Constructing Learning Disability via Dialogue:

The intersection between practice and theory, between the clinic and academia…

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This article is a response to a call from Metalogos for papers concerning the 'process and contexts of learning'. The conversation highlights the symbiosis between the practitioner and the academic. The conversation concerns systemic and social constructionist approaches to disability and is contextualised by Critical Disability Studies. Karl and Mark are long-standing colleagues and what is explored here textually has been the subject of conversations had over many years. We explore different positions (or invitations) of learning disability. These are as a 'gap' - between the person's actions or attributes and culturally constructed norms; as a 'relational sign' and invitation to notice the relational nature of life, to scrutinise our values and adjust our responses to facilitate inclusion; and finally an 'appreciative' invitation, an invitation to seek abilities, skills, and gifts that the deficit or 'gap' position might obscure. We invite the reader to add other voices to the conversation.

Keywords

Systemic

Learning Disability/Intellectual Disability

Social Construction

Critical Disability Studies

Introduction

Dialogue is usually about seeking meanings (logos) through talk, and here we do this through texts. Before the text there were conversations. Before the text you read here, these exchanges have been though conversations that we (Karl and Mark) have had over many years. We take as our starting point a definition of a dialogue as an act to produce some kind of emergent learning, and as a space for the flourishing of one's different voices. Whilst Karl is a mere academic, Mark straddles the dual role of academic and systemic therapy practitioner.

The making these texts bring our (private) dialogue into the presence of others. In this sense, you, the reader is in dialogue with us, with our text. Our 'style' is sometime combative, sometimes conciliatory; one way or another there is in this text something about our concerns

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with learning disabled people and their supporters that have developed between us for over 20 years. And there is also something here about our biographies.

Dialogue is dangerous! Dialogue makes thinking audible. Dialogue is about change. The danger of dialogue is that there are times when the participants in a dialogue do not know, cannot predict, the change that will occur. However there is no need to engage in a dialogue if one is not prepared to encounter change. Sometimes the focus for change comes from hearing one's own, once suppressed, voice. Whilst there is always the option/possibility to resist such insights, the conversation of the dialogue makes such insights audible and readable.

Our positions and actions here draw upon Social Constructionism (Gergen, 1994; Rapley, 2004). We construct knowledge about the world together in relationship. Knowing is not something we do in a vacuum. Knowing (and being) in the world is a social process. The conversations aim to show curiosity and to maintain our motivation to serve our students, people who experience learning disabilities and their supporters. The purpose of dialogue is to co-create possibilities for change.

What kind of change? Change in one's knowledge (what and how one knows). There is a constant interplay between knowing and understanding…one may know without understanding. At least one's understanding is something that has the potential to develop; to connect with one's other understandings. However the purpose of our dialogue has been, and is, to constantly engage knowing-understanding ourselves, our work and the form of life we refer to as 'learning disability'. Dialogue is on-going, that is the 'change' that potentially occurs goes on long after the conversation has stopped. The reflections which takes place after the conversation has ended maintains the continuation of the dialogue. In addition to knowledge-understanding, there is also the occasional possibility of developing 'wisdom'. Wisdom from engaging with our own thoughts-actions-feelings about what we have done, about what and who we are.

Our production of these texts and your reading of these bring us into dialogues. The texts allow us to become readers of our thoughts. In producing and editing this text we have been conscious that you the reader provides a third perspective to our dialogues.

In the following text we explore different positions or invitations of learning disability. As invitation to attend to the things a person is unable to do - a 'gap' between the persons actions or attributes and culturally valued norms; as a 'relational sign' an invitation to notice the relational nature of life, to scrutinise our values and adjust our responses to facilitate inclusion; and finally an 'appreciative position', an invitation to seek abilities, skills and gifts that the deficit or 'gap' position might obscure. If we aren't supporting the celebration and elaboration of a person's gifts then what are we supporting?

The Dialogue

Mark: The sentence we have from Metalogos Systemic Journal is *'processes and contexts of learning'*, this is something we have discussed and worked on together for a long time, in fact those we work with, the title of our course (MSc Psychology and Learning Disability) all have a label attached that includes this word 'learning' and its usually followed by 'disability' or 'difficulty'[3], so it is used in a way that might imply something that someone struggles with and it arguably sets up a context where learning is something that happens inside an individual and that this is the site of intervention.

Karl: The discourse 'disability' or 'difficulty' that is preceded with 'learning' commands me to make learning easy or easier rather than something inside the person that compromises their learning ability. The task of making learning easier (this is what the teacher-therapist does) is relational...it is in the relationship and its nature that I think one can start making sense of what one does. I note that whilst the Learning Disabled person experiences learning difficulties, they do not experience relationship problems-difficulty...or do they? One has to learn to be receptive to the invitation to relationship...

Mark: Yes so learning occurs in relationship. Learning disability signals the need for you to take care with your responsiveness as you relate with the person who carries the label. Is it like a sign that says 'take account of me' or perhaps more relationally says 'we are going to co-ordinate differently together if our relating is to result in learning (for us both)*'?* So we might be saying here that we can choose how to relate to this term learning disability? One of the ways we can respond to it is to view the label ‘learning disability’ as an invitation to acknowledge and value diversity.

Karl: In our learning we are taught, or we have taught ourselves, to look for patterns that fit the label. So we say here is a learning disabled person, then we look for *'how do I or should I interact with them and then what can we both learn from that interaction so that we can construct our reciprocal identities in these encounters'?* This is capital for the therapist-teacher-academic and the learning disabled person learns how to be learning disabled...your invocation to diversity cannot exist unless the labelled person knows her/his place...

Mark: We can choose how it is we understand what these words do in particular contexts. There is for example the issue of how these words ‘team up’. We have talked about the ways in which ‘vulnerability’ and ‘learning disability’ can be described in a way that makes them seem synonymous. People with learning disability (and their families and supporters) are resilient too! As social constructionists we take a position that there are many ways to know and respond to those who have attracted the label. What kind of power do we take when we choose to bestow the status 'vulnerable' on a person? This has implications for our relationship with them - we may become their 'protector'. This is of course not to deny that people may require protection. Shall we say something about our working context and what these contexts bring to the conversation?

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[3] This is the legislative term in the United Kingdom. In the UK education system the term special educational needs is used. The terms used have – and continue to - differ across time and geographical location. For example, the equivalent term in the United States is currently Intellectual Disabilities and Intellectual Impairment in Australasia (See Jones and Haydon-Laurelut, 2019).

Karl: And seek to include the voices of learning disabled people and their supporters, which include their kin and their advocates, and the many of our students whose work teaches us. Yes it is the association of the academic and the therapist-academic that brings (oh dear I am going to use a word whose meaning is fluid) synergy.

Mark: One site of my conversations with people with learning disabilities and their network of relationships is in therapy. If I think about this as a context/process of learning there are all kinds of learning that can take place in therapy, for example, it may be a place where a person learns that there is something ‘wrong’ with them that requires correction (their *'anger management problem'* or their *'relationship problem'*). Therapy and other kinds of interaction with therapists, and clinicians, may be a powerful site of problem amplification and the association of ‘learning disability’ with ‘problem’. However, it does not need to be so. Writing here leads me to wonder what if at every encounter, whether an assessment, a 'treatment' or a liaison 'we' asked *'what might the person and their family and supporters be learning about themselves'*? Does the person and their network come away from each contact knowing more about their abilities and the ways in which they connect with the abilities of those around them, their family, friends, and community? I have been influenced by a number of approaches that take this kind of stance such as solution-focused brief therapy (SFBT) (e.g. Bliss & Edmonds, 2007), Appreciative Inquiry (e.g. Hammond, 1998) and narrative approaches (White and Epston, 1990). Of course it is not within our gift to determine how any encounter is experienced but we can have this as an aspiration. This links to work in academia more broadly in areas I know you have written about such as empowerment and community psychology.

Karl: There are several things that seem worthy of comment here. I'll start with the brands of therapies that you evoke...I get the feeling of watching toilet soaps adverts... all toilet soaps do the same things and yet each has to somehow present itself as better than the other brand, if only on price. Human life is not like toilet soap. I am not going to go any further with this, the branding of therapies, all of which thrive on human miseries, at least for the moment. The discourse of dysfunction such as 'anger management’ and ‘relationship problem' are themselves the inventions of therapists and they both locate the problem in the learning disabled person, they are the product of a certain gaze about the life of the person with Learning disability that she brings to the 'clinic'. What is intriguing is that these ‘dysfunctions’ are not caused by learning disabilities, all kinds of other people can and do have these experiences... My constructionist angel whispers and your systemic devil shouts: *'it may be the person who wishes the other person to have therapy who is in need of therapy’.*

Consider the conversations we have had about the discourse of 'family burden' when a child has a learning disability. The problem of burden does not reside in the learning disabled person and, informed by the social model of disability, it does not reside in the parents either. It is in the values of society and communities that transform parenting in this context as a 'burden'. In this context the therapy is on the one hand about enabling-empowering the parents and their child to have a different understanding (learning) of their lives and on the other hand to become disability activist to change society. For an example of parent activism in the face of adversity see Alcock (2016).

Mark you wrote above that: ‘*In this context, the therapy on the one hand is about enabling empowering the parents and their child to have a different understanding (learning) of their lives on the other end to become disability activist to change society...'*

For me it’s holding the tension of these two aspects in the work and also seeing them as a connected whole. Working with someone with a learning disability and their family on their strengths, abilities, and achievements in the face of disabling barriers is both making a new sense of life and raising questions about ideas of disability that may be offered to us by the wider culture. This is not to suggest that therapeutic 'success' however desirable (e.g. reduced challenging behaviours, lessened anxiety, anger that is 'managed)' is synonymous with social justice. It may be rooted in ableism (Campbell, 2009). Therapies' roots are surely concerned with enforcing normalcy (Davis, 1997). Some explanation of these terms may be called for here.

Ableism and normalcy are related terms in the disability studies literature. Ableism draws attention to the ways in which the social world, for example culture, the law, psychological assessment and practice, the built environment and many other aspects of our constructed world are designed with a certain kind of body in mind. Stairs are an example of a built environment that takes only some bodies into account, circular ‘mind reading’ questions, arguably, take the abilities and proclivities (those who are able to comprehend this kind of complex language and are interested and able to consider what others might be thinking, feeling and so on) of some into account and not others for whom these kinds of questions are less accessible. In relation to learning disability Jones and Haydon-Laurelut (2019:298) have described ableism as:

‘*…the oppression that arises from seeing and creating our experience of the world and humanity only through a non-impaired perspective. A certain kind of self or person is held to be normative. Those who do not meet this norm are viewed as a diminished form of the human’*.

Lennard Davis (2013) looks towards the norm and normalcy to understand disability. Like the concept of Ableism, disability and impairment are secondary in this conceptualisation. Davis (2013:1) theorises:

‘To understand the disabled body, one must return to the concept of the norm, the normal body. So much of writing about disability has focused on the disabled person as the object of study, just as the study of race has focused on the person of color. But as with recent scholarship on race, which has turned its attention to whiteness and intersectionality, I would like to focus not so much on the construction of disability as on the construction of normalcy. I do this because the “problem” is not the person with disabilities; the problem is the way that normalcy is constructed to create the “problem” of the disabled person’.

Consider: We are all at risk of failing to be perceived as good enough, responsible enough, caring enough, successful enough, tall enough, wealthy enough, assertive enough, educated enough, happy enough (are you paying enough attention to your ‘wellbeing’?), productive enough and, particularly in the context of this dialogue, intelligent enough. These ‘enoughs’ are for Davis enforced by the professions, the law and the more diffuse mechanisms of culture. Davis (2013) points out, and this is perhaps the crucial point in his argument, that norms have not always existed, pointing toward the earlier Ancient Greek notion of the 'ideal'. The ideal was by definition neither enforced nor enforceable. It was after all unobtainable. The norm and normalcy appeared with the rise of a conflation of influences including the rise of the science of statistics (consider for example the rising and falling of the normal distribution curve), the professions of psychology and psychiatry and the industrial revolution more generally. Davis also notes that 'almost all' of those involved in the promulgation of statistical measures into the fabric of government in England were also Eugenicists. The contemporary usage of the term norm appearing in English language only in 1840 (Davis, 2013). As personhood becomes something to be moulded to fit the new industrialised landscape norm becomes average becomes normal becomes systems enforcing normalcy. This leads to the notion that what we might challenge is not simply the norms of this or that time and place but the idea of a norm at all. For those who live in the spaces outside the norms there are consequences as we see in this dialogue. For therapists these ideas may act as a reminder *'to be sensitised to the understanding of unearned privileges of the non-disabled, the neurotypical or the learning abled'* (Haydon-Laurelut, Nunkoosing & Wilcox, 2013: 147) or in other words those who happen to fall a certain distance from current norms. The same study (of construction of disability in family therapy in peer reviewed family therapy journals) found, in addition to disability being constructed as an issue of diversity, the journals constructed disabled people as 'primarily problematic'. The study identified discourses of normalcy, 'normal' family life, 'normal' developmental pathways and 'normal' processing of the social world. The authors called for critical reflection.

So let's back up a little to the appreciative approach in therapy as I should say here that although I tend to focus on abilities and skills, I in no way wish to diminish the consequences of what is described as challenging behaviours, or anxiety or anger or other difficulties on the person or their family and supporters. It is to make the point that Systemic Practice (Jones and Haydon-Laurelut, 2019), as well as Positive Behaviour Support (PBS) (Osgood, 2017), although they differ in a number of ways, highlights the role of systemic factors in influencing behaviours. So in my working context as a therapist working with people with learning disability, I am concerned with spending time with people thinking about what 'good' looks like, what kinds of moments, days, relationships, interactions and so on they will be experiencing when their best hopes for the issues that brought them to therapy have been realized. The questions therapists ask may shape a meeting profoundly. Questions, as written about by authors such as Peter Lang and Elspeth McAdam (2001) can be thought of as invitations to certain kinds of experiences and so in asking questions about aspects of life where a person and their network has created positive change, has shown skills and abilities, therapists invite experiences associated with these kinds of moments. It seems to me that the most powerful aspect of the process of learning in therapy is listening and creating new stories together. These ways of working connect for me to what we have written about a culture of empowerment (Nunkoosing & Haydon-Laurelut, 2013), which is characterized by high levels of hope (that a person can learn and grow) and high levels of acceptance (that a person is valued).

Karl: OK the tension exists because the two things (*therapy on the one hand is about enabling-empowering the parents and their child to have a different understanding (learning) of their lives and on the other hand to become disability activist to change society*) are connected and possibly repelling-attracting each other…and that dynamic creates space for reflexivity and learning.

If as you suggest therapy has its roots in enforcing normalcy…whilst I neither agree nor disagree with that statement, I am apt to suggest that there is not a normalcy. There are normalcies. Both the therapist and the learning disabled person exist in their own normalcy or normalcies. Both the systemic sensibility and social constructionism allow for several versions of a life. The therapist has to do Power-Knowledge-Practice stuff of his / her brand of therapy and the punter has to either get better at or stop doing-thinking-feeling (behavioural-cognitive-emotive) whatever it was that troubled his/her life or the lives of her supporters.

(I am reminded of the story in the divided self (Laing, 1960) of the man who worked out that although he still hears voices he should not tell the psychiatrist that he does…he was therefore cured.)

Back on task:

Since you invoked the discourse of 'empowerment', I need to remind you that people empower themselves…therapy scaffolds the consciousness raising that enables the person to have better understanding of their situation. However the crux of the matter for me is that since the disability is the consequence of social transactions in the presence of an impairment, it makes no sense to enable the person to fix their cognition-emotion-action when the disablement lies in their oppression.

'…anger that is managed' (In Marks writing above) as writ here sounds-reads so oppressive. 'Why do I need to manage my righteous anger about what you do to me?' OK the object of therapy is to enable me to understand my acts and its consequences for others and me. My acts cannot be dissociated from my thinking and my feelings. I'll manage my anger when you learn to understand that denying me opportunities to live a life of accomplishment, of respect, of quality is oppressive. My Challenging Behaviour (as you call my anger) is simply an interpretation of the oppression that I experience. I am allowing myself to 'playfully' tell you therapist-family-supporter that my acts that annoy you are actually caused by you: Your indifference, you clumsiness, your poverty of knowledge. I simply do not care about your fancy theorising and its odd language (such as ableism and normalcy).

(In the arts, what is valued are artefacts that disturb normalcy be it in fashion or theatre or a host of other media. But in behaviour-emotions-cognition it is best to be just left or right of the mean-average-normal…)

Anyway we are still left with the questions '*what will a good life look like for this person?'* and *'what it will take for this good life (in the good society) to take place?*'

Mark: What you write concerns the individualisation and psychologisation of disablement. How to be a therapist in the context of social oppression?

I value the principles of Solution Focused Brief Therapy such as asking about abilities and skills, supporting people to get the kinds of experiences they want, not what I think they should have (See for example Ratner, George & Iveson, 2012). Working from this perspective means asking for 'best hopes' and then building an account of what will happen when these are realised. *'How will that feel?' 'Who will notice that?' 'What might your partner think?' 'Will your partner like that?'* These are the kinds of questions asked as we build a detailed picture of a future where the best hopes of the person have been realised. With some people the work maybe more concerned with observing good moments and asking those who know and love them what may help in creating more of these. There is often some time spent finding out to what extent the life the person wants to lead is already happening. Here we might use scales with symbols/emojis or rate with numbers 1-10 or something else. We find out what it is the person and others in their life are already doing that support the success. The success may be occurring in what we acknowledge could be a very difficult and possibly risky situation. After all someone has come for help and this is not about minimising. A next step is to ask '*what's better'* and what the next small signs of change will be etc.

These hopes and the description of a time when they will be realised point outwards towards the kinds of actions/relationships that would need to occur to make this happen. It is at these points where thinking systemically adds questions about whom would need to have a conversation about this, who could help us, what will others be doing and so on and much of the time we would be meeting with those others in the person's life - they may be part of this conversation from the start. They may be asked about their best hopes for their family member, key-client, employee, the person they referred and so on.

People who are referred to learning disability services may face barriers of the kind that the social model of disability might recognise. They might be in the form of psycho emotional disablism (Reeve, 2019). This, in its direct form, concerns:

> *'…acts of invalidation' through words, looks and actions which can leave that disabled person feeling ashamed, worthless, vulnerable and inferior. These include being stared at or avoided by strangers as well as being made fun of or taunted by people for being different. Another example happens when someone speaks to the person supporting the disabled person, rather than addressing the disabled person themselves – the 'Does he take sugar?' treatment, which is highly objectifying*' (Reeve: 2019:70).

Working with the network, including appropriate agencies may be a key aspect of the work in these contexts where the person's environment could be providing more opportunities for a person to feel of value or where change is required because the environment is actively harmful to them.

On a related note, I think part of the (I hope useful) tension in our conversations is that they are between an academic psychologist and a therapist (me).

Karl: So many binaries: Academic-Therapist; Individual-Social; Personal – Communal. There is temptation to do 'critical discourse analysis' on the 'therapy' discourse in the above text, which I shall resist, if only slightly. I am intrigued about how SFBT got essentialised into 'techniques', 101 of them! When a human endeavour that is meant to be collaborative is reduced to a technology for the other to change (learn new ways of being in their world); there is a hint of the bricolage here. Not that there is anything wrong with bricolage and the bricoleur in either practice or research.

You brought up the binary academic/psychologist-therapist. Consider the previous paragraph as a mild resistance to being boxed in and performing according to some predetermined script/s, or at least playing the game, a game whose rule is tacitly about the boundaries concerning who has the authority to do what. I note how you tacitly seek the collusion of the readership of *Metalogos* to join the tension between the academy and the 'therapy place'… to take sides.

I'll take up the binary Individual-Social (as in model of disability) here. It seems that this distinction is somewhat spurious in that the social is made up of individuals…even the cultural is made up of the practices-rituals that the individuals either perform or resist. The social model of disability distinguishes between impairment (individual) and disability (social), where disablement has its origin the social practices, values, beliefs. I raise this here because I want to somehow locate where (and how) the systemic therapist acts on the body (and bodies) of the people who seek their ministration…So when a therapist asks of the learning disabled man or woman questions such as *'how might your partner feel?' 'Will your partner like that?'* and such like, she places the person in the gaze, into the spot light of others in his/her life. There is a risk here that she acquiesces to the authority/will of others (who may or not) be of significance to their life world. It is possible that there are circumstances when s/he would be better off resisting being in the gaze of these others who may or may not 'know and love them'. Knowing and Loving the learning disabled person may not lead to his/her/their emancipation. And here lies the limit of therapy that produces docility. Sure, the person has 'come for help' or has been sent, for that is what a referral means and there are times when they could be helped by raising their consciousness about their social oppression as well as the good things going on in their lives. Yes, some of the problems of living that the learning disabled person faces have their origins in their early experiences of rejection, of being considered burdensome, of frustration when learning is difficult, of segregation, of having no job/income, of poverty, of no access to quality leisure…

I note that in your work with and for the learning-disabled person seeking change there is an underlying vision of creating and accessing alternatives. And in this there is the tension between who has to change, the learning disabled person, his-her-their supporters (informal and formal) or society at large. Systemic therapy will be poorer if it restricts its technology to enabling the learning disabled person to get by or to develop resistance to the adversities of life whilst leaving the disabling community and its social structure intact. You would not want to be accused of encouraging the learning disabled man-woman to be docile? At its best systemic therapy has the potential to build a community of support to scaffold the social life of the learning disabled person…

Karl you wrote: *'…anger that is managed' as writ here sounds-reads so oppressive. 'Why do I need to manage my righteous anger about what you do to me?'*

Is your anger righteous? It may be.

There are of course many kinds of anger and some of them lead to outcomes that are harmful to the person and those in their lives, to their partners, their parents and children. It does concern thinking and feeling but also being in a position to choose how to act - learning practical skills for keeping yourself and those around you safe. It might also be that the person experiencing these feelings is not finding them useful in their lives and might be finding them oppressive in themselves. Leaving them bullied by these feelings, perhaps for example unable to speak with assertion about what is important to them as anger and/or fear of it holds them back. There is of course nothing 'wrong' with anger. What I think you are playfully alluding to here is when this kind of 'psy-profession' work is itself used (with varying degrees of awareness) in an oppressive manner. And the term itself suggests an individualising stance – 'it's yours; manage it'*!* When people reside in poor quality services, then any kind of attempt at changing the individual - therapy or otherwise - to fit the poor quality environment may be oppressive – even if in its own narrow terms it shows 'positive outcomes'.

Karl: Consider this: There is a kind of human service education practice where one student plays the role of being blind so that they can develop an insight about what blindness feels like. I doubt that the human service student learns much about the day-to-day life of being blind from such exercises. However there is something about this kind of simulation. Imagine if it is possible to simulate experiencing learning disability. I ask because these exchanges have led me to a question/situation: How do the learning disabled persons see the people (who are not intellectually disabled) in their world? We can imagine how a visual impairment might influence the world that we see and interact in. Now imagine how an intellectual impairment might influence what the person experiences as anger. I am sort of seeking to reverse/problematise the concern with empathy. Empathy has to be a two way street…it is not just the work of the therapist-teacher-carer to empathise with the learning disabled person; she has to have a degree of empathy with the therapist-carer-teacher to give in to the question such as *'how will your brother like that?'…*

Mark: Karl, how was it that you chose to resist a discourse analysis even a bit? What was it you thought it would lead to that you did not wish to bring about?

There is a risk that 'techniques' (in therapy, in discourse analysis and elsewhere) are the kinds of practices that might inadvertently encourage us to view those we wish to see flourishing in mechanistic terms and as objects to act upon in monological ways rather than people to be in relationship with. It is a mechanistic sounding term isn't it? However we could think of techniques as an attempt to create a context where people can co-create the changes in their lives they wish to see. What if we understood techniques as ways of recognising and responding to discourses and relationships that people don't find useful or have oppressive elements to them? Perhaps then technique becomes a misleading term if this is what we are doing. One such technique is the asking of the question about what others might think (mind-reading question). Of course we can consider what others would think. The conversation adds this voice but need not accept it uncritically. For example: *'what do you think of that idea'*? I have been asking recently something more like:

'what would someone who knows and loves and wants the best for you say about X'

This is quite a complex question and it may be that someone has already talked about a person or with a person in the room and so there is information about the relationship available to me and so I may ask '*what would X say?*' Or after visually (on a dry wipe board or a pad of paper) mapping out a 'team' of the most important people to the person:

'What would your girlfriend say?'

This leaves it to the person in the room to choose the 'voices' that enter the conversation.

Karl wrote: 'some of the problems of living that the learning disabled person faces have their origins in their early experiences of rejection, of being considered burdensome, of frustration *when learning is difficult, of segregation, of having no job/income, of poverty, of no access to quality leisure…'*

Yes these are experiences for so many people with learning disability. I have worked with people who tell me in one way or another that they feel worth-less. This is sometimes expressed verbally but also through feelings of anger, frustration, anxiety and sadness. It is more often shown in the way the person behaves. This behaviour is then sometimes labelled 'challenging behaviour'. This label and meanings that locate the problem in the person, for example, *'they have challenging behaviour'; 'need medication; need therapy, need to live with other people with 'challenging behaviour'; 'present too much risk to access the community activities they enjoy' etc.* may compound the problems and further add to feelings of low self-worth and further challenging behaviour. Positive Behaviour Support (PBS) has turned away from the aversive aspects of Applied Behaviour Analysis (ABA) of the past and embraced a person-centred values base. However there is so much poor quality practice in services and not enough PBS. Also PBS itself (due to its Applied Behaviour Analysis roots) tends to view the possibilities for change and learning as being located external to the person (primarily in manipulating the persons environment) and may miss the (cognitive, emotional, behavioural, relational) skills, abilities and resources of the person, their desire for change and their abilities to co-create it. Despite its clear utility its grounding in behaviourism risks constructing a passive individual. This to me is the balance to hold on to, that the person is expressing something that is connected to their own individual history and this is inevitably coloured by the oppressive aspects of a culture that does not include some people labelled as having learning disability. However part of this experience of being excluded may be exclusion from taking an active role in your own life, learning about yourself, your emotions, thoughts and behaviours and those of others (including the oppressive aspects of the culture) and being a part of making the changes you want to bring about. I agree this is what, at its best, systemic practice can do (and this may be in conjunction with PBS). It can support the person and those in their network in acting together in ways that bring about the persons best hopes for their lives. Individual therapy (systemic or otherwise) has its own pitfalls to avoid. People are often referred to therapy with good intentions for the person but with a medical model framing the request for help. The abstracted message is something like *'fix this broken person and send them back to us well'*. People with learning disability have as much right to access therapy as anyone else however the context of the therapeutic request is powerful. This is where I find a therapy that has a place for the voices of the network is particularly useful in co-creating the meanings of therapy and the response-abilities of different actors in the network regarding change towards the person's best hopes. This practice of co-constructing therapeutic practice is an on-going process. For example in writing the work of therapy up, we can work with the person and their network on the kind of letter/report produced asking who in the person's life would they want to know about what we had done and which aspects of it to include. The audience to the letter thus influences its writing as in a dialogical frame it is addressed to real people and not a generic 'report' addressed to a generalised professionalised other.

By the way, if this sounds all very complex it is not necessarily so. One relatively simple way in which I have been intervening (following a training with the centre for solution focused practice BREIF London) is inviting the person and the network to create a list of skills and abilities. My usual practice is to ask for 20 items and every time so far we have overshot this and run out of time. We then discuss who the person might want to share this with. Others in the person's life may add to the list supporting the person to see their strengths from another's perspective. So far I have recorded them in words however there is no need to record the lists in words if this does not suit the person, they could be drawn or images may be used or recorded in other ways, for example an audio recording.

Karl, what do you think could make a difference in the kinds of structural oppressions you described above? What will it take? Look into your crystal ball – will 'it' occur?

Karl: There is a bond between experiencing and being seen to experience learning disabilities. There are signs and signifiers that make the person eligible for the status 'learning disabled'. These are in the gaze of those with the authority to confer this status on to the person. They then have to either accept or reject this status. It is thus the signifier of Learning Disability that makes the person 'worthless'. As we have often discussed, one does not become learning disabled by oneself, that is learning disabled is a acquired status…can one reject this spoilt identity (Goffman, 1963)? Theoretically 'yes', but there are consequences such as eligibility to access educational, social care and health support. However one of the consequences of accepting the status learning disabled is also that sense of worthlessness that you have witnessed.

This sense of being worthless is a direct consequence of how the person is treated in every day interactions. The key word here is 'rejection'. The learning disabled person becomes the embodiment of the things that we do not value. We value wealth, newness, competence, beauty, cleverness, smartness, optimism about the future… Consequently what we do not value, we reject. How is one to make sense of one's existence in the face of such rejection? Rejection tells the person that they are of no value…hence the discourse of worthlessness.

'What could make a difference…' you ask. I can't see how we are going to give up valuing all the stuff that we associate with the good things in life. These good things include personal attributes such as wealth, body beauty, intellect, health, competence, a good reputation, a métier (craft-profession). The métier of supporting people who are devalued-rejected is not itself valued. To make a difference requires work at the ecological level of society, the community, the kinship network and the individual.

The societal level operates via the laws and policies that serve to regulate how the good society ensures that people experience the good life. However policies and laws in themselves do not change anything. It is the human application of the law and polices that address the required change. The problem is that when a group is devalued there is often an absence of sanction against those who transgress the law or disregard policies. There is a difference between what a society makes available to its least powerful citizens and what is accessible to these people.

For an adult this may mean a job and an income, a reputation, engagement in some leisure, a close bond, a relationship and so on…I would venture to suggest that the person who access your therapeutic intervention, who says they are worthless, have none of these….

So for our purpose your question about 'what would make a difference?' has to be addressed at the level of the individual and their relationship network. It is often the relational network that has the ability to make the person feel worthless. I suggest that this is not a conscious act. This is something that the culture colludes in, and the academic and therapist are not immune from perpetuating the idea of the disabled person as trouble to himself-herself and his-her family. Just think about the so called research about family burden that populate the professional and academic literature. An untroublesome disabled life is neither interesting nor research worthy to any disability researcher with a reputation to cultivate, a research grant to access… The learning disabled person's troubles are made capital by us therapist-academics… There is here the possibility of an alternative take on this form of life. We are faced with the task of transforming the kinship, relational and social network of the person into their social capital. Systemic Therapy, at least in its rhetoric, seeks to do just that. From a Foucaldian perspective, the therapist and clients are provided with an arena to construct themselves as they construct the scenario of the therapy that is systemic.

In addition one has to work on building the person's resilience to mitigate against the rejection and its effects. I know that I appear to be ignoring the fact of the person's supposedly poor intellect. My present position is that learning disability trouble does not exclusively reside in the person. Elsewhere we have suggested that acceptance of the persons and hopefulness or optimism about her capacity to benefit from our care/love has the potential to create relationships that are empowering (Nunkoosing & Haydon-Laurelut, 2012).

Whilst PBS has the potential to enable the maintenance of an environment that encourages the person to thrive, I find myself sceptical about this. At its root PBS is still about stuff that one has the power to apply and also stuff that one has the power to withdraw. The presumption of PBS is still the practitioner acts and the client reacts and in this we run the risk of denying to the learning-disabled person knowledge that she is under surveillance. This leads to the question of how do we shift form a worldview of the learning disabled person as being disciplined to react? And much of his pain and disablement have their origins in their reaction to the actions of others. Call some of such reaction challenging if you want. Challenging to whom?

Is either the PBS or the systemic therapeutics done *to* her or *with* her? If an action or thought or feeling challenges, it is a product of the relationship of the challenger and the challenged. From here it seems clear that it has always been the challenged who have been remiss in her knowledge-power to make the world more tolerant and accepting of the other when she has a compromised intellect for her age, a poor grasp of the social rules for her culture. So do we change the world to accommodate the person and her intellectual and social shortcomings or do we change ourselves to be more tolerant of what makes her other?

Conclusion

Dialogue

The path of dialogue is not always smooth, frequently not simple.

In an at times frank exchange of letters novelist Michel Houellebecq and Philosopher Bernard Henri-Levy show a committed willingness to understand the position of the other and yet this is not an easy task as Houellebecq notes:

'I feel as though I am boring a tunnel, in total darkness, and I can hear you drilling on the other side, a few feet away; but we can hope for a stray pickax to burst through the seam of flint, for a sudden dazzling light' (Houellebecq & Henri-Levy, 2008: 161)

Dialogue concerns a certain kind of listening, a responsiveness that seeks to understand and enrich the conversation. Dialogic communication for (Pearce, 1994) involves the understanding that others are subjects to be in relation with not objects to manipulate. As subjects in dialogic communication our purposes, feelings, motives and meanings are honoured (Pearce, 1994). There is of course an important parallel with the ways in which people with learning disability have often been positioned in conversations with professions, services and the culture more broadly as objects rather than subjects. What is it to invite a person with learning (intellectual) disability into dialogue? It is to co-create spaces where their voice is heard and taken seriously and where those in relation to them (including professional staff, academics, support workers and those in their network) seek to understand the person in their unique individuality whilst holding onto the position that however well they know the person they can never understand them in an absolute or final manner.

Learning Disability as an invitation: Gaps, Relationships and Appreciation

This conversation explored what learning disability might be an invitation to. We explored different positions that might be offered/taken for example of a 'deficit or gap' focused position where we take learning disability as invitation to attend to the things a person is unable to do, for example on the gap between the persons actions or attributes and culturally valued norms. Another position emerges from this discussion of learning disability as a 'relational sign'. This is a sign that we are in relationship and may need to adjust our behaviour to facilitate inclusion (in a particular conversation /a community /a service and so on) and support learning. In our changing with the other in mind (our choice to use pictures as well as spoken words, more abstractly our decision to scrutinise what it is we value and with what consequence and for whom) learning disability is an encounter with difference and an opportunity for learning for all. We paid attention to the power of language (like learning disability or 'anger management' or 'challenging behaviour'). Language is one aspect of this relational nature of Learning disability. Learning Disability is not exclusively the property of an individual. It is something that is reproduced in a variety of contexts very often quite apart from people who have attracted the label. A third position explored in this dialogue was an 'Appreciative position'. This explored primarily here through discussion of solution focused practice offers a position of seeking abilities, skills and gifts that the deficit or gap position might obscure. If we don't assume they are there, ask about them, support elaboration on them and celebrate them we take part in a relational process that assumes, hears about and develops something else. So we can along with practitioners of Appreciative Inquiry (Hammond, 1998) note that the way we know, the questions we ask (and don't ask), the focus we take organises the kind of knowledge we will create.

We can ask ourselves about these (and other) positions we are taking and offering people, what kinds of knowing this creates and with what possibilities for the person. A preferred positioning of the two authors of this paper is one of an acceptance of the person and hopefulness or optimism about her capacity.

We have written here about being in dialogue with persons not acting upon them. As we edit this paper we do so in the context of looming restrictions due to a global pandemic the restrictions and risks people with learning disability might be facing and the ways in which these are juxtaposed with the importance of autonomy brings these issues of how we position and are positioned in our relationships with people with learning disability into sharp relief.

This not the end…the dialogue goes on…

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