

# Beyond the monster's wanting and doing: Special Education as a barrier and diacritical hermeneutics as possibility

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## Abstract

This hermeneutic, interpretive case study reflects on an experience with the placement of a student in a specialized classroom who did not want to be there and had informed educators around her of this prior to her placement. She claimed she would “do anything to get kicked out of the placement” and ultimately, this happened. Through this case study I argue that Special Education policy and its infusion into psychology, especially through the Diagnostic and Statistical Manual, conceals or limits the possible ways for such students to be because of how we use that language to frame them. Special Education diagnosis and coding are more than labels, I suggest: they are constitutive and we play a role in that constituting action, I argue. Richard Kearney's Diacritical Hermeneutic approach reveals possibilities for seeing differences outside of the binary of normal / abnormal. Such an approach could allow us to value such students outside the exteriority of Special Education's framing. We may more openly see their rights as human beings, thus allowing them the space to tell their stories so that we hear them. Concurrently, I suggest we might also critically reflect on our roles in supporting students.

**Key words:** Discourse, psychology, mental health, special education, subject, democracy, phronesis, experience, pedagogy

## Résumé

Cette étude de cas interprétative et herméneutique renvoie à une expérience concernant le placement d'une élève dans une classe d'inclusion scolaire qui ne voulait pas se retrouver là et en avait informé les éducateurs autour d'elle avant son placement. Elle a affirmé qu'elle allait «... tout faire pour se faire expulser de ce placement» et c'est, finalement, ce qui est arrivé. Grâce à cette étude de cas je soutiens que les politiques de l'éducation spécialisée et son infusion dans la psychologie, notamment avec le manuel diagnostique et statistique des troubles mentaux, dissimulent ou limitent les moyens possibles pour ces élèves d'être, en raison de la façon dont nous utilisons ce langage pour les cadrer. Selon moi, le diagnostic et le codage dans l'éducation spécialisée sont plus que des étiquettes : ils sont constitutifs et je soutiens que nous jouons un rôle dans cette action constituante. L'approche herméneutique diacritique de Richard Kearney révèle des possibilités de voir les différences en dehors du concept binaire normal / anormal. Une telle approche pourrait nous permettre d'estimer ces élèves en dehors de l'extériorité du cadrage

de l'éducation spécialisée. Il se peut que nous voyions plus ouvertement leurs droits en tant qu'êtres humains, leur laissant ainsi un espace pour raconter leurs histoires afin que nous les entendions. Parallèlement nous pourrions également réfléchir de façon critique sur nos rôles dans l'appui et l'aide aux élèves.

**Mots clés:** Le discours, la psychologie, la santé mentale, l'éducation spécialisée, le sujet, la démocratie, la phronesis, l'expérience, la pédagogie

**Beyond the Monster's wanting and doing: Special Education as a barrier and diacritical hermeneutics as possibility**

*A diacritical hermeneutics of discernment, committed to the dialogue of self-and-other, wagers that it is still possible for us to struggle for a greater philosophical understanding of Others and, so doing, do them more justice.*

Richard Kearney (2003)

**The Monster arrives and leaves, demanding something different from us, then and now**

I had not yet met her and plans were being made with the classroom team to contain her. Her 'success plan,' a summary of best strategies created from her time at a mental health services day treatment program, emphasized the need to highly structure her school days in order to limit her opportunities to be involved with students engaged in 'at-risk' behaviour. Her diagnosis portrayed a young adult who wanted to belong but did not have the navigational skills to know how to do this with the 'right' groups. In the past she often 'belonged' to gang-like groups and made statements of being engaged in gang-like activities to other groups of students. She had told personnel involved in her intake meeting to a specialized classroom setting that she would do anything to get kicked out of the class. Still, she was placed there, despite our knowing all this.

Six weeks into the program she had attempted to sell drugs to students in the specialized classroom, had left one of her 'regular' classes to do drugs, and, finally, brought a dangerous object onto the bus and threatened another student with it. She most certainly meant what she said and was capable of acting on it. Now she is, as wished for before even entering the program, no longer in the classroom. We should have listened to her. Why did we not? How was it that this student's voice had been so diminished that we decided for her — without her consent — where she should attend school? How would a similar event transpire if she were an adult? Did we violate her rights? What assumptions did we make? What power did we hold and take for granted, even still?

Both the richness of this case and its familiarity (Wittgenstein, 1958) with us as educators demands of us to try to make sense of this, I believe. Have we not at some time in our work said or thought that a student didn't belong with us in our classrooms, in our assemblies, in *our* schools. What permits and makes this exclusion a viable option for us when 'confronted' with such students? Such questioning demands investigation into a topic beyond the exploratory and provocative interpretive framing of this singular but thickly interconnected case study: what cultural, political, social, economic, and historical barriers or concealments prevent such students from being successful in our schools? This is the task for inclusion — the complete reformation of schooling — according to some (Graham & Slee, 2008; Slee, 2011; Thomas & Loxley, 2007; Valle & Connor, 2011).

This student was the monster, coming to shore, arriving (Wallin, 2007) beyond her own wanting and doing, and as such threw us beyond our wanting and doing (Gadamer, 1975). In this

essay I shall attempt to use the fecundity of this particular case (D. W. Jardine, Friesen, & Clifford, 2006), which I was involved in directly to ‘unconceal’ (Wrathall, 2011) the ontological nature and power of language — in this case educational language shaped by policy documents and regulations — over educators and students. Also, at the same time I recognize and accept that there is a long-standing and ongoing constitution of others — like this student — as ‘exteriorities’ (Kearney, 2003). This cultural framing of others is, according to Kearney (2003), “one of the oldest stories in the book.”

In the unconcealing, what is revealed or opened up for consideration is a possibility for doing better by others, like the student in this case. One alternative way of conceptualizing and being with human beings is Richard Kearney’s (2003) diacritical hermeneutical approach to others. Be they strangers or monsters, what are now seen as either normal or abnormal humans are viewed as grey among grey, or different among valued, and respective differences with their own voices we should hear and listen to (Baglieri, Valle, Connor, & Gallagher, 2010; Slee, 2011; Thomas & Loxley, 2007; Valle & Connor, 2011). In this essay I shall attempt to rise to Kearney’s challenge as well as the challenge posed by David Jardine (2006):

How are we to do justice to this particular episode that happened to a particular *student and educator* at a particular time and place, while at once respecting the undeniable kinship we experience in hearing this *educator’s* tale? (emphasis added)

In other words, how do we make sense of the newness of this experience within the familiar oldness of its complexly intertwined and interconnected environment so that both the old and new among us might learn anew? This is the task of interpretive inquiry, and the depth to be revealed within such a singular case. Thus, this work should be seen as interpretive, as a hermeneutic (Gadamer, 1975) dialogue with the experience and supporting references in the context of a larger complex lifeworld. Some may call this the ‘methodology’ of the essay but it is certainly not a sterilized, indivisible end result, ‘pure’ and ‘free’ from ‘distorting’ prejudices that hamper our way to an undiluted, ideal, objective truth. It is our very prejudices as traditions beholding truths (Gadamer, 1975) that play a part in informing us within this essay. And this does not mean that everything is left in ruins as the rubble of deconstruction, amidst a lofty goal, an ideal in disguise. This essay remains conservative and hopeful in its approach, with good will (Gadamer, 1975) reminding us that not all is bad, or negative power, or dangerous (Foucault, 2007). We must use our judgment to decide for each case and that judgment must be practically grounded and ethically based upon doing justice for one another, for the other (Kearney, 2003; Risser, 1997). In turn, each rich case can add to the ongoing narrative of our educational lives, as a further employment to help us navigate the topography — the field — of our work. Each case can assist our judgment for doing well in the new experiences that arise necessarily in the courses of our finite lives. This is not to be read as an affirmation of the accumulation of cases, but rather as a recognition that experiences happen beyond our wanting and doing and by their very nature are generative of the topics they speak to. Each case reaches out to all that has gone before and sets us up for cases to arise: nothing ever fully arrives in completeness (D. W. Jardine, et al., 2006).

### **Revealed Assumptions**

As a support for specialized classrooms in a school board, my work mainly consists of meeting with educators, families, students, and health professionals to talk about how best to support students. Our educational work is supported by Therapists and Family-School support workers. Education and health are complexly intertwined within these classrooms. The teams I work with share a common language about the students and their families. This language — our way of making sense of students (Gadamer, 2007) — is primarily a language that subjects students to methods of assessment and categorization defined by the ministry of education for the province (Alberta, 2010). This official language is primarily that of psychology and psychiatry infused into Special Education, where diagnosis through the DSM (Diagnostic and Statistical Manual) powerfully permits school administrators to assign students numerical codes for extra funding support. After a year of working very intensely within these classrooms I have come to experience the enmeshment of this particular kind of psycho-educational language as a most tightly woven fabric: a strong fabric that most often only folds or shapes itself within the parameters of the professional knowledge and practices of the field. When this fabric is stretched so that its constituent threads are further revealed, as they are in this case, possibility arises, thus this essay. In most of our mental health classroom meetings, as a participant-observer — that is to say, as someone intentionally attempting to observe the play (Gadamer, 1975) of the structured field I am immersed in — our language is guided by our understanding of: the mental health diagnoses students have (and their subsequent coding), psycho-educational research as ‘best practices’ to support the challenges that come with such pathologization, and navigating emerging and chronic crises students (and their families and educators) are involved in. This observation aligns well with Skrtic’s (1995) work and his identification of the assumptions taken for granted within Special Education:

1. Disabilities are pathological conditions that students have.
2. Differential diagnosis is objective and useful.
3. Special Education is a rationally conceived and coordinated system of services that benefits diagnosed students.
4. Progress results from incremental technological improvements in diagnosis and instructional interventions.

We also talked about what we felt was best for students based on our day-to-day practical knowledge of working with students. Sometimes this knowledge aligned with the empirical findings of the psycho-educational field and sometimes it did not. Clearly, one predominated but not at the full exclusion of what happened beyond our wanting and doing, which I think was one of Gadamer’s key points in *Truth and Method* (1975): our world can’t be framed once and for all, not even for a time, without it infinitely arising anew for us because of our finite lives and the limitless possibilities of interpretation, at once structured by history and the fields of our daily work lives, but not so much that the world and our particular fields are ever complete, as in final or closed. As Bernstein argued, interpretive work — hermeneutics — is *Beyond Objectivism and Relativism* (1983).

### **Fortress Special Education**

In my seven years of work within Special Education I have found it extremely rare for the diagnosis as a ‘true’ bracketed category of abnormal human classification to be questioned. When limit cases are reached, other diagnoses are often introduced. It also seems that many diagnoses come and go, holding brief reign over the field. It is as if the categories shift or change

to fit the excess or the ‘monster’ that presents itself, something Ian Hacking (1995) persuasively argued for in his work. Interestingly, the desire for our knowledge to have control once again creates new classifications that can take apart and put back together the student objects of our gaze so that, with predictable frequency (D. W. Jardine, et al., 2006) we can manipulate the excess, anticipate it, not be taken aback by it, and in education, receive funding for it (or other things). If, as Daniel Siegal (2011) argued, we are pattern-finding organisms led by mind, we do not lack in ability to ‘over-pattern’ into claims of certainty, often without reflection on the finite lives of the patterns themselves.

With such psycho-educational certainty we are removed from all the dark richness of living and being together in classrooms and working through *learning*, together. When the monster within this essay did what she said she would do, our first response was to claim we had mis-diagnosed her<sup>1</sup>. Our second response was to bring forth the full power of the medical institution to treat her as a severe case in need of more help for *her* problems. The focus on the individual has been my experience in most cases over the past seven years. The problem(s) of our concern as educators is mainly with the independent, bracketed object that brings forth our sympathy and our care in the form of further intense gazing into what is wrong with the monster(s), and not with:

1. what might be wrong with us and our approaches to seeing them as particular kinds of human beings, or
2. our relationships to them, or
3. the places we put them in, or
4. the learning we ask them to do.

And if not the object itself, most certainly we gaze intensely at the object’s family (Foucault, 1999). Such gazing may indeed be well-placed, though I think it wise to start with ourselves, first. Shortly, I will show how the excess did get noticed and with that noticing arose a pedagogical moment. Jardine (D. W. Jardine, et al., 2006) calls such excess ‘abundance.’ Like him, I believe there is truth in this abundance.

### **Hope arises from the richness of cases and hearing others**

In this province the very idea of the truth of child pathology and diagnoses has not been questioned until very recently. After an educational audit of all severe coded student files/cases in the province resulted in more than a 40% failure rate (Alberta, 2011), and with an alarming rapid increase in the number of coded students in the province, especially within the coding for

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<sup>1</sup> Concerns often arise about the accuracy of fit of diagnosis that most often leads to a different diagnosis. During these years I have read hundreds of complex student files. What I have noticed in the last couple of years (and I have completed no research in this area to substantiate numerically this observation) is a massive shift in diagnosis away from ADHD and Oppositional Defiant Disorders to more internalizing mental health disorders like Dysthymia, Depression and Anxiety. I have seen the patterns emerge across and within student files many times over. This is a phenomena that also needs exploring, and I suspect we will see a similar shift with Developmental Trauma Disorder or Childhood Post Traumatic Stress Disorder if they become official in the next instantiation of the DSM (Author, 2010). Ian Hacking’s *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (1995) could lead the way in modeling how such interpretive research has already taken place.

severe social and emotional disorders<sup>2</sup>, the public was engaged in providing feedback to the government on the current structure of Special Education. This was called 'Setting the Direction' and it revealed deep concerns and criticisms with the current focus on pathology as practiced through 'coding' (Alberta, June 2009). A subsequent restructuring process was led by an official statement on inclusion:

A way of thinking and acting that demonstrates universal acceptance of, and belonging for, all students. Inclusive education in Alberta means a value-based approach to accepting responsibility for all students. It also means that all students will have equitable opportunity to be included in the typical learning environment or program of choice, where such a placement is appropriate, and is undertaken in full consultation with a child's parents/guardians, teachers, school officials, and relevant community service providers. Inclusion and choice must never be considered in a vacuum. (Alberta, June 2009)

This statement led the way for the next phase, coined 'Action on Inclusion.' Already, in anticipation, our school board has done a major restructuring of its service units. What were once separate bureaucracies for Special Education and Curriculum are now combined. The numbers of staff supporting curriculum now far exceed those who support what was once the dominate realm of Special Education. Such a move largely supports the recommendation of scholars in the field of inclusion from a disability studies perspective (Slee, 2011; Thomas & Loxley, 2007; Valle & Connor, 2011). Recently, I met with a colleague working within the upper echelons of this restructuring. She described what changes were happening and I replied, "Sounds like the dismantling of Special Education to pave the way for inclusion." She smiled and said that is exactly what representatives from the provincial government were saying about Special Education in the province.

### **Pulled Up Short**

Hence, hope arises for some of us. For now however, and in this instance, whether or not diagnosis can or should 'fit' the students gazed upon is hardly ever a topic of discussion, especially at the ground level of play: at the level of educating what are still called students with 'Exceptional' or 'Special Education Needs.' Deeply troubling is the often unquestioned assumption that diagnoses accurately describe who students are and what they suffer from as independent individuals, removed from the world. Once I started to read specific works such as Ian Hacking's (1995) *Rewriting the Soul*, Allan Young's (1995) *The Harmony of Illusions: Inventing Post Traumatic Stress Disorder*, Ruth Leys' (2000) *Trauma: A Genealogy*, and Gary Greenberg's (2007) *Manufacturing Depression* my own taken for granted belief in most diagnoses crumbled under the weight of these detailed interpretive arguments. In Special Education our ignorance of the social, cultural, political, economic, and historical shaping of diagnoses is our objective and safe preparedness. When monsters arrive, we are often ready for them:

That is, the arrivant as a singularity functions as an excess or 'next case,' often in a manner requiring the reevaluation of 'the law' as universally applicable. Yet, this works

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<sup>2</sup> This appears to be the case in most western, industrialized nations (Alberta, 2010; Slee, 2010; Thomas & Loxley, 2007; Valle & Connor, 2011).

both ways, as the abreaction of the Law often has the effect of stemming and reducing such untimely fragments. (Wallin, 2007)

The pathologization of students as abnormal (Foucault, 1999), as the monsters before us, is supposedly an objective process grounded in empirical science: measurable, predictable, and controllable (Cook, Landrum, Tankersley, & Kauffman, 2003; Kauffman & Sasso, 2006a, 2006b). However, even after what Young (1995) described as the latest ‘DSM revolution’ towards a positivistic account of human nature – albeit a very late account given the much earlier ‘post-modern’ shifts away from both objectivist and subjectivist accounts of knowledge within the human sciences – there are still traces of the previous influence of the interpretive work of the psychoanalytic schools of thought (Hacking, 2004; Young, 1995). The recent (and late or untimely) shift in education to be more like the natural sciences, despite the natural sciences having already come to some terms with their own interpretive toeholds (Hacking, 2004; Maxwell, 2009) is but one glance at the disconnect between the neo-liberal push for results and the actual lives of people in education every day. The very idea that all things educational can be measured is a prejudice that interpretive work would claim goes a long way back (D. Gallagher, 1998; D. W. Jardine, et al., 2006), and for the present majority, has yet to arise within our historical consciousness (Gadamer, 1975).

And then along comes exactly what can bring about understanding: an event, an arrivant (Wallin, 2007), something that pulls us up short (Kerdeman, 2003), happening beyond our wanting and doing (Gadamer, 1975). Wallin (2007) sets up the monster of his essay as a question posed by a student at the end of a unit on Canadian Explorers, a question that does violence, a kind of monster to the self-contained, unified, traditional, and singular account of history: “Is there more than one history?,” the monster asked. Wallin wrote of the deeply pedagogical importance of this kind of monster, of this kind of happening beyond our planning and preaching and concealed understanding. As I read Wallin’s essay, resonances with met student ‘monsters’ summoned forth the diagnostically categorized high school mental health classroom ‘arrivant’ of this essay: the monster who did not want to arrive, and was perceived as monstrous in response, though I would argue the responses were simply means to the student’s desired end: to not be in that mental health class.

In this case, she was put on a home supported leave until our partners in health services could arrange for a full time residential treatment program for her. Her dangerous and threatening behaviour posed too great a risk for the staff and students of the school program, it was argued and believed. Just prior to bringing a ‘weapon’ onto the bus, culminating in the decision to send her home, we were involved in a large meeting to discuss how best to support her in the school. We knew of the other events she had engaged in. During the meeting, after reviewing the multiple diagnoses and therapies this student had received over the years, and in the moment of a team’s inability to ‘peg her into a round hole’ as it were, the consulting psychiatrist said something I would never have expected, this moment itself a pulling up short of my expectations, one that gives me hope and reminds me of Gadamer’s conservative hermeneutics. He said, “I’m concerned that she has been over-diagnosed and over-medicalized. If she’s trying to sell and take drugs, there’s a problem for all of us to consider, period.”

The debate over whether or not she was driven by anxiety, or oppositional defiant disorder, or was seeking attention as a function of her behaviour, was over. We needed to stop gazing and start talking outside the confines of the DSM categories, outside the objectification of her problems as hers. We had reached a limit, a boundary crossed, its capacity exceeded by the constructions and articulations of disease. The psychiatrist had marked out our own ‘dis-ease’



with cookie cutter-like pathological stamps. It was at this moment that I recognized how our intense categorizing gaze prior to her arrival neglected what she had to say about wilfully entering the classroom program. Our desire to ‘domesticate’ (Wallin, 2007) her, to fit this monster into a category of treatment and best practices excluded what she had to say about the matter, a phenomenon Allan Young (1995) noted in his work on *Post-Traumatic Stress Disorder*: “How much simpler things would be if researchers and diagnosticians had some way to bypass the things that men say about themselves and their pasts.” What the monster had to say was by-passed and this came back to us, clearly, above our wanting and doing, though we had a doing part in her monstrosity, I suggest.

Just when it appears that the limit of what is considered ‘normal’ within a classroom of students with mental health disorders is exceeded by the extreme behaviors of a student and hopefully with such ‘abundance’ the institutional discourses might be pushed to new horizons of understanding, the strength of the fabric of psycho-education and health tightened further around her. The weave of health services pushed her towards the upper limits of institutional supports. Her domestication became a matter of extraordinary subjection to hyper-attempts to treat, to normalize, to make better so that she might function within the normal parameters of society. In order to do this, the institutions believed that she needed highly specific containment and control through medication, therapy, and residential status. She was soon to be subjected to the full powers of the ‘psy’ sciences. In a circular sense, a means of justifying this process of residential treatment — this hyper-gaze — is the practical, reasonable, and right thing to do. The ‘monster’ posed a great imminent risk to others in the school environment, without doubt. Yet when one learns more about the history of this border-line crossing figure and her life in schools, and what she had to say about the program and entering it, I wonder if all of these recent events could have been different for her, for us all if we had listened with Kearney’s (2003) notion of an interpretive, phronetic, practical discernment towards both this particular case and how we have long played a part in constituting such cases. Such a discerning would involve hearing the stories of how we have come to the place where we describe students in particular kinds of ways and hearing the stories of the students under our gaze. Often times, we tell the stories for the students through the language of provincial policies, resource binders, DSM categories, and medicine. The narrative function of self becomes lost amidst the thick student and health files, filled with assessments, report cards, and diagnoses. Such frames held tightly as closed truths can do violence, I suggest. So I am interrogated with troubling questions demanding a critical reflection for just discernment: What role have we played in sustaining, perhaps creating this monster? What role has the very idea of categorization and classification played in constituting her in particularly monstrous ways?

When the weave of psycho-education refracted under the stretch of its limitations, when it folded back to reach its ultimate strength through density – henceforth she was sent to a residential, secure treatment facility – we became further complicit in what Hacking (2004) calls ‘making up people.’ A complex machinery surrounding her helped us to speak of and thereby see her as abnormal, with a history much older than that of education in the province playing its part (Foucault, 1977, 1999). Our taken for granted language that surrounds our work gave being to her in a particular way that limited her ways of being. This is important, for this is more than the problem of labelling. Labels stick to people in nice little shapes on our outer being, they can peel off, are merely perceived as names ‘attached’ to someone. Some labels stick more than others and this is a form of violence, too. But I suggest that Special Education coding and categorization is not just labelling: it is constituting. We make sense of the world and others by

the language we use. Language has this constitutive feature, a turn in understanding ontology many believe came about through Heidegger's (1962; Wrathall, 2011) work and carried forward by his students like Gadamer (1975). We make the world and people through these powerful(ly) structured ways of categorizing and talking about others which happens through language's constitutive function. With particular kinds of sense making like Special Education's, I suggest there can be violence done to them (Packer, 2011).

Thus we are challenged to ask ourselves: What limits to her possible ways of being and those of thousands of others in the province do we set through our categories and classifications and high-level, high-cost, psycho-educational assessments? That she lives with serious challenges is not at question. This is especially the case when we might actually compound those challenges when we think we may be helping through our particular ways of framing our care.<sup>3</sup> That we may have played a vital role in exacerbating her challenges, in defining them in particular ways, in gazing upon her and her family with what Foucault (1999) called the technologies of the subject, in pushing beyond her own wanting and doing, yes, these are the processes that reveal excesses that could be pedagogical moments. Abundance indeed.

### Opening up professional knowledge

The psychiatrist – the zenith of mental health knowledge and understanding represented in an expert – was the one to speak against the dominant language frame placed around this student, against the lifeblood of his profession and our shared work. It is to this moment of speaking out that we must pay attention to. In this case, one could say the psychiatrist's 'speaking out' was an act of *phronesis* (Aristotle, 1925) – of practical wisdom and judgment – gained from a life immersed within a field that 'medicalizes' subjects. He can do this safely because he is the expert of experts. He holds the power of the field and therefore the ability to say when pathologizing has exceeded its ability to describe what is in the world or when the categories have failed to sufficiently 'box-in' and domesticate a subject. I have no doubt that strategies deriving from an understanding of mental illness and medical conditions have helped students succeed in school. I have seen this and taken part in this many times. I must remind myself that these benefits occur within the traditional Special Education field of the 'normal/abnormal' student. The empirical sciences do have truths to tell us, as does the excess or abundance that arises in experiences that defy objectification. As a deeply respected mentor said to me, "We need *something* in place to support these students." What that something is must always be questioned in the revealed light of the richness of particular cases so that what is in place does not try to remain closed or concealed through our ways of making sense of others and learning with them. I believe this is not *so much* vigilance against violence as it is also vigilance for sustaining our own humility within particular fields of practice for the purpose of doing well for other human beings.

Yet, if I were to have said what the psychiatrist had said in that meeting I strongly suspect that my words would have been met with derision and I would have fallen into suspect in my abilities and understandings as a Special Education consultant. This is the difficult state of also being a liminal figure, an 'in-between' in thought, and also not a part of the medical profession, but a partner to it. It is the state of having an understanding that belies the dominant language

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<sup>3</sup> Do we see her as a victim? Do we have sympathy for her? Do we see her rights being violated? Do we see her as disabled through ableism? Examples of the various frames of care which in themselves should be open to critique (Slee, 2011).

while living within the dominant way of knowing others. It is not the state of having truer knowledge or better knowledge, rather different knowledge and in particular, knowledge that can question a dominant framing of students, not for the purposes of destroying that knowledge, but rather to push it into a new and ongoing frame of understanding as well as embrace that which helps others succeed, not as strict method, but as an ongoing questioning of what works that respects other, a socially just and pragmatic approach.

There are barriers, I suggest. As Skrtic (1995) points out, professional knowledge and professional inculcation are tied together in institutions like education and health. These institutions are incredibly powerful in self-determining what counts as truth and best practice. Although academia may have long ago recognized the implications of Kuhn's work for science and the social sciences, the daily phenomena I am a part of, especially these meetings I refer to, speak incessantly of the power of the positivistic, objectivistic, foundationalist approaches to truth within education and the 'psy' sciences within health. Special Education is often insulated from its own anomaly, blind to itself. It has few mirrors in the hallways of the discourse:

A professional culture such as Special Education is far less sensitive to anomalies because of the multiple paradigm status of its grounding discipline and the organizational conditions under which it works. The result is that the effectiveness of professional induction in Special Education produces professionals who rarely question the adequacy of their knowledge tradition. They tend to remain committed to their practices and discourses because, lacking a residue of recalcitrant anomalies, they assume that they are valid and objective, and thus that they serve the best interests of their students and of society. (Skrtic, 1995)

Equally troubling, if the current striving for a gold standard in educational research in the United States (Barone, 2007; Kauffman & Sasso, 2006b) is reflective of this province's belief systems (Ady, 2006), we remain within such rational restraints.

### **Possibility**

Although the language of psycho-education sometimes overpowers the possibilities for acting and being with students, there is resistance — a healthy resistance to the institutional demands to conform to best practice (D. J. Gallagher, 2006)<sup>4</sup>. Often that resistance feels grounded in what it is to live in a classroom every day, or an attempt to capture a student through an Individual Program or Education Plan, or when an expert openly admits the limitations of her field in its explanatory sense-making power over a student. There is always an excess living openly beyond our attempts to predict, control, and manipulate. Richard Kearney (2003) suggested we re-frame our seeing from the black and white binaries of normal / abnormal, accepted / unaccepted, regular / special to the greys of difference as constitutive of what it is to be human *and together*, as a value. I believe this is especially the case when we are concerned with what we have traditionally described as our monsters<sup>5</sup>. Kearney (2003) wrote:

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<sup>4</sup> This article is the first of a series of deeply confrontational articles between disability studies scholars and traditional Special Education scholars. The divide between the two groups is clearly seen in the series. At root are beliefs over what counts as truth in educational research.

<sup>5</sup> Teachers are more open to teaching students with 'medical disorder' rather than those classified as 'social-emotional' or 'emotional-behavioural' (Jordan & Stanovich, 2003, 2004). The suggestion I make is that responsibility for the disorder is either beyond or within students' (and families') control. Those disorders where we

I conclude accordingly that one of the best ways to de-alienate the other is to recognize (a) oneself as another and (b) the other as (in part) another self. For if ethics rightly requires me to respect the singularity of the other person, it equally requires me to recognize the other as another self bearing universal rights and responsibilities, that is, as someone capable of recognizing me in turn as a self capable of recognition and esteem.”

We are challenged to live to this demand by the current field of Special Education because, as I have tried to begin to show, it begins by a bracketing of others that tends to conceal others as capable, as equals, as ‘normal.’ On the contrary, Special Education begins with the idea of what is normal is good and what is abnormal is problematic or not good. Essentially we value the normal over the abnormal thus our resources are aimed at normalizing. The normalizing approach of Special Education therefore, is one that conceals the rights of students in and of themselves as human beings not regardless of difference but because of difference.

So it is that this essay is in itself, a diacritical hermeneutic act. That is to say, it is an attempt to begin to dialogue critically with the way things are, the way things have been, and how they might continue to be. This discerning dialogue is an act of narration, of fecund storytelling about a limit case that could have remained unsayable, complete in its apparent resolution were it not for the moment I was pulled up short by the psychiatrist’s recognition of the limit within the current psycho-educational framing itself.

As Kearney (2003) wrote:

Our very existence is narrative, for the task of every finite being is to make some sense of what surpasses its limits – that strange, transcendent otherness which haunts and obsesses us, from without and from within...we accept that we are narrative beings because the shortest road from self to self is through the other.

Importantly, the problems I have attempted to explicate in this essay are not of labelling rather, they are of how we make sense of the other, how we constitute other through the stories we tell, or do not tell, or listen to, and take for granted. This essay tries to do justice to the case and to the familiar around us, I think. For in this story are there not kinship – like (D. W. Jardine, et al., 2006) resonances with experiences we have had with others? Do not some things ring true and well about this story?

The particular monster of this case became a story for many of us involved in her brief stay in the specialized class. Within most of those accounts the focus was on *her* severe mental health problems that ultimately required the very top tier of health services. We lacked the ability to see our roles within the field differently because most of us do not know a different historical play and constitution of the field. From within this case there arise complexly enmeshed stories to engage with diacritically about the history of schooling, Special Education, the institutions of the human sciences, the nature of scientific inquiry, the history of ideas, for example. This is the nature of interpretive work, its ‘method’ if we must name it as such. There are ongoing historical reasons most of us have told the monster’s story in a particular way and I would like this essay to open that story up for critique through an ongoing dialogue. Perhaps if we had dialogued more with her, the story would have indeed been different.

When I taught in a ‘special’ setting for students with ‘severe social and emotional needs’ one of my co-workers used to remind us that when we spoke about others’ problems it was like

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tend to blame students and their families for their behaviour, like social-emotional disorders, are those teachers are less likely to want to teach. I suggest that such students are implicitly seen as monsters, docility-difficult and in some cases, dangerous to themselves and others.

pointing at them: in that pointing there were several of our own fingers pointing back at ourselves. His simple metaphor was a reminder for us to think about our roles and positions within the field, to discern justly the ways we constitute others and how such constitution conceals more just ways of being together. Those fingers pointing back at us serves this story at this point well, I think.

All of us working within the discourses of the human sciences, those of us who are concerned with the care of other human beings within professional settings, have a responsibility to question that which we take for granted. We must question ourselves, our beliefs, and our practices not simply for the sake of questioning but for the sake of asking whether or not we are open to new possibilities for understanding one another. In being open to new possibilities we limit the dogmatic freezing of the frames of explanation that surround how we constitute the students we work with. In possibility we are open to ongoing horizons of understanding (Gadamer, 1975). We are open to seeing ourselves as members of the constituting framework of subjects and therefore necessarily responsible for how we frame those subjects and the implications of such framing, like the case of the monster moved beyond our collective wantings and doings. A pragmatic focus towards doing what is right or what we ought to do to help support students and their families to live healthy lives now and in the future is already present. What must be questioned is the assumption of what it is to be healthy or normal or successful in school and at work and in life. Skrtic (1995) wrote that the virtues of democracy should be our guide. I am not averse to this thought however I wonder if democracy itself, as it lives in Western society in the images of the self, should be open for critique (Burman, 2008; D. Jardine, Naqvi, Jardine, & Zaidi, 2010; McMurtry, 2009; Slee, 2010). Through critiquing these images of self and critiquing our collective wantings and doings, it is my hope that we will more successfully support our students and their families to lead healthy lives.

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