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From the “Science of Disease” to the “Understanding of Those Who Suffer”: The Cultivation of an Interpretive Understanding of “Behaviour Problems” in Children

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Abstract

In this interpretive essay, I attempt to unconceal the problematic history at play in Special Education in Alberta today, with a focus on “behaviour students” or their norm-referenced disability status. A brief, but central, anecdote is used to help reveal some of the everyday problems that arise in education because of the behavioural disability framing of students. I suggest that these problems are examples of Illich’s appropriated notions of iatrogenesis and counterproductivity. As an applied emancipatory action, I call upon Gadamer and Ricoeur to help me interpretively turn the common, everyday understanding of pathology and self in the context of others as possibilities for understanding “behaviour students” anew.

Keywords

behaviour, coding, dignity, disorder, iatrogenesis, self-esteem, special education

The concern with things which are not understood, the attempt to grasp the unpredictable character of the spiritual and mental life of human beings, is the task of the art of understanding which we call hermeneutics. (Gadamer, 1996, p. 165)

Hans-Georg Gadamer (1900-2002) described hermeneutics as an emancipatory and practical philosophy (1976, p. 17). As a strategist for Emotional and Behavioural Disabilities (EBD) in a large urban public

school board, I work with school teams to support their work with “behaviour” students. As a Faculty of Education PhD candidate specializing in interpretive work, my understanding of “behaviour” students has profoundly changed. This emancipatory transformation, at the risk of oversimplifying, is largely the result of interpretively understanding the history of the Spe-

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cial Education work in which I have been immersed. Special Education, however, continues to dominate in educational understandings of difficult students. For most of the people I work with, this discourse is the unquestioned, accepted truth of students with “behaviours.” In this paper, I attempt to interpretively appropriate and explicate some of the history and current framing of this dominant discourse as applied to the lifeworld in which educators and students find themselves. I suggest the problems brought forward in this paper are an example of what Ivan Illich (1926-2002) interpretively argued as “iatrogenesis” (1975, p. 14) and “counterproductivity” (pp. 212-214). In opening up or revealing these problems, I hope to offer the possibility of further emancipating and transforming our understanding of difficult students in classrooms.

A Central and Illustrative Anecdote: Sam Overflows the Frame Around Him

The setting was a highly resourced classroom - 8 students and 3 adults - for young children with a particular severe physical disability. The administrator called me to help support her team with a student who was having severe behavioural difficulties. Here is an important, telling segment from my observation notes:

Teacher asks Sam to come up to the board:

“Come on Sam. Come here and give it a try.”

Sam looks around at peers. Pauses. Squirms in seat. Flaps arms. Puts fingers in mouth.

Sam gets up. Slowly moves to front by Teacher while looking at peers and adults.

Teacher encourages. “It’s OK Sam. I’ll help you.”

Teacher asks Sam to point to the numbers and count from 1 to 10.

Note: peers just counted as a group by 10’s to 100 and Sam did not.

Sam takes pointer. Teacher helps Sam hold pointer.

Sam looks at teacher. Sam looks at peers. Sam looks around the room.

Teacher helps Sam point to 1 and Teacher says “1”

Sam says “1.” Sam’s pronunciation is very difficult to understand.

This pattern moves along to “5” when Sam suddenly throws pointer down, stomps floor, cringes face.

Teacher: “Sam, that’s not OK. We don’t throw things here in this classroom. You’re upset. Let’s go sit down.”

Student aide comes over, standing close to Sam.

Student aide reaches with her hand to take Sam’s hand.

Sam pulls away and kicks student aide in the shin.

Student aide grabs Sam by the arm, angry look on face and with Sam resisting, pulls Sam to his desk.

Sam is screaming out something which I can’t understand, and resisting.

Teacher is now asking other students to follow along with her as she counts by 10's to 100.

Sam is screaming at his desk.

This pattern continued throughout the morning I was there. I observed Sam's anger over getting in line, snack-time, and getting dressed in his winter clothes for recess. He is a very complex little boy, full of frustration.

Consistently frustrated and angry children are not typical in this unique program. It is a program for a particular severe physical disability. The teachers and their administrator feel like they are not able to help a child like Sam, which is the reason why they have called me in several times this school year. Because I have helped many teachers with students like Sam, the administrator also asked me to be part of a larger meeting aimed to help persuade the decision makers in the school board to consider changing the resourcing of the program. Sam and some of his peers are students with severe emotional and behavioural disabilities (EBD) and might better be educated in a program for students with EBD, the school claimed. At this level, the school team believed they had reached a limit or a boundary which required different resourcing, or Sam and others like him needed different programs that could best fit their "primary needs."

This term "primary needs," common to us in education, reveals a part of what is at play in our thinking in Special Education. It hints at a logic structuring the possible ways we think about students. This logic enframes or encloses identity. For example, the current frame around the students in that class including Sam is determined by the main physical disability coding placed on them as "kinds" (Hacking, 2002, p. 110) of human

beings. This limits the ways the school team perceives students, enabling the belief that a student like Sam, who also presents with severe behaviours, cannot receive a just education in that specific program.

Put another way, a standardized slotting mechanism dependent on disability status, which is informed by psychiatry's technical categories of human abnormality, and its influence in focusing our gaze in particular ways on student behaviours within classrooms does not seem to serve justice to Sam and others like him. Students who are complex, which most often includes severe behaviours, are beyond Special Education's "wanting and doing" (Gadamer, 1989, p. xxvi). Given this, questions of concern lie within understanding this narrow logic.

Interwoven, Historical Logics

Unsettled then, overflowing the codification as it were, this brief anecdote is an example of the "untiring power of experience" (Gadamer, 1976, p. 38). It portends a world much greater, more complex around it. Within the anecdote, there are strong threads of both older and modern "logics" woven together plurivocally (Weinsheimer, 1991, p. 183). These "threads interweaving and crisscrossing" (Wittgenstein, 1968, p. 32) form the greater rope-like manifestation or discourse of Special Education. There are other thicker strands intertwined with Special Education as well. Framing students with EBD (and other diagnoses and codes) has been a response to these various historical traditions woven together.

Aristotle's Logic of A=A

The current point of essential power in Special Education in Alberta is coding. The severe EBD coding can only occur if a psychiatrist or registered psychologist diagnoses a

student with a disability found in the American Psychological Association's Diagnostic and Statistical Manual (DSM). The DSM clearly states that diagnosis is independent of the rest of the world. As Laurence and McCallum (2009) noted, in the DSM-IV-TR:

...whatever their original cause, disorders must be considered "a manifestation of a behavioural, psychological, or biological dysfunction in the individual" and that neither deviant behaviour (e.g. political, religious, or sexual) nor conflicts that are primarily between the individual and the society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual. (p. x)

Key here is the structural logic within the definition. This logic removes the lifeworld and isolates the individual: the disability is inscribed on the person as an inherent abnormality found exclusively in the self. In other words, the functioning self is "out of order," independent of the world.

Interpretive scholars have argued (Jardine, Clifford, & Friesen, 2008; Kearney, 2003, pp. xxi, 66) that the logic of an independent, self-identifying order can be read back at least to ancient Greece as part of Aristotle's (384 BC-322 BC) logic in his work *Metaphysics*. Aristotle's logic starts with a "first principle" which states: "It is impossible for the same thing to belong and not belong simultaneously to the same thing in the same respect" (Aristotle, *Metaphysics*. Book IV 3 1005b19-20 in Gottlieb, 2011). This is known as the logic of non-contradiction. Such essential knowing could not contradict itself or be different than what we have claimed at the same time and space. For example, Sam and his severe physical disability could not also be a severe emo-

tional and behavioural disability. If his primary way of being in the program was through a severe EBD code, he could not continue to be in the program designed for his particular severe physical disability. This is the logic of codification and is evidenced in the ways for which students are programmed:

Severe physical disability = program for severe physical disability

Severe EBD \neq severe physical disability

Therefore, severe EBD \neq program for severe physical disability

Consequently, severe EBD = program for severe EBD

In other words, if Sam were to stay in the program for the severe physical disability the administrator, teachers, and school board officials would need to break out of this applied logic of non-contradiction.

Sam's team and many of my peers in education would readily accept that Sam is more complex than the singularity of the codification and the program as described on paper. Yet, a consistent practice in education is to claim that Sam needs something different than what can currently be provided for because educators are only prepared for the singular, primary codification or, more commonly, teachers in "regular" programming are only capable of working with mainly "regular" students. The inherited logic of A=A seems to profoundly limit educators' ability to see and practice outside a singular conceptualization of the student with Special Education status (or not). This is a harsh generalization however, so I will strive to warrant it throughout this essay.

Descartes' Isolated Knowing

Rene Descartes (1596-1650) inherited Aristotle's logic in his attempt to solidify the ground upon which humans could talk about knowing things with certainty. "Cogito ergo sum" was the result of his thought experiment: "I think, therefore I am" (Descartes, trans. 1988, p. 80) This "unshakable proof" for existence happened exclusively, according to this logic, in his mind at the exclusion of the lifeworld in which he was immersed (and thus the connection between his logic and the Aristotelian first principle).

Descartes then went back to his experiences of the world with his new certain causal foundation for knowing which allowed him to continue to follow the Aristotelian logic of a substance needing only itself to exist. This was a renewed interpretation of the non-contradictory principle through inner identity-making. Understanding the world was a matter of breaking the world down into its essential features. In the breaking down towards certainty, the world emerged as differentiated objects for study, separated from a diminishing whole.

Auguste Comte's Science, Logical Positivism, and Behaviourism

Comte (1798-1857) believed that science no longer concerned itself with first causes. His emphasis on concrete observations and logical analysis of those observations led to what was called Positivism (Gadamer, 1982, p. 6). According to Ivan Illich (1926-2002), Comte was also the first to take the then expanding use of the term "norm" and apply it to medicine in the "...hope that once the laws relative to the normal state of the organism were known, it would be possible to engage in the study of comparative pathology" (1975, p. 165).

Another radical step was taken by a group of thinkers who believed that statements about the world were nonsensical if they could not directly point to the observed, experienced world in a logical, propositional fashion. This was known as the Correspondence Theory of Truth. Humanity's goal in the pursuit of truth is to simply describe everything as it is, via one singular universal and direct perception system of reality knowing.

Implicit in this system is the perceived direct literalness of human language which is to say: our speaking about the truth of things could never be speculative, poetic, metaphorical, "as" something (Davey, 2006; Weinsheimer, 1991, p. 129). As a result, the aesthetic loses its significant status as a bearer of truth and is relegated to an interpretation of subjectivity that seems powerless socially and communally. Gadamer called this denial of interpretation and historical influence in all human sense-making as the prejudice against prejudice of the Enlightenment period (Gadamer, 2004, pp. 272-273).

Positivism was also taken up in earnest by Ivan Pavlov (1849-1936) and especially B.F. Skinner (1904-1990) in their work on shaping behaviours through direct changes in the observable environment. Any notion of the inner working of the human being such as mental events and meaning-making were considered fictional (Phillips & Burbules, 2000, p. 9). Skinner's work was embraced by education in its attempt to shape students into particular kinds of human beings so that learning and an instrumental, productive society could ensue (Paul, 2004; Phelan, 1996).

Positivist psychological theory of disruptive behaviour in school also embraces what is sometimes referred to as learning

theory. Children's unacceptable behaviour is learned behaviour and needs to be identified, monitored and redirected. This represents the Skinnerian legacy in schools. Baseline data are gathered, students are regulated, their behaviour modified until elimination of the unwanted behaviour is achieved. (Slee, 1995, p. 96)

Hermeneutic philosopher, Paul Ricoeur (1913-2005), argued that behaviourism works as if human beings are technical, physical objects to manipulate. Through such methodology, the experimenter - an educator perhaps - assumes she/he knows all the variables of the lifeworld of the object, a lifeworld only accounted for via the hard science of physics and chemistry for example and can, by changing such observable variables, extort the appropriate and hypothesized responses from the subject, a student for example (Ricoeur, 2007, p. 188). I suggest this is a univocal power reflecting the inherited rationalist logic.

The Ancient-turned-Enlightened logic persists today in Special Education, despite the various research paradigms that emerged within what is generally known as the post-modern age (Sailor & Paul, 2004, pp. 37-45). As Kearney (2003) wrote: "Contemporary thinkers have made much of the fact that the Western metaphysical heritage, grounded in Greco-Roman thought, has generally discriminated against the Other in favour of the same, variously understood as Logos, Being, Substance, Reason or Ego" and "(m)ost ideas of identity, in short, have been constructed in relation to some notion of alterity" (p. 66).

At Play in Emotional-Behavioural Disabilities Today

Simplified and Contradicting, Sometimes Paralyzing, Binaries

If we think about the DSM and the nature of coding in the context of Sam's anecdote through this historical weave, the same traditional enlightenment logic continues to be at play. Knowing students is a matter of non-contradiction or identity. Consequently, a fundamental binary logic of identity and difference sit as the magnetic-like forces upon which our understanding of students (and the world) either attracts to or repels. Kearney (2003) and Smith (2006) argued this logical binary has been inherited within the western discourse of good and evil, of the monsters among us. Today, students with EBD are often seen as the monsters among us but on the margins within our schools, in jails and hospitals, too (Gilham, 2011; Jardine et al., 2008).¹ This inherited understanding of difference is different from a logic of conviviality, kin (Jardine, 2012), and mutuality found in other cultures (Smith, 2006, pp. 35-58).

Today Special Education in Alberta insists on this logic of identity and difference. Thus, one is either able or disabled, normal or abnormal. Our observations of students in the unique program resulted in a contradiction within the inherited logic of equating objects with isolated essences or codes. Sam presented more complexly than a singular corresponding code would allow, as evidenced in the singular programming present in the classroom and the teachers' consequently enabled fears that they were not trained to teach students with severe behaviours (Jeary, Couture, & Alberta Teachers, 2009, p. 15). Something comprehensive in our understanding of one another, of students in the greater context of a lifeworld has been lost in the reification of a category like EBD via the logic of non-contradiction and the DSM's Skinnerian-like descriptive

approach to constituting mental illness (Greenberg, 2010, pp. 238-252) Similarly, education's misbehaviour is concealed in this focus on the disabled, isolated subject as object. Illich (1975) profoundly captured what might be taking place:

In every society the classification of disease-the nosography-mirrors social organization. The sickness that society produces is baptized by the doctor with names that bureaucrats cherish. "Learning disability," "hyperkinesis" (ADHD today), or "minimal brain function" explains to parents why their children do not learn, serving as an alibi for school's intolerance or incompetence. (p. 169)

As a result "the sick person is deprived of meaningful words for his anguish...his condition is interpreted according to a set of abstract rules in a language he cannot understand" (pp. 170-171) and what was once a rich vocabulary people were able to use to talk about and express their suffering is lost, concealed, and taken over by the "increasing dependence of socially acceptable speech on the special language of an elite profession" (p. 171). Gadamer (1996) described this technical knowing, yet limiting phenomenon, as the rational organization of science into a business-like model which has resulted in a general rule for the modern age: "the more rationally the organizational forms of life are shaped, the less is rational judgement exercised and trained among individuals" (p. 17).

The above speaks to the arrival of my current work as a strategist, as well; schools believe they have lost all their means to "control" students with EBD coding and call in the "expert" representing the discourse of Special Education to show them the strategy, the method, the best practice through which control can be had once again. In the process, the question of codification and slotting into

further Special Education status emerges, almost inevitably as a result of the perceived inability to deal with the difficulties students present to us, as a result of inherited ways of categorizing the world into either "this" or "that." I can do "this with this," but not "that with that," it seems.

What the experience with Sam demands is

...a redressing of the balance so as to arrive at a more ethical appreciation of otherness. Such an appreciation reminds us that the human stranger before us always escapes our egological schemas and defies our efforts to treat him/her as a scapegoated 'alien' or, at best, an alter ego. Openness to the Other beyond the same is called Justice. (Kearney, 2003, p. 67)

Solution and Results-focussed

Similarly, the inherited foundational logic and its application in scientific thinking insists that the goal of working with students with EBD must be solution or results-focussed, as soon as possible. In other words, we perpetually attempt to "re-code" the disability and associated strategies in the hopes that we will figure out and cure inappropriate student behaviours once and for all, such that difficult and ambiguous human behaviour will ultimately be consoled, such that nothing out of the social order of schools and classrooms could ever happen. There seems to be no room for an inconsolable approach to being with one another in Special Education (Britzman, 1998, pp. 49-60).

There is a concomitant ideal that progress is only measured in the reduction or elimination of behavioural issues in students, evidence of the impact behaviourism has had on Special Education. This can be seen through goals as measures of success in In-

dividual Program Plans (IPPs) which often state the desired percentage decrease in unruly behaviour.

Moving, Accelerating, and Fragmenting Targets

In the detection of sickness medicine does two things: it “discovers” new disorders, and it ascribes these disorders to concrete individuals. (Ivan Illich, 1975, p. 92)

Depending on time and place, who and what counts as an EBD student differs, as well (Winzer, 2009, pp. 129-153). The overall arching logic driving the belief in an autonomous inherent disability within students also conceals the historically-effected conditions under which students are seen as having this disability, by whatever names such inherent self-rooted behaviours have and will continue to be called over time.

Characteristically, educators were driven more by a search for specificity. The need to understand deviance led to a parsing of complex actions. As special educators broke diffuse generic concepts into specific categories, the terms for categorical definitions of exactly who was behaviourally disordered constantly expanded, collapsed, and were re-envisioned. Descriptors and classification systems generally showed a murkiness that reflected both changing public morality and the subjective offerings of observers. In fact, the terminology used by the educational, legal, and correctional systems became so unclear and overlapping that a 1959 writer chided that “all of these categories, supposedly separate and distinct, represent a paragon of confusion since they may very well describe similar facts. (Clayton, 1959, in Winzer, 2009, p. 132)

As a result of this persistent logic and others, there has been, overall, a manifold, accelerating increase in codes and programs for those codes. Neat little boxes for the autonomously independent and isolated disabilities have become the norm within the abnormal. Entering the logic of codification results in a perpetual, non-stop attempt to categorize everything humans do that is deemed excessive, inappropriate, or abnormal: for example, the effort is focused on what to call this behaviour, and how to describe its criteria in such a way that professionals can objectively assign this disability to others without having to talk about theories of the self, inner urges, and sufferings.

Illich argued (1975) that the entire modern medical profession was built upon a foundation of creating objective disease for the purpose of sustaining and enlarging the control and power of the medical bureaucracy. He took a much older and recognized medical phenomenon and applied it to the modern phenomenon I have been describing: “...an expanding proportion of the new burden of disease of the last fifteen years is itself the result of medical intervention in favor of people who are or might become sick. It is doctor-made, or iatrogenic” (p. 14) or, in other words, “all clinical conditions for which remedies, physicians, or hospitals are the pathogens, or “sickening” agents” (p. 27).

In our education and Special Education context we could say that both the school system itself, infused with educational psychology’s power, and built upon an industrial model of schooling, is complicit as a “sickening” agent. Illich argued it is not just school, but our modern industrial society as iatrogenic (p. 88) resulting in an entire population as disabled: “At each stage of their lives people are age-specifically disabled” (p. 79).

“Just Plain Sick”

Gary Greenberg (2010) in *Manufacturing Depression* summarized the consequences of having EBD categorized like index cardsⁱⁱ through descriptions of symptoms only:

We are just plain sick. Which means we can get better. We don't have to look back at the fire that rained down on us or outward to the inhumanity inflicted in the name of prosperity or forward to the certainty of our own suffering. We don't have to be stunned at the cruelty-or, for that matter, thrilled by the tragedy-of life on earth or worried that pursuing happiness the way we do is also pursuing destruction. We can be healed. We can get our minds to work the way they are supposed to. And then we can get back to business. (p. 314)

As Gadamer (1996) noted, this has become possible only in this technical age: “The intrinsic impossibility of simply making oneself an object to oneself emerges completely only with the objectifying methods of modern science” (p. 35). Allen Frances, once head of the now published DSM, is now adamantly opposed to the very idea of the DSM: “We're being overdosed and overmedicated...We create a society of people who regard themselves as sick” (Wente, 2012). Some argue that in our hopes to pre-empt inappropriate behaviour we actually constitute more spaces through which we can marginalize children psychologically (Laurence & McCallum, 2009, p. 7).

Being “just plain sick” assumes that our modern medical institution conceals what Illich (1975) termed “the art of suffering” (p. 128), inherent to every traditional culture. Suffering, as a performative activity in traditional cultures, allowed humanity to engage with life fully.

To be in good health means not only to be successful in coping with reality but also to enjoy the success; it means to be able to feel alive in pleasure and pain; it means to cherish but also to risk survival... Each culture gives shape to a unique *Gestalt* of health and to a unique confirmation of attitudes towards pain, disease, impairment, and death, each of which designates a class of that human performance that has traditionally been called the art of suffering. (Illich, 1975, p. 128)

In the modern objectifying and levelling science of medicine, there is a “war against all suffering” which has “undermined the ability of individuals to face reality, to express their own values, and to accept inevitable and often irremediable pain and impairment, decline and death” (pp. 128-129). Once categorized or codified, the object that becomes of the human being must now be repaired, healed, or managed in order to get back onto the assembly line of modernity.

Psychiatry struggled to survive within this modern objectification of illness and concealment of suffering. Greenberg (2010) compellingly argued that the DSM was re-written as a response to psychiatry's near death in the 1970s at the hands of groups who would no longer tolerate injustices like the classification of homosexuality as a mental health disease, for example. Psychiatry wanted to be like modern medicine and thus the DSM was re-written to allow for the application of diseases to be merely a matter of confirming symptomatic criteria (Greenberg, 2010, pp. 238-252). This re-write of the DSM also has an early history attached to the emphasis on Positivism seen at the time of Comte through the work of Emil Kraepelin (1856-1926) (Young, 1995, pp. 95-96).

Diagnosing by symptoms as evidence of actual inherent illness or disease is the practice used today in school psychology, which is the necessary condition required for coding (Alberta, 2009). Stated differently, if an expert thinks a student meets the symptomology, validated by the reports of others around the student and forms of mental and behavioural measurement, then the student is diseased just as one might be diseased with cancer or diabetes. The goal in both diagnoses is to heal or manage such disease. Along with Greenberg and Illich, I suggest that life's difficulties, and the suffering that ensues is concealed by the push for dealing with these diseases and getting on with life, the life of production and consumption.

Shrinking “This,” Expanding “That”

I argue we are part of a descending ladder of further, smaller divisions of classifications or kinds or codes, a “typology of disasters” (Ricoeur, 2007, p. 196) within which EBD is an even more contentious part. This complex series of logics inherent in the approach to student (and adult) behaviour remains the same and is, at root, a pervasive obstacle holding possibility for seeing and being otherwise chained in a cave of spinning suffering and sickness and fragmentation. The idea that health is a balance (Gadamer, 1996, p. 19) of life within community is at stake here; any sign of suffering is often taken as disease, categorized and treated individually. Illich (1975) wrote over 35 years ago:

Diagnosis always intensifies stress, defines incapacity, imposes inactivity, and focuses apprehension on non-recovery, and on one's dependence upon future medical findings, all of which amounts to a loss of autonomy for self-definition. It also isolates a person in a special role, separates him from the normal and healthy, and requires submission to the

authority of specialized personnel. Once a society organizes for a preventive disease-hunt, it gives epidemic proportions to diagnosis. The ultimate triumph of therapeutic culture turns the independence of the average healthy person into an intolerable form of deviance. (p. 96)

Unsurprisingly, the extent of this prejudice extends to the EBD definition. In 1990, the United States' new definition for EBD was immediately met with debate because, in the pursuit of measurable, objective proofs, “neither logical argument nor empirical studies supported a distinction between social maladjustment and emotional disturbance (see Kauffman, 1993a)” (Winzer, 2009, p. 133).

At risk, as well, is our ability to see difference in others outside of the binary of a shrinking “this” and an ever expanding “that.” The norm retracts in the face of an ever-increasing abnormality.

...as networks of governmental intelligibility grow more rigorous, and ever-increasing numbers of categories of difference are created and deployed...and as new norms of conduct are fashioned and enforced, we should perhaps be concerned that this occurrence is likely to happen with ever greater frequency. It seems somewhat inevitable that tolerance for difference will decrease as the parameters of the normal are more and more tightly drawn and policed, and the consequence may be that more and more children find themselves placed outside the mainstream door. (Tait, 2010, p. 91)

American Moves and EBD's Positivism

The current situation is compounded by the influence of the United States political landscape on the educational system in Alberta.

A larger more encompassing trend in Western educational research has been driving for evidenced-based best practices that meet a gold standard of quantifiable research methodology (Ady, 2006; Baglieri, Valle, Connor, & Gallagher, 2010; Bennett & Wynne, 2006; Kauffman, Crockett, Gerber, & Landrum, 2007) despite debate as to what counts under such a standard (Ferri, 2011). As a result of this, a sharp shift occurred away from a re-conceptualized era of both post-positivist and interpretive and qualitative educational research (Pinar, 1995) to a results-oriented, positivist-based research paradigm. This positivist return came as a result of several damning and damaging publications in the United States which scorned the failures of their educational system. As a result, the US government passed the “No Child Left Behind Act” of 2001 which became the focal point for the return to a positivistic educational framing:

The passage of the No Child Left Behind Act of 2001 is the most obvious of these moves. The law calls explicitly and exclusively for the use of *scientifically based research* (a phrase used 111 times within it) as the foundation for many education programs and for classroom instruction. Gardner (2002) suggested that the text of this law echoes a pervasive theme within current discussions of education in America. This theme is the continuing failure of educational research to improve the dire state of the American public educational system. (Barone, 2007, p. 455)

Since the “science wars” of the 1980s, precipitated by the earlier work of philosophers of science like Thomas Kuhn (1970) and Paul Feyerabend (1975), there has been a shift towards an understanding that even science is value-laden (Maxwell, 2009; Paul, 2002). However, in the field of EBD, empir-

ical, objective knowledge is still reified and highly sought after (Paul, 2002, pp. 87-91). For example, in a three-part series in the *Journal of Emotional and Behavioural Disorders*, key figures over the past 30 years from this traditional field were asked what they believed were critical and promising moments for EBD work (Zabel, Kaff, & Teagarden, 2011, p. 133). Almost univocally, one of their greatest hopes was in Applied Behavioural Analysis (ABA is a direct descendent of Skinner’s behaviourism) as a method of shaping and changing behaviour in problematic students.

Alberta Education has embraced the positivistic approach with the support and publication of documents such as *BOATS – Behaviour, Observation, Assessment, Teaching* (2006) – and *Supporting Positive Behaviour in Alberta Schools* (2008), for examples. In both documents the language of ABA is prominently used: When inappropriate student behaviours occur, educators should collect data to determine the function of behaviour, those functions defined precisely into five essential categories, and then use ABA like methodology to either reinforce positive behaviours or extinguish negative ones. The behavioural support plan, functional assessment report, and individualized program plan are further enactments and artifacts of a behaviourist approach to EBD. All this belies the logics of non-contradiction and reductionism enacted in a positivist behavioural framework.

At stake as well then, is the possibility for a future informed by a critical assessment of the prejudices of the past:

One of the serious costs of dropping anchor in operant waters is that students of the methods of behaviourism, and researchers given only positivist tools, lose the rich histories of culture and science

from which intellectual tools and moral compasses for the future are fashioned. (Paul, 2002, p. 90)

In other words, without being historically conscious of how education has arrived at its current places, educators run the risk of an ongoing sedimentation into what would become the taken for granted accepted practices of the day.

As a result, only the Special Education experts with the expert, hard-core scientific knowledge of ABA and ABA-like methods can do the work needed for students with EBD. Exclusionary practices are sustained via stratified forms of knowers and knowledge. “Special Education research has become self-referenced over the past three decades... This situation creates researchers who do not value, and are not prepared to negotiate, differences among different perspectives about knowledge” (Paul, 2002, p. 85).

Rights as Choice and Defense

Alberta’s education system is a high-pressure consumer-culture of educational choice: “Forced to act as ‘citizen consumers’ (Taylor and Woollard, 2003), parents shop for the most promising educational opportunities for their children, and the schools try to attract the top students with enrichment programmes” (Graham & Jahnukainen, 2011, p. 230). Families are swept up into this, hoping for further specialization (another form of fragmentation) for the personalized benefit of their children in the hopes they will be successful. Along with this, comes an attitude to preserve or defend the norm for children. It is extremely common in my work for both parents and teachers to claim that students with EBD should not be in regular classrooms because it is unfair to the other children, to have to suffer *that*

child. There are times when the safety of children is at risk so the claims are warranted. There are many times though when this is not the case.

Entrenched in this culture of choice and defence are localized notions of the norm: the belief that particular schools are meant for particular kinds of learning, therefore particular kinds of students, especially when “students who constitute a threat to the school in terms of reputation (academic or otherwise) are poorly viewed, which creates hierarchies of student value and innumerable incentives to shift undesirable students elsewhere” (Ball, Gillborn, & Youdell, 2000, in Graham & Jahnukainen, 2011, p. 268).

In many charter and private schools, coded students are often screened out. In the public system, I have been witness to school administrators not accepting students with EBD codes into their schools because those students did not live in the school’s designated communities. Yet, there were many students attending these same schools from outside the designated community who did not have an EBD code. The A=A logic finds itself abundant in this market-driven consumer culture of choice and defence and also, at the same time, abundantly selective.

Some argue this neo-liberal, market-driven social imaginary has dismantled a civil society human connection in preference to competitive individualism (Slee, 2011, p. 38; Smith, 2006). High stakes testing and accountability measures provide parents with what is considered rightful knowledge to choose the best education for their children. Choice and competition as “approaches to social policy pit ‘different conceptions of rights against one another’ as individual competition for public goods works in direct contrast to ‘the idea that a universally accessible public education system ought to exist

which is available to any [persons] regardless...of economic means” (Davidson-Harden & Majhanovich, 2004, p. 270 in Graham & Jahnukainen, 2011, p. 280). At risk now in Alberta is a further decline in the idea of a plural school community, in the very idea of “public” education.

This individualism is oddly reversed and exacerbated in Special Education when the categories of EBD garner much attention through public sites. Everyone seems to be able to make a claim about who may or may not have a disability (Greenberg, 2010, p. 251). I am constantly deflecting teacher and administrator suggestions that their students have ADHD or anxiety, for example. Families often ask me if they think their child has a mental health disability. As Laurence and McCallum (2009) wrote, “They (disability categories) are disseminated through a range of sites, including the mass media, so that although they may have begun as a norm implanted from above, they can be repossessed as a demand that citizens, consumers, survivors make of authorities in the name of their rights, their autonomy, their freedom” (p. xiii).

Furthermore, Illich (1975) argued that the above phenomenon is a sign of a “morbid society” where:

...the belief prevails that defined and diagnosed ill-health is infinitely preferable to any other form of negative label or to no label at all. It is better than criminal or political deviance, better than laziness, better than self-chosen absence from work...social life becomes a giving and receiving of therapy: medical, psychiatric, pedagogic, or geriatric. Claiming access to treatment becomes a political duty, and medical certification a powerful device for social control. (p. 123)

Coding’s In-Efficiency Movement

The industrial production line model in education, a manifestation of the A=A logic, works tirelessly to meet the requirements for its own funding in Special Education. Teams of school psychologists work almost exclusively on social-emotional and cognitive assessments so that school administrators can attach coding status to students which results in increased funding for the school and supports for the students now codified. A part of that funding provided by the codes also pays for the psychologists to do the work needed to acquire the funding. The very system created to support students has resulted in its own army of expert mental measurers who could be directly supporting students in need but instead must spend their time producing psychological assessments to meet the criteria for coding (Janzen & Carter, 2001).

Special Education funding in Alberta would better serve students who are diagnosed with emotional and/or behavioural disabilities if there was a base level of funding provided that was not attached to coding. Schools would not have to engage in extensive, time-consuming coding processes in order to access needed resources. It is highly detrimental to meeting students’ needs to have the funding system leading the pedagogical decision-making, labelling students inappropriately and watering down the real meaning of ‘severe disability’ or ‘severe behavioural disturbance’, which has (and still is in many other countries/regions) been relatively rare and associated directly with mental illnesses (Cole, Visser, and Daniels 2001). (Wishart & Jahnukainen, 2010, pp. 186-187)

The government's own contracted research pointed this phenomenon out, as well (Graham & Jahnukainen, 2011).

The Norm: Misleading Logic and Exclusion

The self-fulfilling logic of A=A manifests in Special Education as the statistical norm. According to Ricoeur (2007), assumed within this tool and its creation of the norm is a conflated, misleading logic: the statistical norm is a universal constant, and this constant is separate from the valuative, ideal aspects of the norm in a given culture for example, happiness or success (pp. 189-190). The norm is ambiguous precisely because the tools of mental measurement like the standard bell curve are at once both contingent and expressions of value. Gadamer (1976) wrote: "One look at such fields of investigation as ethnology or history informs us that spaces and times produce highly different life-worlds in which highly different things pass as unquestioningly self-evident" (p. 189). In other words, the norm is relative to culture. "Normality is not an observation but a valuation. It contains not only a judgement about what is desirable, but an injunction as to a goal to be achieved. In so doing, the very notion of 'the normal' today awards power to scientific truth and expert authority" (Rose, 1989, p. 131 in Slee, 1985, p. 20).

Medical science (and Special Education) then carries within it these fixed assumptions, substituting social norms for statistical averages. "What is now normal is behaviour capable of satisfying the social criteria for life together with others" (Ricoeur, 2007, p. 192). In a society that sees the self as a rational, autonomous and freely choosing individual, anything outside of this social norm that requires assistance or control is seen as sickness. Hence, to be healed is to be

like others, to act like others. Medicine then becomes an "obstacle to life" because "Life presents itself as an adventure in which we do not know what is a test or trial and what a failure. Life is always evaluated and this evaluation is always relative" (Ricoeur, 2007, p. 190). In the physical world, there is no place for illness (only natural laws like gravity) but in the biological world, the world of life, there is no absolute definition of disease. This is especially the case with EBDs which have changed over time and yet, psychiatry continues to "index card" mental health as sickness.

According to Ricoeur (2007), if one accepts that disease is not univocally understood, we are left with the idea that a human life that is abnormal or pathological is one that lives in a "shrunk milieu" (Kurt Goldstein - not referenced properly, in Ricoeur, 2007, p. 190). This is a claim about being in the world, not sickness. In Special Education, however, this idea of a shrunk milieu is often negatively read as sickness; therefore, being a student that requires severe and extensive support in his learning environment is to be a disabled student. This is because Special Education is founded upon a medical science which says so. Put differently, the current discourse on pathology conceals the positive aspects of being a student who interacts with his world differently, in a "shrunk lifeworld" which as a form of existing or being in the world, deserves respect as a form of life with its own structure.

This is a very important move on Ricoeur's part. In the interpretive tradition, he attempted to renew our understanding of pathology. Pathos is "suffering" and logia is "to study" (Harper, 2012). Our modern understanding of pathology is the science or study of suffering, of diseases. This science has taken on a certain framing which I tried to illustrate above through the interwoven

historical logics. Ricoeur however, brings back “logia” as “logos.” Logos has not always been interpreted as an A=A analytical-type proposition for understanding the world, including human beings. Logos also can be read as “being” which is an ontological claim.

“Being,” in this renewed ontological reading, wishes to respect Sam as a human life in the world, a world that both shapes and is shaped by Sam and others around him. “Being,” in this interpretive sense, entails the understanding that thought does not precede language. Given this, language actually gives form to our understanding of the world. Language is therefore constitutive and this action is not restrained within the mind of a reasoning being exclusively; nor is it free to be anything it wants. Both the world and those who use language interact. Being human is to be this being that is capable of bringing being to the world through its full, conscious immersion in the world.

Hence, Ricoeur’s renewal of pathology admits that human beings suffer and we should study this suffering but we should carefully consider how we study because in the “studying” - in the sense-making that takes place, like the use of the language of disability and coding - there are moral implications for human beings. These moral implications should help guide our constituting language actions. With great caution however, this does not mean that choosing our words carefully is all that needs to happen, either. The words we use - the language available to us - is deeply impacted by the traditions around us. It is not as if, in simply changing names of EBDs, we get around the deeper logic at play in what might normally be called ordinary language use. On the contrary, seeing the world differently requires seeing how it is that we are currently seeing and once this begins, new possibilities for

understanding the world emerge, which is, at once, new ways to talk about others, like Sam.

In short, Ricoeur (2007) and Gadamer (1996) have led me to this understanding: Pathology as “the study of the being of those who suffer” is very different from “the science of disease.”

Sadly though, in the anecdote, a student like Sam cannot be seen as co-existing in a relationship with the world that is smaller or more dependent than the ways of being of other, differing students, or other forms of life, despite all of our dependencies in and on the world. It is no surprise that asking Sam to count to ten - an impossible task for him at this time - would cause him intense frustration. The connection here to our understanding of teaching and learning is paramount. Codification within the norm displaces the understanding that humans are different and interact with the world in different ways by identifying this difference as disability or dis-order. Whose dis-order, I ask? Today, as a result of the current system codification results in exclusion, the “social stigma par excellence” where “inferiority and depreciation are thus socially normed” (Ricoeur, 2007, p. 192).

Counterproductivity and Emancipation

“the most primordial mode in which the past is present is not remembering, but forgetting”
(Gadamer, 1976, p. 203)

In the entrenched historical logics of knowledge and what has become Special Education for students with EBD, limits are reached and exceeded between the current dominant ways of knowing students, and how students actually live in classrooms. Another way of describing what I have attempted to explicate thus far is through Il-

lich's (1975) notion of "counterproductivity": "It exists whenever the use of an institution paradoxically takes away from society those things the institution was designed to provide" (pp. 212-213). In our industrial society, he wrote that people want "to be taught, moved, treated, or guided rather than to learn, to heal, and to find their own way" (p. 214) and "When perception of personal needs is the result of professional diagnosis, dependence turns into painful disability" (p. 219).

The anecdote with Sam is a particular site of heated contestation around this phenomenon. I suggest Sam's anecdote is a practical, real summons to those of us in education to question that which has been, and continues to be, accepted, and perhaps taken for granted as the only fixed ways of seeing and being with students. How much of what we do in Special Education actually takes away from what we want education to do in the first place? A great deal, I have suggested.

The revealing of what is going on around us presently as an effect of our lived history is actually a way of taking emancipative action (Gadamer, 1976, p. 18). This is an act of historical consciousness-revealing, cultivating our ability to see what is or should be questionable (Gadamer, 1976, p. 13). This is also known as a "hermeneutic consciousness" which:

...finds its paradigmatic realization in the interpreter's awareness that the words and concepts he employs are historically conditioned and that they prejudice his interpretation. For this reason, he does not automatically accept their validity or assume their eternal verity; rather he inquires into their origin and history. (Weinsheimer, 1991, p. 229)

Despite experience's overturning actions, it is easy to fall back into the given of current ways of knowing the world because they are our traditions, our prejudices, our inheritances. I am often obliged to fall back within the given because it is the structure through which my work occurs most of the time.

Although these traditions structure our ways of knowing, they do not restrict us from knowing differently, however. Gadamer (1976) argued that knowing these traditions as pre-judgements in our daily lives allows us to understand what is happening around us, and to be different (p. 9). Possibilities emerge once we notice how we have become and are always on the way to becoming more than what we currently are. The challenge is to fuse the horizon of the past with the present, in anticipation of a different way of being tomorrow.

One such possibility I discovered during this process of cultivating a historical consciousness is the case of Finland (Graham & Jahnukainen, 2011). Between 1994 and 2007, they have had a significant increase in the numbers of students placed in regular classes, a slight increase in students placed in special classes (located in community schools), and an actual decrease in students placed in specialized schools. Finland, it has been suggested, does not have the same complex weave found here in Alberta. Some quick facts highlight the differences:

- 95% of children begin preschool at age 6.
- Drop-out rate is 0.07%.
- High school is either through a vocational school or academic upper secondary, both starting at grade 10.
- 99% of schools are state or publicly run.
- No high stakes, standardized tests.

- Culture of deep respect for education and teachers: “pedagogical conservatism.”
- High degree of trust between educator, political leaders, and parents.
- Curriculum is value driven: equity, participation, flexibility, progressiveness.
- Education is seen as essential to social reform: they have been working on educational reform for decades.
- Fiscal restraint has brought about changes in Special Education services.
- Use a model of “part time Special Education” in community schools.
- As a result, only 6.4% of student population is identified as “Special Education” which is approximately half the rate in Alberta.
- Most of this student population is not in high schools and the retention rate is 89% compared with 70.4% for Alberta.
- Special Education status IS NOT determined by specialized assessment or diagnosis; it is determined first by teachers and parents who focus on student learning needs.
- Every school of about 300 students has a full time special educator who works on reading, writing and arithmetic, especially in the early years.
- They are not part of the inclusion movement rather, their system is built on what they call “fully comprehensive schools” which embody the notion of “education for all.”

The Finland example shows the importance of seeing Alberta’s Special Education context against other cultural contexts. Seeing others and their ways of being with students helps inform our understanding of our current ways of being with students and how that could be different, as well. Interpretive work acknowledges openly that our lives are “characterized by a great variety of personal,

communal, national, historical and religious narratives” (Davey, 2006, p.133). This plurality of human existence is why possibilities abound: our stuck ways of framing students are “susceptible to being disrupted” (p. 133).

Shared Esteem or “Ourselves as Others”

In modern society the “I” of our identity seems determined by a “complete self-transparency in the sense of a full presence of ourselves to ourselves” (Gadamer & Palmer, 2007, p. 239). I am what I see of myself as an independent, rationally acting and therefore free subject.

However, the “I” of self is a work of memory and narration within a lifeworld with others (Ricoeur, 2007, p. 196). One does not simply make oneself up even within the logic of A=A. Even Descartes’ logic could not refute that his thinking took place somewhere, at some time, under some conditions. A part of this dialectical action between world and self requires one to make sense of loss, to mourn those things wanted but not gained, had but lost. Ricoeur (2007) called this the “double labor of memory and mourning that grafts together the sense of self-esteem” (p. 196). This self-recognition as a narrative capable of creating self-esteem is precisely at risk and “attacked in mental illness” (p. 196).

Following Ricoeur (2007), I want to hinge this notion of self-esteem more clearly onto the role of others in the world around us: “self-esteem does not reduce to a simple relation of oneself to oneself alone. This feeling also includes, within itself, a claim to others. It includes an expectation of approbation coming from these others. In this sense, self-esteem is both a reflexive and a relational phenomenon, where the notion of

dignity reunites the two faces of such recognition” (p. 196).

For students like Sam, the relationship between himself and the adults around him at school requires what Ricoeur (2007) called a *shared* or *supplementary esteem*. Again, this requires us to recognize the pathological as more than just negative: it is renewed or strengthened as a smaller, different lifeworld for Sam that is something other than “a deficiency, a lack, a negative quality. It is another way of being in the world. It is in this sense that a patient has dignity, is an object of respect” (p. 197). This shared esteem assists “the other to become more resolutely other” and as a result “allows the other to put greater pressure on the adequacy of my self-understanding” (Davey, 2006, p. 249). This is to live in the world, with and for others with dignity, I suggest.

At this point, I finish with Ricoeur’s challenge for those of us in the norm:

...to discern in the handicapped individual those resources of conviviality, of sympathy, of living with and suffering that are bound expressly to the fact of being ill or handicapped. Yes, it is up to those who are well to welcome this proposition regarding the meaning of illness and to allow it to aid them in bearing their own precariousness, their own vulnerability, their own mortality. (Ricoeur, 2007, p. 197)

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ⁱ Valle and Connor note the school to prison pipeline for students with EBD. They are more represented in prison populations than any other current disability.

ⁱⁱ Emil Kraepelin (1856 – 1926), contemporary with Comte and positivism, set about to describe the mental illnesses he saw, thereby establishing an index or nosography of identifiable mental illnesses. Greenberg (p. 70 – 71) describes how Kraepelin actually did this on index cards and placed them in a ‘diagnosis box’.