refer to a young man who had difficulty reading and writing while having normal intellectual abilities. It was believed at that time that the problem would be vision. Samuel Orton, a neurologist and dyslexia researcher, then observed that the difficulty of reading and writing was not correlated with vision. He believed that this condition was caused by a failure of the lateralization of the brain.

From then on, other concepts of Dyslexia arise and for the Brazilian Association of Dyslexia (ABD), it is one of the many learning disorders characterized by the difficulty of decoding the simple words, showing an insufficiency in phonological processing. A survey was also carried out, where critical cases were diagnosed and classified as moderate, mild and severe, with a higher incidence in boys.

Also, according to research developed by ABD, the child often presents dysgraphia, difficulty with short memory and organization, difficulty in performing sequence of complex tasks, in understanding written texts and learning a second language. If untreated, some symptoms persist and the condition evolves to difficulty with puzzle, lack of interest in written books and poor development in motor coordination.

For Fonseca (2001), Dyslexia has basically been considered a disorder of reading and language, involving difficulties in dictation and writing. It is also an unexpected learning difficulty, not disability, much less disease, considering the average and superior intelligence of the individual and the educational opportunity in which he is integrated. "It can manifest itself in the individual, regardless of

adequate learning opportunity and his sensory, mental, motor and behavioral integrity," fonseca adds (2001, p. 104).

Giving segment to the thought of the author mentioned above, it is relevant to mention the writings of Drouet (2006, p. 137), when she says that:

Specific dyslexia is understood as a set of symptoms revealing a usually hereditary, or sometimes acquired, parietal dysfunction that affects the learning of reading in a continuum that extends from mild to severe symptom. Dyslexia is often accompanied by learning disorders in writing, spelling, mathematics and writing.

It can also be said that in general, in dyslexia, reading difficulties persist until adulthood. "The difficulty of spelling usually accompanies that of reading, which is understandable because they are related skills", again emphasizes Fonseca (2001. p. 105). However, it is known that most dyslexics do not have tastes for reading, nor is it capable of mastering the reading of a second language. Therefore, if this individual is not submitted to multidisciplinary follow-up, he/she may remain unsuccessful in his/her schooling.

In Maia's view (2016), Dyslexia is a genetically determined dysfunction, although its most typical symptoms appear at the moment the child begins to be exposed to reading and writing, one can identify the difficulties with phonological processing from the first years of life. Children with Dyslexia usually present a slight delay in the development of oral language, which can often go unnoticed. It takes up to a year and a half/two years to speak the first words and has difficulties in acquiring the articulation of words.

The author also points out that the person with Dyslexia often uses undefined terms in place of exact words, presenting hesitant language marked by silence and difficulties in accessing the appropriate word. When entering early childhood education, the child will have difficulty learning wheel songs and other rhymed songs. "From then on, the specific difficulties of learning reading and writing begin," maia (2016, p. 87) begins. Soon after, during literacy, the child will have difficulty learning and memorizing the name of the letters among other difficulties that will appear throughout this process.

Maia (2016), also says that unlike the normal literacy process, where all these initial difficulties can occur these become permanent, transforming the acquisition of reading into a slow , laborious and unproficient process. Throughout elementary

school, the child can remain with several speech difficulties. With regard to reading, there is slow progress and difficulty in spelling words. Refusal and fear of reading aloud. The reading is slow, tiring, silabada, with constant interruptions to decode less common words, among other issues. (MAIA, 2016).

Relvas (2015), points out that expression disorder refers to spelling and caligraphy, in the absence of other difficulties of written expression. For this author, there is also a difficulty in the individual comwriting written texts, evidenced by errors of grammar and punctuation within the sentences as well as, poor organization of paragraphs. "The classification of learning disorders by manuals does not take into account the anatomopathological basis of the brain area involved in the process," relvas adds (2015, p. 54).

Within this context, it is also worth mentioning that learning is a complex and dynamic process that results in structural and functional changes in the Central Nervous System. The changes occur from a motor and perceptual act that, elaborated in the cerebral cortex, gives rise to cognition. However, learning difficulties can be classified, taking into account the affected functions that are the higher psychological ones. These are learned from birth and are fundamental to formal learning. In view of what had been mentioned, Relvas (2015, p. 55), again questions that:

The disorders of the specific areas of the Central Nervous System that are related to the body, space and time scheme are the anatomopathological bases of perceptual-motor or disproctognoic alterations that lead to dyslexia, dysgraphia and dyscalculia. In the neuropsychological process of learning, attention, memory and executive functions, as well as attentional disorders and cortical functions of perception, planning, organization and behavioral inhibition, assume a role of higher importance.

Based on this assumption, it also stands out due to the writings of Relvas (2015), which specifically refers to the dyslexia disorder that this is the insufficient domain of the litura, which may be related to problems of laterality, spatial organization, temporal organization, language delay, affective problems and hereditary antecedents. The company still problems of writing and grammatical.

It is important to remember that the school has a relevant task in rescuing the child's distorted self-esteem beyond the responsibility and competence to unveil to the child the meaning and meaning of learning. It is necessary to prepare teachers

and to understand their students, differentiate one by one, respect their rhythm. The teacher's experience is related to the student's use. Non-learning in school is the main cause of school failure, among other factors that also influence. The role of the family to help the school becomes essential so that together, the student's learning process with or without difficulty learning develops in the best possible way.

The school cannot be conceived just as the institution that transmits content and knowledge, it must be much more than that. The school has the primary task of reconstructing the role and figure of the student, leaving the same being just a receiver, providing the student who is the creator and protagonist of his knowledge.

It is pertinent that learning is related, among other things, to an emotional climate in which the process of sharing knowledge promotes the development of the individual through the quality of the established relationship, says Relvas (2015). The teacher, the family and the school need to seek a way to harmonize this manifestation, it is through these affective expressions that the committed and attentive educator creates a critical look and seeks clues to the understanding of disabilities and limitations, from simple expressions, to looks to ensure attention and care in the act of learning.

Returning to Maia's thought (2016), it is worth remembering that this author also stresses that Dyslexia is considered a genetically determined dysfunction. Although its most typical symptoms may appear at the moment the child begins to be exposed to reading and writing, one can identify the difficulties with phonological processing from the first years of life. The author also points out that dyslexia can occur in 5% of the population, with studies describing a prevalence of up to 20% according to the rigidity of the criteria used for diagnosis. This discrepancy is due to the dimensional nature of the diagnosis of dyslexia, that is, we will be analyzing a competence that is distributed in the population at various levels and that, at a given group, is so different that it makes reading unproductive and inefficient.

When talking about dyslexia in adolescents and young adults, it is an extremely heterogeneous group, it can be said that this heterogeneity is even more than the different reading skills seen in the continuum, which is the diagnosis of Dyslexia. The reasons are numerous, says Maia (2016). Baseline operation will be an important determinant of the functioning that the individual can achieve. Another

factor is the student's history of stimulation. This compensation will depend not only on the rehabilitation program itself, but also strongly on the characteristics of the individual, albuquerque (2017) adds.

It is of fundamental importance to cite Albuquerque (2017), when the author refers to Dyslexia as a disorder that compromises the four learning skills that are reading, writing, speech and listening, and is caused by an event on the left side of the brain, and has no cure, but the treatment improves the quality of life of the patient. Dyslexia is a disorder that compromises reading, writing, speech and spelling level, providing learning disabilities, oliveira, (2004).

Dyslexia was discovered in 1877 by Kussmaul, who called it word blindness. The first description of dyslexia in 1896 was the result of research by Pringle Morgan, an ophthalmologist who called it congenital verbal blindness and attributed it to a developmental deficiency of the cerebral cortex. Already in 1990, Hisschel-Wood, an English ophthalmologist, continued the studies and research, and only in 1917, he called this dislexia incapacity.

In this perspective, it can be said that reading is the most difficult and complex skill in the cognitive context, because it requires decoding and understanding of words. Decoding is the ability to identify a sign or graphic, by a name or sound, that is processed through the knowledge of the alphabet and the oral reading or transcription of a text, detach to Albuquerque (2017).

Ventura (2012), points out that Dyslexia is an ancient issue that has gone through centuries causing controversy. His first quotation was made in the second half of the 14th century, and by the beginning of the 20th century, the organic and hereditary character of Dyslexia was already mentioned. This observation was, for a long time asleep and for years it was admitted that the difficulties of dyslexics had a close relationship, only with the pedagogical area.

Therefore, in the 1960s, dyslexia was considered as originating from emotional problems, affective issues or related to the immaturity of the central nervous system. This psychodynamic view contemplated the biological changes that had already been mentioned in the beginning st of the last century. "After several decades of investigations and with advances in technological resources ,

dyslexia has been evidenced that dyslexia is related to anatomical and functional changes in the central nervous system," ventura adds (2012, p. 03).

According to Maia (2016), strategies aimed at the school inclusion of students with Dyslexia can be divided into stages. The first is stimulation, which consists of activities that promote linguistic enrichment, practice of hto phonological bil ages that are deficient in the dyslexic and metaphonological skills instruction. Remediation consists of modifications in the teaching methodology of reading and writing in order to achieve a better performance of the student with Dyslexia. The third is the accommodation that corresponds to changes in the student's evaluation strategies in order to enable the student to show his/her potential and knowledge.

The author also points out that accommodation alone is not a direct bridge to the success of dyslexic students at school. For this, there is a need for adequate teaching, study and motivation. Motivation does not mean demanding less, but rather demanding a different way to reach the same result, that is, proof of knowledge and competence. Offering extra time on reviews is the main accommodation strategy.

According to Maia (2016), etymologically the word Dyslexia means language difficulties. In thecurrent con cep, it refers to reading problems and reading acquisition disorders. The difficulties in reading can be evidenced in the development of language, through semantic, phonological and sintactic difficulties, difficulties in understanding and decoding possibilities. It affects thelanguage skills associated with written mode, particularly the transition from visual to verbal coding, short-term memory, order perception and sequencing.

In practice, there is talk of evolutionary dyslexia when difficulties and symptoms similar to or equal to dyslexic symptoms appear in children who start their learning, but quickly these symptoms disappear on their own during learning. They are: inversions in writing and/or reading, additions, omissions, mirror writing, hesitations, repetitions. Dyslexia comes along, sometimes, with other school learning problems. Therapeutic intervention is specific for each child.

Dyslexia can be detected initially due to the delay in learning reading, writing, the peculiarities that happen when it can start learning, slowness, the tendency due to lack of rhythm and the absence of punctuation. As the years go by,

problems increase. Thus, the difficulty in reading, the scarcity of understanding, lead to poor school results, low self-concept, boredom attitudes and sometimes disruptive conduct, disturbing the proper functioning of the classroom climate.

2.1 TYPES OF DYSLEXIA

For Rotta (2006), Dyslexia can be classified in several ways. Its diagnosis is based on speech-language, pedagogical and psychological tests. It is usually performed by a multidisciplinary team, given the complexity of confirming the picture. It can be classified as Phonological, Lexical and Mixed Dyslexia.

Phonological Dyslexia is characterized according to Rotta (2006, p. 54), "by a selective difficulty to operate the phonological route during reading, presenting an acceptable functioning of the lexical route". Thus, the fundamental difficulties lie in the reading of unfamiliar words, showing better performance in reading words already familiar. Tied to its reality, there are difficulties in tasks of memory and phonological awareness.

However, Jardini (2003, p. 48-49), advocates that:

In phonological dyslexia, the child exchanges sound deaf letters, archphonemas, consonant groups, has difficulties with synonyms, presents slowness in giving answers, has difficulty in counting facts, summarize texts, confusion with right and left, does not spell, does not memorize tables, does not like to read, study and write, is also an insecure child.

Capovilla (2004), says that in Phonol Dyslexia ógica, some signs look like Visual Dyslexia. In this type, the dyslexic understands the graphemes and translates them to the auditory sector, reading loudly, but its objective is not achieved. This type, according to the author, may be the most severe of forms. There are difficulties in reading through the phonological route, which makes use of phonological processing. However, direct visual reading along the lexical route is preserved. Therefore, there are difficulties in reading unknown pseudowords, but the reading of familiar words is adequate.

However, it is also worth mentioning that in visual dyslexia, there is a kind of confusion in visospacial coordination, with regard to spelling, causing a certain inaccuracy, even because, in this type of Dyslexia, there are disturbances in the

visual analysis of words. Reading errors show a visual similarity between the writing of the pronounced word and that of the target word. (ROTTA, 2006 , p. 36).

The author also points out that there is also "dyslexia of neglect, where disorders appear in the visual area. The reader ignores part of the words, usually the initial part", (ROTTA, 2006, p. 37). Capovilla (2004), points out that in the dyslexia morf emmicaor semantics, reading by lexical route is very difficult and the reading takes place by the phonological route. Jardini (2003), points out that in Mixed Dyslexia, there is a sum of the two other dyslexias mentioned above, and therefore, its re-education is more laborious.

Phonological awareness as one of the metalinguistic skills is characterized according to Ventura (2012), by the ability to focus on the sound aspects of the language, being fundamental for the learning of reading and writing. The ability of phonological awareness allows the recognition of words structurally, that is, as being formed by smaller units, sounds, which can be segmented and understood as a sequence of phonemes or syllables, in a graphonemic correspondence, sustains Capovilla (2004).

In this sense, Teberosky (2003) stresses that the understanding that the spoken word is composed of minimal sound units, phonemes, and that these can be plotted, favors the learner's ability to reflect on them and operate with them objectively, autonomously and fluently, determining the stages of the acquisition of the written language. Also for this author, associating letters and sounds, sequencing and chaining this sound current is the path taken to learn to write. The domain of identification of written code favors important processes for the comprehension of writing, reflecting in the development of reading ability.

And, in this process of visual signal transformation written in sound auditory signal, two levels of processes need to be performed in ventura's opinion (2012, p. 70), "which is the phonological route and lexical route", which have been mentioned earlier. In this context, reading, therefore, is a complex form of symbolic learning, in which intervenes a series of cognitive and linguistic processes of different levels, whose beginning is a visual stimulus, and the end should be the decoding of it and its understanding. The ability to understand grapheme and phoneme relationships is not the only prerequisite for learning to read and write.

It is also pertinent to mention Ventura (2012, p. 71), because this author also points out that:

It depends on the frequency, grade and age group, such difficulties can be symptoms of learning disorders, such as Learning Disorders and Dyslexias... while learning consists and is progressive of spelling can initiate a favorable condition of writing acquisition, the permanence of errors and its difficulty in overcoming can be considered indicative of the deficit in the learning process.

It should be highlighted, therefore, that the dyslexic will present a deficit in the language system at the phonological level that impairs its ability to segment the written word in its phonological components, consisting of a specific difficulty in language processes to recognize, reproduce, identify, associate and order the sounds and forms of the letters, organizing them correctly. The subject uses orthographic hypotheses to write certain words and some errors do not occur randomly. (VENTURA, 2012, p. 71).

It should also be highlighted that with the development of reading skills, a competition arises between phonetic reading and whole word reading. If the word is familiar or has been memorized, the word will be processed quickly. If the word is unknown, the phonetic process will decode the word, allowing it to be processed. The whole learning process involves repetition and practice. Readers who develop these skills are now eager for reading, often using it as a source of entertainment or relaxation.

It is also worth noting that readers who have problems with decoding or difficulty in mastering the reading of the entire word, become readers out of necessity or bad readers, often depending on the auditory skills to learn. It should also be pointed out that some individuals have trouble reading proficientemente, but can spell with saneprecision. Others have more problems with writing than with reading. However, most individuals with specific reading difficulties have a combination of receptive and expressive components for their learning difficulties.

3 ANALYSIS DISCURSIVA ABOUT DYSLEXIA AND ITS PARTICULARITIES IN THE SCHOOL CONTEXT

A considerable number of children can be identified as included in the group with temporal or permanent learning difficulties. However, when one wants to know how they were detected or how it is done to distinguish whether or not a child

has learning difficulties, problems of various orders begin to appear. School problems involving learning disorders are neurological in order. School learning difficulties are pedagogical and both lead the student to school failure. Not all difficulties or problems are learning disorders. Learning difficulties are provisional and come from disarticulations in the subject's development process. (WEIS and CRUZ, 2007).

The learning process is no longer considered a passive reception action, nor the teaching of a simple transmission of information. On the contrary, we speak today of interactive learning and the dimensionality of knowledge. Learning supposes a construction that occurs through a mental process that implies the acquisition of a new knowledge. It is always an internal and subjective reconstruction processed and constructed interactively. Learning integrates the brain, the psychic, the cognitive and the social, (Sisto, 1996). Therefore, it can be said that it is a neuropsychic process that will occur at a given historical moment, in a given society, within a particular culture.

The study of learning difficulties originated in the United States and Canada, but gained proportion and was spreading in other countries. In Brazil, learning difficulties as a category within special education have not been considered, unless part of the general conception of special needs and disabilities, whose most spare manifestation is the school process. This generalized medicalization of school failure was reinforced in the 1960s, when physicians introduced in Brazil the psychoneurological approach to human development, which brought with it the perceptions of Minimal Brain Dysfunction and Dyslexia, much emphasized by neuropediatricians, psychologists, speech therapists and psychopedagogues. (SISTO, 2007).

Another aspect of great repercussion in Brazilian educational thinking was the New School movement, which underpinned the education policy from the 1920s to the 1960s, says Scoz (2011). The movement sought an answer to Brazilian educational problems in educational experiences already established in the United States and in European countries, based on a new conception of childhood, which recognized the psychological specificity of the child, as opposed to philosophical and psychopedagogical assumptions of traditional education. Therefore, in the mid-1970s,

learning difficulties began to be classified in the view of Sisto (2007), as a disorder and in the configuration of a professional field with legislative support.

According to Pain (1983), one can consider the learning problem as a symptom, in the sense that not learning does not constitute a permanent picture, but rather enters a peculiar variety of behaviors in which it stands out as a sign of compensation. Learning problems are not the result of lack of intellectual abilities, but rather of the conditions that can accompany or trigger a problem in the areas of learning.

Returning to the writings of Sisto (2007), it is also worth mentioning that, since learning difficulties are defined as problems that interfere in the field of basic school skills, they can only be formally identified until a child begins to have problems at school. However, children with learning disabilities often need to face them for years before an intensive effort is made to find out the best way to help them. In this context, specific learning difficulties can be better understood if examined in the angle of the legal definition of the Education Act of 1996, where it provides a definition in stages, in which a difficulty to learn can lead to a learning difficulty.

Drouet (2006) clarifies that today, it can be observed that many studies are being done in the field of Psychology and Psychiatry, and thus, we seek the best way to classify the disorders that impair learning, as well as determine their causes. Many of these disorders have more than one cause and in all there is interference of more than one factor, be it somatic or psychic. As for physical causes, the author points out that they are those represented by transient or permanent somatic disorders.

In this sense, such symptoms come from any disturbance of the general physical state of the child, leading to an abnormal state of health. Although not directly linked to learning, these organic or somatic disorders can cause numerous health problems, both in the child and in the teacher, affecting the teaching/learning process. Usually these disorders in the general physical state of the child, whether transient or permanent, always involve an emotional component, more or less pronounced, because in reality, almost all diseases are psychosomatic. (ALBUQUERQUE, 2017).

The author cited a priori also stresses that the neurological causes are the disorders of the nervous system, both of the brain, as well as of the cerebellum, the medulla and nerves. The nervous system commands all the physical and mental actions of the human being. Any disturbance in one of these parts will constitute a major or lesser problem, according to the injured area. However, it is also noteworthy that the emotional causes are psychological disorders, linked to the emotions and feelings of individuals and their personality . These problems usually do not appear alone, they are associated with problems from other areas, such as motor, sensory , among others. (DROUET, 2006).

With regard to intellectual or cognitive causes, the author mentioned above points out that they are those that concern the intelligence of the individual, that is, \to his/her ability to know and understand the world in which he lives, to reason about the animated or inanimate beings that surround him and to establish relationships between them. For this reason, it is feasible to highlight Garcia (2011, p. 34), when he makes it clear that:

The Nervous System also plays an important role in these disorders. The way in which the individual knows the world, its greater or lesser capacity to establish relationships, to create new things, to invent, build and to seek different solutions to the same problem will depend greatly on their mental structures and their intellectual capacity.

However, educational causes show that the type of education that the person receives in childhood will condition disorders of educational origin, which will harm them in adolescence and adulthood, both in study and at work. And thus, the failures of its educational process will have futurerepercussions s. For all this, it is also worth mentioning Drouet (2006, p. 102), when she points out that "socioeconomic causes are not disorders that are revealed in the student. These are problems that originate in the social and economic environment of the individual."

All these causes cause disorders, which will constitute the different learning problems. The human being is not divided into watertight compartments. Therefore, there is no physical disturbance separate from neurological, emotional, motor, and so on. The individual has a unique, indivisible general structure, so that if there is disturbance in one area, naturally other areas will be compromised. This thought should be complemented with Smith's writings (2001, p. 41), when it highlights that:

Learning disorders intervene in a multitude of factors. Each case should be analyzed differently, the cause and modality of the disturbance. A child with learning difficulties is one who cannot learn from methods with which most children learn. Learning problems do not disappear, however, the child can learn to compensate for their difficulties.

Today, it can be said that there is a multiplicity of factors that intervene for the emergence of a low school performance as a result of the learning process. It is also known that learning changes may be due to a diversity of these factors. However, Scoz (2011, p. 22), comments that "the etiology of baix school performance should be analyzed from several aspects". The author also says that:

The changes in learning due to a diversity of factors that intervene in it, that is, neurobiotypes, emotional disorders or pedagogical organizations away from the psychosocial reality of those who go through this process.

Psychic aspects should also be taken into account, in which many cases present themselves as the underlying cause of low school performance, i.e. they are the ones who learn. As for social aspects, these refer to how one learns and the environment in which one learns it is important to understand that these factors interact with each other. Therefore, one can consider the learning problem as a symptom, in the sense that not learning does not constitute a permanent picture, but that it enters a peculiar constellation of behaviors, in which it stands out as a sign of decompensation. And so, Drouet (2006, p. 28), adds by emphasizing that "no factor is determinant of its emergence, and that it arises from the contemporary fracture of a series of concomitants".

According to Drouet (2006), the fundamental factors that need to be taken into account in the diagnosis of a learning problem are the organic, specific, emotional/psycho/psycho factors and environmental factors. All of them leave irreversible marks in the lives of individuals, and thus, the author finally mentions that for a child to learn it is necessary that the person who teaches them to grant the possibility of being the person who learns and puts it in the place of the thinking subject. The person who teaches may be someone who creates or wants the person who learns to learn, but in turn, a parent or teacher can disturb or even destroy learning.

Psychopedagogical methods and techniques need to be supported by the person who teaches. The responsibility to teach and learn is a shared responsibility. In the process there may be ups and downs, and this is the builder for the subject to

learn at the highest level of his knowledge. The role of the teacher is fundamental to help the child recognize himself/herself as a thinker and author of his story.

In this perspective, it should be emphasized that the first possible dyslexia, which can be detected, is when the child has great difficulty in assimilating what is taught to him and his development ends up laggard, even though he is somewhat intelligent. In this sense, the best thing to do is to refer the child to specialized professionals, in order to examine the child to find out whether or not it is dyslexic. Thus, identifying the problem of school performance, the isolated symptoms which are perceived by the family and teachers, the help of a specialized professional becomes essential.

In the case of dyslexia in particular, it is impossible for a single professional to evaluate so many aspects and affirm an accurate and safe diagnosis. For this, the ideal is to have a multidisciplinary team of professionals to perform the evaluation of the functional deficits of the child. The results of the evaluations performed by psychopedagogists, speech therapists, psychologists, ophthalmologists, otorhinos, neurologists and psychiatrists should be analyzed and discussed by all, so that the child can be referred to the necessary care. In this way, the team of professionals will evaluate deeply, checking any and all possibilities, before confirming or discarding the diagnosis of Dyslexia. Such a procedure is what is called multidisciplinary evaluation and exclusion. (VENTURA, 2012).

From this angle, Ventura (2012, p. 69), advocates that:

The multidisciplinary diagnosis of learning disorders or disorders has allowed a deepening and provided greater clarity in the therapeutic intervention from an exchange between health and education professionals, favoring, above all, better learning conditions.

It should also be noted that to perform the diagnosis, procedures should be used to determine the functional level of reading, its potential and capacity, the extent of the disability, the specific deficiencies in reading capacity, neuropsychological dysfunctions, associated factors and development and recovery strategies for improving neuropsychological processing and for the integration of abilities perceptual-linguistic. Some aspects should be observed to diagnose Dyslexia such as family history, early language changes, panic when reading aloud,

anxiety when performing tests, difficulties in spelling, confusion with letters, exchange of phonemes, among others already mentioned.

By establishing an early diagnosis of learning disorders, a care organization and support structuring are created that aim to meet the needs and development of compensatory strategies of these individuals. In this process it is still very important to take the opinion of the school, parents and raise the family history and evolution of the patient. This evaluation not only identifies the causes of the difficulties presented, but also allows appropriate referral to each case, through a written report. For the diagnosis and evaluation of dyslexia, it is essential, above all, to define intervention strategies aimed at school success, albuquerque warns (2017).

Finally, it is highlighted in this research that the term or phenomenon of learning difficulties does not include, but integrates, but integrates all the factors that affect academic performance, the subject who learns the teaching contents, the teaching staff and the social and physical environment of the school. The definition of learning difficulties in question, in addition to avoiding the conceptual problems discussed, also has as a point of support premises present in the National Curriculum Parameters, showing with this, to be more appropriate to the Reality Brazilian Educational Policy. In Brazil, learning difficulties should be conceptually considered as continuous or scale of intensity or severity, receiving pedagogical intervention in a flexible line of action, including curricular adaptation. (FONSECA, 2001).

With regard to the evaluation process of the student with learning difficulties, it can be highlighted that in this sense, a comprehensive evaluation goes far beyond locating the difficulties of a child. It should also identify the student's strengths and determine how their performance is affected by different approaches and sleep environments. Although the selection of assessment methods varies according to the nature of a student's problems, a thorough assessment of the student's learning difficulties should take place.

Faced with school difficulties, children experience a decline in learning pleasure as soon as they encounter them. There are clear signs that are related to the fall in interest in the school. Thus, it is considered that it is undeniable that the teaching-learning process is a process built internationally, between teaching-

learning-medium, so that all components can enjoy the cognitive process, which is the learning process.

FINAL CONSIDERATIONS

At the end of this research, it was seen how pertinent it was to do an investigation about dyslexia, even because the symptoms of this disorder presented by the students and the classroom begin well at the beginning of their school life and extend throughout their educational process, resulting in most cases, their disinterest and even failure scholastic. It was of paramount importance to describe in this research also that, increasingly, knowledge should be expanded, with regard to such a disorder even because, for its carrier, there is a Law that guards and support special evaluation regimes, where the pace of learning should be considered, among other particularities.

It was also seen with this research that, with regard to teacher education in terms of dyslexia, there is still much to study and discover, because all people without different erm, due to the biological, genetic and emotional aspect, the stimuli received and the experiences obtained along the stages of maturation will differentiate the aspects that stimulate and determine the search for learning. And thus, it can also be said that learning is related, among other things, to an emotional climate in which the process of sharing knowledge promotes the development of the individual through the quality of the established relationship. This whole process in a dyslexic individual happens differently from the other.

It can be seen from this study that the brain is responsible for the entire command of the body. He and the mind have a multitude of possibilities that need to be enhanced and developed, that is, it is the brain that elaborates the processing and command of the senses, perceptions, attitudes, behaviors, affections, emotions, feelings, movements, desires, altruism and memories, besides being present in the construction of man's intelligence, cognitiv skills social issues that permeate their daily lives. The frontal lobes make us active in the face of our planning. Thus, it is highlighted that people who have lesions in the frontal lobes have an inability to plan and make decisions, as well as to anticipate the consequences of their actions.

Finally, this research concludes, leaving in it the clarity that teachers need to understand that a fundamental aspect for learning is attention, a structure that must always be on alert to receive new stimuli and bus car to interpret or decode them. When this does not happen, we are faced with an individual considered different from the others. Thus, the teacher must prepare to adjust the work and tasks, and thereby allow the maximum development of the skills of each student. Only the scientific study of learning is that promotes the educator to follow the various school performances of students in the classroom, recognizing the specific areas of the brain that can be stimulated in the act of learning.

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