Discursive assessment practices in a special school for girls identified with a disability in one Arabic-speaking Gulf-Arabian country

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Declaration

‘I hereby declare that the sources of which I have availed myself have been stated in the body of the essay and in the Bibliography, and the rest of the work is my own. This essay does not exceed 80,000 words in length.’

I dedicate this dissertation to my loving parents Adnan and Adola… even better friends.

Acknowledgement

Praise be to *Allah* for guiding me towards and through this path, for I would not have done any of this work otherwise.

I am forever thankful to my family for their wholehearted support and unconditional love, but mostly for contending with my mood-swings and isolation.

My beloved auntie Suad, my life is richer because you are a large part of it.

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Noor, Hisham, Eissa, and Nada, being your auntie is the best thing that ever happened to me.

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Abstract

This study examines discursive assessment practices in a special school for girls identified with a disability in an Arabian-Gulf country. The study is driven by a notable absence of research on girls with disability in the Arab world, and the need for analysing practices that shape their identities and future trajectories. To disclose the mechanisms, processes, and tools influencing the co-construction of girls' identities by members of a multidisciplinary team, I developed an analytic framework that draws on three theories: systemic functional linguistics, critical genre analysis and sociocultural theory of discourse and identity production. The main data source is the audio-record of conversations that took place at case-conference meetings (CCMs). To describe the genre of a CCM and to disclose what went on, who was involved, and what outcomes were achieved, I constructed three narratives: '*The most relevant thing about us*', '*Much ado about everything*', and '*Not so great expectations*'. These narratives revealed the object, goals, and the outcomes of talk. With respect to the object of talk, or the knowledge underpinning assessment practices, there was much focus on girls' diagnostic histories and scores in IQ tests; they were given a high priority and perceived as key to understanding the girls. Analysis also revealed a resistance to move beyond dichotomous thinking (i.e. girls are either trainable or educable). The goals of talk were to pass on information, to share assessment results, and to list objectives for intervention, each practitioner within her domain of expertise. This mode of passing on - rather than - discussing information and assessment results limited the prospect to benefit from the distributed knowledge of practitioners. The outcomes of talk were mediated by the two preceding discursive actions. A preoccupation with girls' medical diagnosis, and a focus on passing on rather than discussing assessment reinforced deficit thinking. Further, categories assigned to girls stood as self-fulfilling prophesies, and as predictors of girls' future performance. The space to create more positive identities was evident, however, where practitioners knew little about girls' genetic or developmental disabilities. The implications of these objectifying practices are serious with respect to Gulf-Arabian countries and to similar Muslim sociocultural contexts. Perceiving diagnosis as the absolute truth feeds fatalistic beliefs further and results in inactivity and invisibility. Implications are offered for policy and practice and for future research.

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List of Abbreviations

CA	Conversation Analysis
CCMs	Case-Conference Meetings
CDA	Critical Discourse Analysis
CGA	Critical Genre Analysis
CHAT	Cultural-Historical Activity Theory
DMS	Diagnostic and Statistical Manual of Mental Disorders
GCCC	Gulf Cooperation Council Countries
ICD	International Classification of Diseases
MCA	Membership Categorisation Analysis
SFL	Systemic Functional Linguistics
UNDP	United Nations Development Programme

Abbreviation of Speakers

ADLT	Activities of Daily Living Teacher
ARTT	Arts Teacher
BT	Behavioural Therapist
ICTT	Information and Communication Technologies
LSA	Learning Support Assistant
PSY	School Psychologist
PT	Physiotherapist
SA	Senior Administrator
SENCO	Special Educational Needs Coordinator
SENT	Special Needs Teacher
SPLT	Speech and Language Therapist
SW	Social Worker
VLT	Vocational Learning Teacher

Chapter 1: Introduction

I was three-months old when a doctor at the hospital told my mother, “You are one lucky observant mother; you have saved your daughter’s life”. Although common elsewhere, Congenital Hypothyroidism was not included in the list of screening tests for new-borns in most Gulf Cooperation Council Countries (GCCC) at the time of my birth in 1982. My mother recalled this encounter when I was old and articulate enough to ask her the reason for me taking this thyroid pill every day. I also remember being curious to know why the doctor thought she had saved my life. Only then did I know the risks if I had not been identified and treated within the first months of birth. Had my mother not noticed a few ‘worrying’ signs or symptoms, my whole life trajectory would have changed. Once a person with a permanent intellectual disability, today I am a teacher and a researcher in the field of disability in education.

My identity as a Muslim-Arab female researcher has also had an influence on my career trajectory. I believe in destiny and that everything happens for a reason. With my mother being told that she is ‘one lucky observant mother who had saved her daughter’s life’, I felt equally responsible - and perhaps eager - to contribute to the lives of girls identified with disability, particularly those growing up in the Gulf region, where the risk of being born with a genetic disorder is high, given the rate of consanguineous marriage. Indeed, four out of the five girls whose conference meetings are analysed in my study are children of consanguineous marriages. I could have chosen to do medicine at university and become a paediatrician, but my passion to become a teacher stems from yet another challenge that my mother set for herself because, despite saving my life, she was told not to expect much from me, “she will be fine but she won’t necessary flourish at school”. My mother chose not to surrender, and in the process taught me to always expect the best from myself and from others.

The spoken words of my paediatrician and, indeed, all the encounters that ensued with my paediatrician following my diagnosis could be analysed in several ways. A critical discourse-analyst would be interested, for example, on drawing attention to the power dynamics between the doctor and my mother, stretching the unit of analysis to include institutional technologies of surveillance and its consequences. A conversational analyst, on the other hand, would take a single encounter between two speakers - or more, and conduct a detailed turn-by-turn analysis of the interaction, looking at how speakers position themselves in talk, and reject interpretation that move beyond these sequential turns. A linguistic-ethnographer would take on those spoken words, together with other encounters, combine them with any related documents, and perhaps interview my mother, the doctor, and members of the paediatric team to allow for a thicker description of my diagnostic history and developmental trajectory. Further, a longitudinal analysis of discourses shaping one's identity would include a chain of interrelated texts; a medical report from a paediatrician, a legal referral to a special school, IEPs document, as well as interdisciplinary meetings that involve placement decisions. My study proposes an alternative analytic gaze to discourses at referral meetings or child-study teams. I conceptualise conference-meetings as professional 'action' genres that maintain institutional, professional, and disciplinary cultures.

My thesis contributes to existing research on referral or child-study team meetings in two ways. First, the context from which the audio-recorded meetings were collected is under-researched, that is, a special school for girls identified with a disability in one of the six GCCC. Second, and as I stated above, the method for analysing the discourses enacting at those interdisciplinary team meetings is different from existing analytic methods such as conversation analysis, critical discourse analysis, and ethnography-oriented discourse studies. To analyse talk at conference-meetings, I developed an integrative framework, drawing on Critical Genre Analysis (Bhatia, 2016), Systemic Functional Linguistics (Halliday, 2014), and sociocultural and cultural-historical perspectives to discourse (Mercer, 2008; Engeström, 1999). The rationale for this methodological synergy is covered in Chapter 5.

To my knowledge, having conducted a thorough review of both Arabic and international social-sciences databases (see Chapter 2), discourse-oriented studies on disability and/or special education are almost non-existent in the Gulf region (see Bazna, 2009 for an exception). In fact, qualitative studies on disability and related fields are noticeably absent in the Arab world in general, due to cultural, social, and institutional gatekeeping. Being permitted access to the audio-records of those meetings and associated documents would have been impossible if I was not considered an insider by the School Director, Principal, and my colleagues. Yet, the privilege of such a position comes with responsibilities. I have thus taken every chance possible to practise reflexivity, and to position myself in relation to the data, including how my background and knowledge of the community researched influenced the analysis and interpretation of my findings. I now introduce the school context, locate myself and role within the school, and reflect on the implications of such a position, and then follow with ethical considerations that guided my thinking and research journey.

1.1 The School Context

The special school is a relatively small educational institution, which accommodates girls (12+) identified with a range of disabilities. The school is located in a large city in one of the six GCCC. I decided to keep the exact context of my study, that is, directly naming the country, confidential for ethical reasons. Some of the girls in my study are identified with a rare genetic disorder (for example, Turner Syndrome and Cornelia de Lange), and this may render their identification possible.

A maximum of 40 girls receive basic education and vocational training every academic year. In the absence of a national curriculum in special schools for girls identified with intellectual and severe learning difficulties, the content of literacy and numeracy classes, as well as vocational workshops, are left for teachers to decide. Although this gives schools the freedom to choose the content of their subjects and the focus of training, it results in great variation and some inconsistency, especially with the change of staff and teachers every year, making the task of monitoring services and interventions particularly challenging.

As written in its prospectus, the mission of the school is to develop the literacy, social, and general life skills for girls so that they reach maximum independence and become productive members of their community. The school applies a person-centred approach to learning; objectives are set for each girl according to her needs. Finalising those objectives follows a two-week period of assessment and evaluation, where the interdisciplinary team conduct their one-to-one assessment, each within their domain of expertise, and then work collaboratively to prepare Individualised Educational Plans (IEPs), having met together several times, both formally and informally.

The interdisciplinary team compromises the following professionals: social worker, psychologist, behavioural therapist, speech-and-language therapist, physiotherapist, special education teachers, learning support assistants, activities of daily living teacher, vocational trainer, arts teacher, and ICT teacher.[1] For each girl, the team meets three times until an IEP is completed. The conference-meetings analysed in my study are the first official meeting for each girl, that is when practitioners share the outcomes of assessment and

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[1] This is the same order speakers follow when they discuss the outcomes of assessment at the conference-meetings analysed in my study.

discuss any concern they have, such as girls' health condition, or issues that were raised by their mothers during the initial interview. As mentioned above, these first conference-meetings take place after a two-week period, which is the time the school Principal allows for practitioners to complete assessment and write a report. The two additional meetings are for institutional documentation purposes; the team meets to finalise and approve the yearly objectives and sign IEP documents, once amongst each other, and once in the presence of a girl's mother. I decided to focus my analysis on the first meeting because, though formal and routinized, it is the space where practitioners make sense of the case for the first time, share the information they gathered, announce assessment results, present possible areas for intervention, and make placement decisions.

The school accommodates girls who are identified with a range of disabilities, including profound and multiple learning disabilities, rare genetic disorders and intellectual disabilities. The only non-accommodated disability population are girls with sensory disabilities (for example, visual and hearing impairment), for which public primary and secondary schools exist, and where the national curriculum taught in mainstream schools is adapted to these girls' needs. To date, girls with physical/sensory disabilities are the only group in GCCC whose community expect them to finish high-school and to continue to graduate studies. For the remaining population, especially girls identified with intellectual disability, the expectations are very low, to the extent that no public schools beyond the primary years are available, especially for girls compared to boys. Available special schools, including the one that is the subject of my research, are private and often established by families who have a son or a daughter with a disability. These special schools are either profitable or not. Non-profitable schools accept minimum fees, based on the economic situation of a family, or collect donations from charities and exterior parties to support families who cannot pay even the minimum fees. The school from which my data were collected is non-profitable.

1.2 Self-positioning

I worked at the school for two and a half years as both a teacher and coordinator. Amongst my administrative responsibilities were: to coordinate services across departments, to open files for newly registered girls, and to meet with parents and ask them about the expectations they hold regarding their daughters' education and learning at the school. During my first months of employment, I occasionally chaired conference-meetings together with the school Principal. It was alerting for me to see how practitioners repeatedly request a meeting to discuss and re-consider some of the learning objectives they have set. I wanted to learn more about the dynamics of these meetings and the purposes they seem to be fulfilling, and how the objectives they are doubting were arrived at or decided upon on in the first place.

Of course, I am aware of the quality implications given my insider role as a previous member with a position of power (that is, as coordinator for the team), and how such a role may have - unavoidably - affected the analysis and interpretation of the data. I nevertheless believe that discourse-oriented analysts should be reflexive, rather than apologetic, of their insider role and background knowledge, including the collective memory they share with participants - if evident. Indeed, on many occasions, it is this knowledge which informed the very choice of text or genre to analyse.

Being explicit about my position and reflexive of my insider knowledge is essential, particularly as it influenced, not only my choice of text, but also my understanding of the meaning-making processes of practitioners. This position, however, raises questions of validity as it applies to discourse-oriented studies. Thus, throughout the course of my PhD journey, I made decisions to meet the quality indicators of discourse-oriented methods (see Chapter 6). Having said that, it is beyond the scope of possibility - if desired at all - to conceal the factors influencing one's interpretation of the data and understanding of the meaning-making potentials that goes beyond what is manifested in the text itself. Thus, I believe that positioning myself in relation to the discourse community analysed increase the authenticity of forthcoming findings. Least to consider amongst the advantages of such a position is gaining access to otherwise confidential material, which brought to light the institutional experiences of one of the most vulnerable and under-researched groups in Arabian-Gulf societies.

1.3 Ethical considerations

The ethics of research are integral to academic endeavours and are intertwined within every step one takes. I began my post-graduate PhD journey with key matters that guided the decisions I have taken when conducting the study reported in this dissertation. Although my study is based on one of the six Gulf-Arabian countries, I encountered no barrier in following the ethical guidelines of the British Educational Research Association (BERA, 2011) recommended by the Faculty of Education at the University of Cambridge. This section outlines the actions and decisions I have taken in response to the four responsibilities identified by BERA.

1.3.1 Responsibilities to the girls

1.3.1.1 Privacy and anonymity

The first decision I had to make was keeping the country from which data were collected confidential. Intellectual disabilities that associate with genetic disorders are not uncommon in the Arab world generally and GCCC in particular. Thus, identifying any of the girls with a rare genetic disorder is possible, especially since data were collected from one school. I, however, did not control for internal anonymity. Instead, I asked members of the team to be part of the data-collection process as well as later stages of analysis, and to have a voice on the cases whose conference-meetings will be analysed. According to Ghesquière, Maes, and Vandenberghe (2004), the validity of qualitative studies may be compromised if the voices of those who are internal to the school community are not considered. I reflect more on this issue later in this dissertation where I discuss a key quality indicator in discourse-oriented research, namely participant orientation (see Chapter 6).

1.3.1.2 Ethics of research with disabled populations

Although my study did not require direct engagement with the girls themselves, I found it necessary to review and comply with the United Nations Conventions on the Rights of Persons with Disabilities first published in 2006, which was signed by many governments in the Arab world, including GCCC. Choosing to identify myself as both a researcher and an advocate for the girls comes with responsibilities. Therefore, during the design and planning process, I constantly questioned my motives to ensure that the best interests of the girls were taken very seriously. Of course, including their voice would have been ideal, but it would arguably take some time to build the cultural foundations of participatory research for the most vulnerable group in the Arabian-Gulf society. Yet, I am confident that describing the genres, disciplinary cultures, and discursive practices influencing their very identity and educational trajectories is one step in this direction.

1.3.2 Responsibilities to the sponsors of my study

My doctoral study was sponsored by the Ministry of Education in one of the GCCC. To my advantage, there were not any specific requirements in relation to my chosen research topic, aside from being of potential benefit for people identified with disability in my community. One of the short-comings, however, is failing to acknowledge their financial contribution directly, because, as said earlier, mentioning the specific country may compromise confidentiality of the girls themselves. Having said that, it is worth mentioning that I will be required to submit copies of my thesis to the Cultural Bureau of my government in London, which means that it would be obvious who and from where the data was collected. The only solution would be to submit a confidentiality application so that my thesis is not included in the Cultural Bureau's public library. A further responsibility to sponsors is my return to my home country after obtaining my degree, which I consider not only a responsibility but also an ethical and a moral obligation.

1.3.3 Responsibilities to the community of researchers

Acknowledging the contribution of researchers who influenced my thoughts about the research topic and design of the study is an ethical obligation. My study cuts across many disciplines, including education, medicine, psychology, and linguistics. Both in the Literature Review and Research Methodology, I was careful to reference the disciplinary fields from which I drew my ideas and build my scholarly knowledge. Furthermore, when reviewing empirical studies that engage with similar types of text, I focused on highlighting the methodological contribution scholars made to this line of inquiry. I thus consider my current study a useful addition to a growing body of literature in child-study team meetings and a way to enhance our understanding of practices of assessment.

Publishing the outcomes of my study is another concern, for both international and local audiences, but particularly the latter. It would be fruitful to write a paper or more on the advantages of discourse-oriented studies, a topic that is rarely addressed in research methods in Arabic, let alone qualitative methods in general. Furthermore, publishing findings from my study would highlight the types of findings that such methods generate. Here, of course, I need to balance contextual elements and the privacy of my participants without losing integrity and validity of the findings.

1.3.4 Responsibilities to practitioners, policy-makers and the public

Conducting an educational study with tools from linguistics such as SFL, for example, may hinder accessibility, that is disseminating findings beyond academia, such as to teachers and other school-personnel, to policy-makers, and to the public. Fairclough (1992) introduces the concept, *technologisation of discourse* to address this matter. Technologisation of discourse encourages researchers to think of alternative and more creative ways to communicate findings of discourse-oriented studies, given the multitude of audience who may benefit from the outcomes. I started with the general public, having been - and still am - continuously asked by family members, friends and friends-of-friends, a combination of the following questions: “Do you know about this genetic disorder or that’; ‘What is my child’s future like?”, “Have you seen other children like him or her?” among others. Taking advantage of social-media networks, which are very popular and widely used in GCCC, I created an anonymous account in ‘Instagram’, I posted images that illustrate the genetic and developmental disorders represented in my school and beyond, and provided some basic information about them in Arabic. It was interesting to witness the interest of people, the questions they asked, and even the requests they made to cover very rare genetic disorders of which I had no prior knowledge.

1.4 Thesis components

My dissertation comprises eleven chapters that are divided into five parts. The first part following this introduction gives readers an overview of disability research and scholarship in GCCC, highlighting as it does so the significance of researching current institutional practices of assessment for girls identified with a disability in an under-researched context. The second part reviews both theoretical and empirical literature associated with my study, and it includes Chapters 3 and 4 of this dissertation. Moving beyond dichotomous models of disability, Chapter 3 reviews existing perspectives to disability that carry implications of the context of my study, such as the role of genetics in special education, and the ‘disability in culture’ metaphor.

Chapter 4 analyses empirical studies on the discursive construction of identities at child-study team meetings in a range of developed countries, mainly the U.K, U.S, and Europe. I divided the studies in this chapter according to the discourse-analytic methods undertaken. I conclude the chapter highlighting a gap in the way these and similar school meetings have been conceptualised, the potential of a sociocultural perspective, and both the broader and specific questions that my study sought to answer, which read:

Broader research question:

What is the nature of discursive assessment practices taking place in a special school for girls identified with a disability in one Gulf-Arabian country?

Sub-questions:

1. *What knowledge domains, perspectives, and understandings of disability do practitioners bring to, and share at, conference-meetings?*
2. *What is the nature of talk between members of the interdisciplinary team, and how do practitioners engage with one another to share and transfer knowledge?*
3. *How do discursive practices of assessment and figured worlds of disability influence the construction of girls' identities?*

The third part of my dissertation comprises Chapters 5 and 6. Chapter 5 outlines the methodology adapted to answer the broader question that my study addressed and my rationale for the chosen methodology. Building on the theories I drew on, Chapter 6 introduces the analytic framework TALK-TIES, which I developed to examine the talk and actions of practitioners. I follow this with a description of sampling conference meetings and conclude with quality indicators for discourse-oriented research.

The fourth part of my dissertation presents the findings in my study, for which I constructed three narratives (Chapters 7 to 9). Chapter 7 covers the object of talk, by which I mean the knowledge fields and perspectives from which girls' identities are shaped, all of which are manifested in 'the relevant thing about us' narrative. Chapter 8 depicts what seems to be the goal of talk, as captured in the 'much ado about everything' narrative. A focus is given here to the interpersonal relations between members of the multidisciplinary team. Chapter

9 discloses the outcomes of talk, all together mirroring the ‘not so great expectations’ narrative.

The final part discusses the outcomes of my study and provide some concluding remarks, reflections, recommendations, and contributions to knowledge. In doing so, Chapter 10 revisits the goals, the objectives, and outcomes of talk and discusses their broader cultural and practical implications. Chapter 11 concludes the study by revisiting the main findings, reflecting on the researcher’s journey, and recommending actions for the future. I start my thesis by situating the cultural and historical position of girls identified with disability in GCCC, and highlighting the status of special education knowledge and scholarship in the region. This background serves two purposes. It introduces readers to a seriously neglected context for disability in education research, and situates practitioners’ talk against their sociocultural, educational, and career backgrounds.

Chapter 2: Disability in the Gulf-Arabian Region

My aims for this chapter are twofold. First, to describe the cultural context influencing the social and institutional realities of girls identified with a disability in the Arab world generally, and the Gulf region in particular. Second, to review special educational research and scholarship, as well as the education and training available for teachers and practitioners who take part at the conference-meetings. Such review is critical if one is to appreciate the broader culture of talk, especially how values and ideologies influence the construction of identities and future trajectories.

The Arab world consists of 22 countries spread between the Middle East and North Africa. By no means do I wish to undermine the great variety between countries; not only do they differ in their familial structures and social norms, but so do the socio-historical developments each have undergone, and the cultural and geopolitical factors causing disability, as well as the priorities governments put to education and social-welfare.[2] Indeed, I agree with Blair, Grivna and Sharif (2014) that the 'Arab world' may be too broad a concept to be useful when discussing challenges facing health, education, and related services. Thus, more focus will be given to a smaller and relatively homogenous group, namely Gulf Cooperation Council Countries (GCCC, hereafter). Having

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[2] For example, whilst consanguineous marriages play key role in GCCC and other Arab countries, causes of disability in Egypt are more associated with poverty, and in Iraq, Palestine and - more recently Syria - the causes are more linked to situations of war and conflict.

said that, and given the scarcity of resources to draw from, I broadened the scope of material from which I based my discussion in this chapter.

2.1 The concept of disability in the Arab-Muslim world

I wish to start this section with my own stance, before embarking on how models of disability play out in GCCC. Put simply, I do not have a ‘preference’ if this was the correct word to use; I neither reject the medical model, nor seek an extreme adoption of the social, particularly in respect of a nation still lacking the basic foundations of knowledge in the field. It is worth mentioning that Arab scholars - or western scholars researching disability in Arabic-speaking countries - rarely introduce the social versus medical debate, or engage in a critical discussion of its implications to their chosen topic of investigation (for exceptions see Bazna 2009; Weber, 2010). For those who did, an association was drawn between the medical model and charity-based approaches to disability, and the social model and the individual-rights debate, suggesting that the latter does not fit the culture and tradition of Arabs, particularly since the rights of the family or tribe overrides the rights of the individual.

Besides this collective culture and mind-set, religion plays a key role in Arabs’ conception of any social phenomenon, including disability. Thus, intellectual engagements with the concept cannot ignore the centrality of religion in people’s lives; it dictates how they deal with a phenomenon and their perceptions and attitudes towards it. This is particularly true for GCCC, where every aspect of social welfare is governed by Islamic-Sharia-Law. I would like to argue, however, that it is not Islam *per se* influencing attitudes. Rather, it is conventional readings of sacred texts such as the *Qur’an* (that is, Muslims’ Holy text) and *Hadith* (that is, sayings of Prophet Mohammed) that influence people’s perceptions. Gaad (2010) claims that the notion of supporting the vulnerable, the weak and the needy is rooted in a belief that doing so is a form of submission to *Allah* (the name of God in Arabic). It is worth mentioning, however, that the *Qur’an* itself does not mention people with disability when addressing the needy, weak, or vulnerable. Indeed, the generic term ‘disability’ {اعاقة} is not found in the Muslim’s Holy text. Instead, the term ’disadvantaged’ is used for all people whose physical, mental, social, or economic situation places challenges upon them.

Suffice to say that disability in the Arab region has had a similar history to many parts of the world where, for example, the church acted as the main source of support, hence the ’charity-based’ approach. Although many nations have bypassed such history, the situation in orthodox Muslim countries persisted because separating religion from the state is not an option. It is beyond the scope of this dissertation to provide verses from the *Qur’an* or *Hadith* which show how Islam shapes the way people conceptualise disability. Yet, a few fundamental principles summarised by Al-Aoufi, Al-Zyoud and Shahminan (2012) is sufficient to explain what Muslims believe in, including the following:

- Believing in fate and destiny;
- Believing in reward and punishment;
- Believing that charity or *Zakat* is the only way to rectify inequality in society.

In light of these beliefs, it is no surprise why Arab countries informed by Islamic-Sharia-Law adopt a charity-based approach. Whilst aware of criticism targeting charitable responses, including a negative orientation that deter individuals their right to independence (Oliver and Barnes, 1998), Al-Aoufi et al., (2012) agree with Hagrass (2005) that a charitable response to disability is appropriate for Muslims because it promotes a sense of shared responsibility, and it secures the welfare of individuals identified. Perhaps this explains why education and vocational training in many Arab countries fall under the responsibility of Ministries of Social Welfare rather than Ministries of Education, which rightfully applies to the context of the study reported in this dissertation.

In response to western attacks of the charity-model, a number of Muslim scholars made every effort to defend the core of their belief, and therefore distinguished Islamic principles from cultural practices of Arabs, which were transferred from a pre-Islamic era and mixed with Islamic values (Bazna and Hatab, 2005; Ghaly, 2008; Al Thani, 2007; Al-Aoufi et al., 2012); it has proven challenging through the course of time to separate the two. I now turn to these cultural values that still persist today in most - but not all - GCCC, and which have a major effect on how people perceive disability and the person identified, particularly attitudes towards target girls.

2.1.1 Tribal cultures and consanguineous marriage: Confusing tradition with Islamic principles

Consanguineous marriage is a custom directly linked to the prevalence of disability in the Arab world - particularly for congenital and genetic disorders. Indeed, it is estimated that heredity is the first cause of disability in this region (ESCWA, 2014). Consanguineous marriage has cultural and socio-historical roots rather than religious ones, most notable are extending the sense of loyalty to the clan, and the economic benefits of keeping wealth within the same tribe (Bittles and Hamamy, 2010; Al-Gazali et al., 1997). This is a typical example of confusing tradition with religion mentioned above. A caution is raised here, regarding a contradiction between the two primary sources, which are the *Qur'an* and the *Hadith*, particularly in regards to the degree of kinship that permits or forbids a marriage union.

The *Qur'an* strictly forbids marriages of the first degree where the verse number 23 from *Surrat al-Nisaa'* strictly states, "Prohibited to you are your mothers, daughters, sisters, father's sisters, mother's sisters, brother's daughters, sister's daughters . . ." (3:23). Also, a *Hadith* from Prophet Mohammed ('peace be upon him') states, "Do not marry cousins as the offspring may be weak at birth" (Alaskalani, 1995). Both sayings correlate with findings from clinical genetic studies reporting the high-risk of inherited diseases in offspring of such marriages (Akrami and Osati, 2007). The *Qur'an* has no other verse that permits or forbids marriages beyond this first degree. Yet, both *Hadith* and *Sirrah* (that is, sayings of the prophet and narratives about his life) reveal some contradictions in this respect. Arguably, this space, particularly the "may be" in the *Hadith* above, has given Arabs permission to maintain their pre-Islamic custom, by allowing marriages of second degree, where the son and the daughter of two brothers - or two sisters - are united by a marriage contract.

When contradictions such as these occur, the *fatwa* (an order that is authorised by religious men) is often based on *Hadith*, which has four classifications: sound, good, weak, and fabricated, depending on the reliability and memory of the reporter. In other words, 'who said what' is far more significant than 'why is something said in the first place', such as asking, for instance, "Why God forbids marriages of the first degree?" Chiefly, the question of 'who said' versus 'why is something said', is also a distinction between a 'fixed' mind-set and a critical 'growth' mind-set, which equally explains the dearth of social research and knowledge creation in the Arab world, a topic that I will cover in a forthcoming section.

I conclude this section with a note with regard to the relevance of this 'genetic' juncture to my study. Although my study does not directly draw on the field of clinical genetics, information about genetic disorders has proven essential for school personnel. In fact, in four out of the five conference-meetings analysed, the social-worker announced that parents of the girl are related by a 'second-degree' kinship, and that other members in the family have the same or a related genetic disorder and that they come from a rural area, and have low financial resources. This is perhaps due to being a non-profit special school attracting a specific cohort of society, with a minimum fee for families who seek vocational training for their daughters, and where no equivalent provision is provided by the government. This final note takes me to another consequence of a tribal mind-set, one where attitudes towards girls identified with a disability have for so long limited their prospects for a bright future.

2.1.2 Attitudes towards disability: The situation of women with disability in the Arab world

If one searches special education databases in Arabic, they would find that surveys to collect people's attitudes comprise the majority of publications particularly in GCCC. Fortunately, and despite confirming negative perceptions, scholars are reporting that attitudes are growing more positively as a result of education and public awareness. Suffice to mention that negative attitudes are by no means unique to Arabs or Muslims alone, they have shaped the narrative history of disabled people around the world. In tracing this history, the Middle-Eastern United Nations special rapporteur emphasised the increasing derogatory negative attitudes towards women in Arab countries. According to Al-Thani (2007),

> If women with disabilities in other parts of the world suffer double discrimination, once based on gender and again based on their disability, then it is safe to say, if such a thing is possible, that women with disabilities in the Arab region suffer triple discrimination (p.2).

However, the deeply rooted values shaping these negative attitudes are concealed behind response-rates; they are hardly questioned or critically scrutinised.

I would like to stress rather strongly that the status of women with disability varies from one Arab country to the other. The discrimination and marginalisation of girls with disability are harder to rectify in poorer and illiterate communities, and in communities that are conservative, despite oil wealth, such as GCCC. Confusing Islamic values with tribal customs applies to the situation of women as well, if not more poignantly. Al-Thani (ibid) continued to argue that in such communities, where physical appearance is appreciated above any characteristic, and where the value of a girl making a ‘good wife’ persists, girls identified with a disability have no chance; they are not considered marriageable. Equally, non-disabled siblings are considered at risk by association, particularly when doubts concerning a heredity or a genetic disorder are raised. Ironically, the same mind-set justifying maintenance of wealth within a tribe justifies discrimination against women with disabilities when choosing a wife. It is therefore no surprise that in social events such as weddings, girls with disabilities are often ‘invisible’. It is noteworthy to mention that parents have good intentions in their wish to exclude their daughters from such events. Daughters are not necessarily kept ‘invisible’ because of shame or social embarrassment. Parents tend to over-protect them from having aspirations for love and affection, that are hard to achieve in such circumstances (Nagata, 2003).

Again, here, and in the absence of verses from the *Qur’an* that discriminate against women, some people find in *Hadith* an avenue for justifying marital choices. This situation reflects the changed role of *Hadith*: from a text that teaches the sayings of Prophet Mohammed, to a tool that supports the political agenda and discourse of women in states. Indeed, Kandiyoti (1991) argues that research on the status of women from Muslim societies fails to acknowledge the intertwined and complex relation between Islam, the state, and gender, including the confusion between Islamic values and cultural nationalism; it is thus not hard to tell why some Muslims have lost faith on *Hadith* altogether. It is, however, beyond the scope of my dissertation to engage in a feminist debate that misinterprets the inferior status of women in Islam or to give examples of efforts that contemporary scholars made to reinterpret sacred texts (see Shahrour, 2009). Such critical interpretations, though limited, are essential if efforts to change the negative status of women with disability in the Muslim world are to be taken seriously. Notably, however, critical, qualitative and interpretive research is altogether lacking in the Arab world. The following section describe this status, focusing on special education research in GCCC.

2.2 Disability research in Arab countries

This section reviews the status of special education research in GCCC. My aim is to introduce readers to an academic culture that is still taking its infant steps in the knowledge economy. The status of knowledge production in GCCC is both unique and disappointing. One may legitimately ask, for example: is it because of - or despite - a rich oil industry that GCCC only recently paid attention to social sciences, arguably after receiving pressure from international NGOs reporting overall negative outcomes (UNDP, 2009). Addressing this question may require a thesis of its own, but a review of the research exercise in one field, namely special education allows for a better understanding of the situation. Doing so would hopefully enable readers: 1) to situate practitioners' talk to the broader sociocultural context, and 2) to appreciate the need for - and importance of - a critical analysis of both macro and micro educational discourses in non-Western developing countries.

The oil boom in the 1970s has placed GCCC in a luxurious situation for over two decades. Yet, the price that both governments and people had to pay - and would remain paying - for this luxury, is too high. I believe financial costs are the least concern. The economic circumstances of GCCC not only made the 'luxury' possible, but it equally allowed governments to escape serious political and social ramifications; 'as long as money was available to grease its wheels, the system worked smoothly for over two decades' (Zanoyan, 1995, p.3). The economic order has changed now, and a large population that made a living from 'unearned' income is under pressure to earn its basic necessities of living. In light of these changes, Zanoyan (ibid) argued, the social structure must be reconsidered, which entails discarding the old system and building blocks for the future. I strongly agree with Zanoyan that 'getting rid of the old' (p.3) is far more difficult, entailing as it does governments' re-prioritisation of spending avenues beyond the oil industry. I would also add, there is a pressing need to shift people’s attitudes to work, and to put an end to a culture of consumption, especially knowledge consumption.

The Arab Knowledge Report published in 2009 assessed the status of natural and social sciences and concluded that, in the majority, knowledge is consumed from industrialised countries, with little effort to invest on indigenous resources to produce local knowledge (UNDP, 2014). Special education research is no exception, and assessing its status tells us why research on the institutional experiences of girls with disabilities is notably absent. The previous section provided an answer to this question, albeit partially. Given all seemingly negative attitudes, particularly in meeting society’s expectations, it is unlikely to expect an investment on research that targets girls identified with disability in GCCC. Indeed, in a relatively recent survey of 48 agencies in GCCC, Crabtree and Williams (2011) concluded that discrimination against girls is higher than against boys, and more generally, women with disabilities are the most oppressed group in patriarchal societies. Furthermore, case studies of women from GCCC are absent from published reports on gender and disability in the Middle East (Abu-Habib, 1997), and from a study which reports the changing status of women with disability in the Arab world (Rioux, 2014).

2.2.1 Research methods and topics

The interests of a region in a given field could be estimated by the number of articles published, topics investigated, or methods deployed in research. As far as GCCC are concerned, neither the local reality of individuals with disabilities, nor the institutions meeting their needs are given the priority deserved. I agree with Badran and Zou’bi (2010) that changing the infrastructure in developing countries requires an investment not only in education, but also in research. I found two systematic reviews that usefully summarise the status of special education research in the Arab region.

Al-Khateeb (2010) reviews 216 special education articles in Arab countries between the years [1998 - 2007], particularly focusing on its trends (that is, topics and methods), quality, and relationship with practice. Both positive and negative outcomes were reported, and even with the former, there are major challenges facing academics in the field. I believe that discussing a few of these findings is vital to interpreting the outcomes of my study. Table 2.1 below depicts the frequency of studies based on the topic of investigation.

Table 2.1: The distribution of special education research according to the topic

Topic	Frequency	Percentage
Evaluating the effectiveness of intervention programmes	71	33%
Groups' characteristics and needs	45	21%
Assessment and evaluation	21	10%
Describing and evaluating programmes and services	21	10%
Teachers' concerns	18	8%
Family-related concerns	13	6%
Inclusion	14	6%
Others (technology, administration, perceptions, etc.)	13	6%
Total	**216**	**100%**

(adapted from Al-Khateeb, 2010).

As Table 2.1 depicts, academics in Arab universities give priority to experimental designs that evaluate the effectiveness of interventions. Whilst acknowledging the intentions of researchers to provide quick solutions to local problems, and to encourage evidence-based practices, Al-Khateeb (2010) raised concerns regarding the quality of these studies. He particularly highlights scholars' failure to include background information on the context of experiments, the conditions set for control groups, and the rationale to conduct experiments in the first place. The second topic in frequency concerns theoretical papers that describe the characteristics of students within a particular disability or SEN category, perhaps due to the fact that special education departments in most Arab universities are divided into speciality strands based on the type of disability (for example, autism, intellectual disabilities, sensory disabilities, and learning disabilities).

The third topic in frequency is the closest to my research interest, that is assessment and evaluation. Assessment and evaluation constitute 10% of published studies according to Table 2.1. above. Having reviewed the content of the studies myself, the majority are adaptions of IQ tests standardised in the West. These adaptations are not surprising, reflecting as they do a ‘culture of rent’ that is true for all Arab countries, but more so for oil-rich GCCC (Hafez, 2014). This culture of rent also explains the priority given to the impact of ready-made interventions. As for the remaining topics, which constitute either 8% or less, the status has not changed much after 2007, except for inclusion, which recently captured the attention of scholars. Again, here most inclusive-focused studies comprise questionnaires that collect attitudes, particularly of teachers who report ‘positive yet reluctant to include’ responses, especially given lack of resources and training. I now turn to the distribution of studies according to the methods of data collection in Table 2.2 below.

Table 2.2: Data collection in Arabic-based SEN research

Method	**Frequency**	**Percentage**
Assessment/evaluation measures	87	40%
Questionnaires/ reliability lists/ evaluation lists	84	39%
Mixed methods (surveys, interviews, etc.)	37	17%
Observations	4	2%
Content and document analysis	4	2%
Total	**216**	**100%**

(adapted from Al-Khateeb, 2010).

The priority given to evaluating interventions explains why most of the data consist of pre-and post-test scores, covering 40% of reviewed studies. The use of questionnaires and evaluative lists is also high, constituting 39% of the total.

Again, a 'rent culture' explains why research tools are taken from the West and translated to Arabic, leaving the question of cultural validity for the reader to interpret A mixed methodology is the third in frequency, making up 17% of the total. As for observations and document analysis, a purely positivist paradigm explains no more than 2%. It is worth mentioning that psychology and special education in Arab universities belong to schools of Art, and in many universities, it is acceptable to send data to a statistician to interpret and report quantitative findings. This perhaps explains why the use of rigour and robust statistical packages is evaluated as a strength in Al-Khateeb's (ibid) review. Yet, and in the absence of knowledge of quantitative methods, one may rightfully ask, "How would researchers using a third party to interpret their data disseminate findings to practitioners in ways that inform practice?" Al-Khateeb (ibid) raised this question and reported negative outcomes. He specifically highlighted a weak partnership between researchers and teachers; teachers are asked to fill in questionnaires or send pre-and post-test scores without discussing any of them with the researcher.

The notable absence of qualitative studies is the focus of the second systematic review. Al-Hanu (2016) investigated the extent to which papers published in Arabic peer-reviewed journals use qualitative methods. In a total of 348 studies in the period between 2005 and 2014, only three use pure qualitative methods, which make up (0.86%), whereas 322 studies use quantitative, constituting (92.52%) of the total. Remaining studies are either theoretical (20 studies at the rate of 5.74%), or mixed methods (3 studies at the rate of 0.86%). Al-Hanu (ibid) listed many factors that explain the rarity of this methodology, including: the undervalued status of studies that do not include numbers and statistics, lack of textbooks covering qualitative methods in Arabic, and the lack of sound knowledge by reviewers to judge the quality of such studies, hence rejecting them. Al-Hanu (ibid) added, even researchers who believe in the value of qualitative research use mixed methods to raise chances of their papers being accepted in reputable Arabic peer-reviewed journals.

Besides the reasons listed above, I would add, based on my knowledge of the context, that the administrative responsibilities of academics obscure the time and effort demanded for such research. Although quantitative studies require equal time and effort, the manner in which they are conducted eliminate such barriers, particularly leaving the responsibility of putting together a ready questionnaire to translators, and the analysis and interpretation of findings to statisticians. In light of these circumstances, I agree with Hafez (2014) that efforts to re-claim a wealthy, yet forgotten, culture of knowledge in the Arab world requires abandoning this rent-based culture that marginalises the effort required to build locally relevant knowledge. My study's focus on institutional discursive practices of assessment is a contribution in this direction.

I now turn to the final section in this chapter. Given my focus on talk between practitioners from different disciplinary backgrounds, I find it necessary to cover the education, training, and professional development available for teachers, psychologists, and social-workers in GCCC. Such a review would enable readers to situate practitioners' talk in relation to the context in which they were prepared, educated, and trained to take on such roles.

2.3 Education, training and professional development

Very little information exists on higher-education programmes available to teachers, psychologists, social workers, and other personnel working with children and youth identified with a disability in GCCC. Even less are reviews that trace inter-professional education initiatives in the region.[3] Thus, the

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[3] In searching multiple social-sciences and medical databases, only two papers published in the last two years, led by the same author, discuss inter-professional education in one Gulf country, namely Qatar, but was more concerned with the

discussion in this section is based on the few available reviews, regional documents, and university websites that outline undergraduate and postgraduate programmes, as well as my personal knowledge of higher-education programmes in GCCC.

2.3.1 Preparing special education teachers

Special education provision depends on the availability of qualified teachers, and the latter, in turn, depends on university programmes offering a degree or a teacher preparation programme. Today, at least one university in GCCC, except for Kuwait, offers an undergraduate degree in special education, and fewer offer postgraduate Certificates, Diplomas or Masters qualifications. Needless to say, the content, design, and delivery of these programmes differ, depending on contextual factors, including the availability of academic staff to the rate of students. Also, for both special education and other social sciences, the region depends largely on academic expatriates, especially from Egypt and Jordan, whose countries have been offering these programmes long before GCCC. Not only so, cultural reasons play a key role in limiting opportunities for preparing qualified teachers. Conservative families do not always allow their daughters to leave home until they get married, let alone pursue a degree in the capital or any other city. This makes provision different not only between GCCC, but between cities in any of the six countries.[4]

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medical field and inter-professional practices between doctors and nurses (El-Awaisi et al., 2017; El-Awaisi, El-Hajj and Diack, 2016).

[4] This situation is particularly true for the largest two countries of GCCC, Oman and Saudi Arabia.

Drawing on the framework developed by Bray and Thomas in 1995, Keller, Al-Hendawi and Abuelhassan (2016) conducted a comparative-multi-layered analysis of special education preparation programmes in GCCC. A total of 32 universities offering special education degrees are distributed between Bahrain, Oman, Qatar, Saudi Arabia and the United Arab Emirates. The analysis identified many dimensions affecting the distribution and choice of programmes. Amongst the dimensions that Keller et al., (ibid) list are geographical location and space, and cultural factors such as gender segregation, which demands separate programmes for males and females, and doubling resources for each sector. Other factors include: content and specialisation; career path opportunities; and the language of instruction and research. Space does not allow me to give this review the justice it deserves. Thus, in what remains, I discuss two factors that directly influence interpretation of the outcomes of my study, namely, the content of the programme and the language of instruction and research.

2.3.1.1 The content of the programme

At both undergraduate and graduate programmes, special education teacher preparation is category-based. In the first year of a four-year degree, students are given in addition to compulsory subjects, an introduction to special education, its history, philosophy and pedagogy, and a general introduction to educational topics such as assessment and classroom management. In the remaining three years, students are asked to specialise in one group. At the graduate level, students immediately start with the SEN category to which they wish to specialise. Amongst categories at the undergraduate level, the following routes are available (after Keller et al., 2016):

- Learning disabilities: 81%
- Intellectual disability: 65%
- Audio disability: 46%
- Gifted and talented: 46%.

It is worth mentioning that concentration on these SEN routes are determined by a combination of factors, including cultural (high rate of intellectual disability due to consanguineous marriages), historical (particularly for auditory or any other sensory disabilities, being the first special institutions opened in Gulf states), and the importation of academics with specific specialisms. Furthermore, the lack of data on the prevalence of disability affects not only the balance between available programmes and provision, but also the availability of teaching positions at both public and private schools. Thus, more often than not, specialised teachers end up filling jobs at schools which serve a population different from their own speciality, where they have little if any knowledge of the pedagogical, assessment, and learning needs of students. It is still an open question whether the pedagogical knowledge for children identified with a certain group of SEN is valuable for teachers (Lewis and Norwich, 2005). I will visit this question in a forthcoming chapter (see Chapter 4, section 2.4).

2.3.1.2 The language of instruction and research

The language of instruction, particularly at the undergraduate level is overwhelmingly Arabic. From one perspective this is helpful, because it allows a large number of students to join the programme, particularly for those who do not speak English as a second language. In fact, when the language of instruction at one university in Qatar turned to English, the number of applicants dropped significantly, leading senior management to change it back to Arabic. However, with Arabic being the main language of instruction - and research - there are limitations to the sort of material and content that both lecturers and students have access to, especially given the limited production of local knowledge. Thus, only a small cohort of students will access literature published in English. This factor has serious implications not only in terms of having sufficient knowledge and information from which to draw practices, but also for completing a degree at the post-graduate level. Again, here, just as it is justified for students to have a statistician analysing their quantitative data, and a translator changing the language of available surveys from Arabic into English, students are encouraged to seek help from a translator to collect and summarise literature from international journals. Hence, in reviewing the literature for a post-graduate thesis in Arabic, students may present studies without engaging with their content critically to draw their own conclusions. Lack of post-teacher preparation, and limited access to sources published in English restrict professionals from learning and advancing their knowledge in the field.

2.3.2 Preparing other personnel working in special education

According to Karoly (2010), GCCC have more graduate psychologists and social workers than the job market demands. In fact, higher-education ministries in some countries, such as Saudi Arabia, have closed such departments for a number of years, and rejected applications from students seeking a scholarship to continue their studies abroad. This section first covers the education and preparation programmes available to psychologists and social workers, and then briefly discusses the training for other professionals likely to be present at case-conference meetings, such as physiotherapists, occupational therapists, and speech-and-language therapists.

2.3.2.1 Preparing psychologists

Like special education, universities providing psychology degrees differ between GCCC, let alone between cities in one country. Arguably, the knowledge and skills of graduates will differ, affecting as they do, the quality of provision between cities. Furthermore, by importing most of the textbooks from the west, the discussion on cultural validity and access to texts other than Arabic is relevant here also. The ability to access textbooks in languages other than Arabic is not the only problem.

The notable absence of locally produced knowledge has left academics with no option but to teach theories that have been developed and standardised in the west. Like special education, students are encouraged to write dissertations that use quantitative methods. Fortunately, a number of scholars in the Arab world have been raising concerns regarding the relevance of programmes, materials, and textbooks to the reality of Arabs, and are calling for the indigenisation of psychology (Al-Khidr, 2016; Hafez, 2014; Al-Khalifa, 2009). I argue here that the indigenisation of psychology and other social sciences requires an investment on methods other than quantitative. Ethnographic and discourse-oriented analysis of local texts are essential. Without emerging oneself on the local realities of individuals identified with a disability, without embracing the contextual aspects of their lives, and without describing the genres influencing practices, it is hard to plant the seeds for contextually relevant social sciences.

2.3.2.2 Preparing social workers and other personnel

Sloan, Bromfield, Matthews and Rotabi (2017) conducted a review of the challenges and opportunities that face social workers in GCCC, arriving overwhelmingly at the same conclusions with regard to challenges facing psychologists and special educators. In all, there is an urgent need to avoid colonisation and re-colonisation, to reconsider curricula and textbooks that promote practices and interventions that do not fit the cultural concerns of Arab clients, and to build knowledge that is locally relevant. In examining the qualifications and credentials of social-work academic members in all 14 degree programmes at GCCC, Sloan et al., (2017) contend that the majority are expatriates living in UAE, Qatar and Oman universities, and for those in Saudi Arabia, faculty members, whether they be Saudi or expatriates who have completed their education in the West, and hence continue teaching the theoretical and practical realities that are conflicting with Islamic customs and beliefs. With even fewer programmes to prepare occupational therapists, physiotherapists, and speech-and -language therapists, GCCC continue to rely on Arab expatriates, and though dependence on expatriates is now decreasing, if efforts to build local knowledge are not taken seriously, departments preparing therapists would encounter the same challenges discussed above.

Chapter summary and insights

This chapter provided a comprehensive review of the social and historical context of the study reported in this dissertation. It started with a discussion of the very concept of disability as understood and embraced in the Arab world, and the influence of both, the pre-Islamic era (for example, clan and tribal ties) which is still true today to GCCC, and the influence of religion as understood and practised in the region. With respect to the target group of my study, the implications are serious, for the majority of girls are still considered invisible, especially in respect of meeting societies' values and expectations.

The second half of this chapter reviewed the status of knowledge and scholarship, with special reference to the absence of qualitative-based studies and a lack of investment in funding research that would aid the construction of locally produced and contextually relevant knowledge. The section also tapped into the educational preparation of teachers, psychologists, social-workers, and other practitioners, for I believe it carries implications to understanding the conversations between practitioners at case-conference-meetings.

It is fair to conclude this chapter with a caution. Changing the poor status of research and preparation programmes in GCCC is not the responsibility of higher education institutions alone. Senior leaders at Ministries of Education, policymakers and government bodies have equal, if not more serious roles. A rent-culture may have been financially affordable in oil-rich countries for a long time in the past, yet I assert that its intellectual and social ramifications are not. The next chapter engages readers with disability perspectives in education, focusing exclusively on perspectives that are relevant to education and disability in GCCC.

Chapter 3: Disability perspectives in education

No knowledge by its very nature or form rises to the top. All must be available for consideration in light of specific goals and contextual efforts.

(Danforth, 2001, p.357).

The concept of disability has been subject to competing frameworks and conflicting ideologies, creating the so-called divide in the field. Classic amongst these is the medical versus social model debate, which occupied the literature for more than three decades or so. Far from reproducing any of these debates, the literature I review in this chapter answers to the need for multiple perspectives when conceptualising disability for educational purposes (Baglieri, Valle, Connor and Gallaghr, 2011), as well as recognition of the cross-disciplinary nature of the phenomenon itself and the cross-cultural issues it entails.

Disability, as a phenomenon, belongs to no single field. It is a central topic for teachers, teacher educators, psychologists, social workers, allied health therapists, and academic researchers in the field of special and/or inclusive education. Of course, no review would do justice through simply embracing the plurality of perspectives that these individuals and the communities they represent, hold. Thus, in mapping the literature for this chapter, I focused on perspectives that are contextually relevant to girls identified with disabilities in Gulf-Arabian countries.

A key topic to visit in the first section of this chapter is the crisis on the sociology of disability. This crisis stems from the absence of disability discourses in developing countries, which raise key concerns regarding the location and power of culture in conceptualising disability in education. Then, in the second section, I take this notion of culture a step further, discussing its implications for assessment and identification practices. The third and final section examines the categories of disability produced in discursive assessment practices. However, since the subject of disability categories is vast, complex, and multidisciplinary, I limit my review to the role of genetic aetiology in categorising practices. This focus is important to my study for two reasons. First, a high prevalence of genetic disorders is associated with the sociodemographic of Arabs generally, and Arabs in GCCC in particular (Tadmouri and Ali, 2012). Further, according to the ICD-10 classification of disorders in Arab populations, genetic, congenital, and developmental disorders are rated as the highest cause of disability (Nasir and Abdul-Haq, 2008). Second, adherence to the medical field and the knowledge it produces is strongly emphasised in reviews of special and inclusive education in the Arab region (Weber, 2012; Hadidi and Al-Khateeb, 2015). I start my review with the crisis in the sociology of disability.

3.1 The crisis in the sociology of disability

Some scholars argue that theorising disability from a sociological perspective, places the field in a state of crisis. Sociology, as a discipline, Tomlinson (2017) declares, “is not well placed to discuss issues of special and inclusive education” (p.17). She draws our attention to scholars’ preoccupation with theoretical wars rather than with solving social problems. Examples of such wars are found between medical versus social models (Grue, 2011); post-positivist versus post-structuralist paradigms (Gallagher, 2006; Kauffman and Sasso, 2006); and disability studies versus medical sociology (Thomas, 2004). When theoretical wars accelerated, the social model received severe attack. Perhaps this is what led Oliver (2013) to conclude that wars, or as he puts it, ‘talking’, should stop; Oliver means critiques of the social model.

I agree with Oliver (2013) that revising or replacing the social model is encouraged. Yet, and like Levitt (2017), I do not believe that talking should stop, because it often provides fruitful insights and it raises, as indeed it should, key questions. Amongst many Levitt (ibid) asks, whether the social model is relevant to people in developing countries. According to him, to have an impact, the social model has to address the concerns of the region to which it applies.

Levitt's (2017) argument, amongst others, takes us to the second 'crisis' in the field, which asks: "To what extent do current discourses represent the experiences of disabled people across the globe?" It is encouraging to locate debates that engage with this question thoroughly. For example, and in the context of South-Asian cultures, Meekosha (2011) declares that the dominance of the global North constitutes a crisis for disability studies. Decolonising disability requires, she sees, challenging taken-for-granted assumptions of what constitutes disability. Meekosha (2011), after Connell (2007), identifies three textual moves that result from Northern dominance of knowledge: 1) claim of universality; 2) reading and researching from the centre, and 3) grand erasure. I now turn to each textual move and explain how it relates to the context of my study, and to the disability field in general.

3.1.1 Claiming universality:

Meekosh (2011) points to a surprising irony in disability studies: it contests against normative values, yet poses others. There is an implicit assumption by critical disability writers, she argues, that disabled people around the world experience similar barriers to those facing disabled people in the West, or worse, I must add, have equal agency or political power to challenge policy and legislation. For example, and in light of the status of girls with disability in GCCC discussed in Chapter 2, it may be too soon to talk of girls' distinct cultural or political identity. Also, as far as assessment is concerned, the claim for universality resulted in the overrepresentation of minorities, that is, when disability intersects with race or gender. I shall cover this topic shortly.

3.1.2 Reading and researching from the centre

Framing the questions for my dissertation, engaging with the literature, and collecting data are examples of reading from the centre. If I was not critical of western dominance of disability theory, I would have imposed a value such as 'independent living', which is irrelevant for a Muslim young lady living with a disability in a collective society. In GCCC, all girls - and not only those identified with a disability - are expected to live with their parents until they marry. Another example is to assume that the very concept of disability is readily available in another language or culture. To remind the reader, Bazna and Hatab's (2005) study of the Holy *Qur'an* shows that disability, at least in its conventional meaning, is not found.

Furthermore, researching from the centre have led some scholars to be apologetic. A typical example is found in the public media. Every time Islam and disability collocate, Muslims immediately mention that single occasion when God blamed his prophet for turning away from a blind man. An apologetic reading stops the story at this point; it does not reference the remaining text, which I see as more critical; it calls against lowering expectations of any human-being:

> He frowned and turned away because the blind man approached him! Yet for all thou didn't know, [Oh, Muhammad], he might perhaps have grown in purity, or have been reminded [of the truth], and helped by this reminder (Surah Abasa, verse 1-4).

The point here, besides the risk of being apologetic, is to be careful when reading Islamic texts that we Muslims claim is our doctrine to every aspect of life. I agree with Shahrour (2009), that the time has come for scientists, economists, mathematicians, and sociologists to interpret the *Qur'an* with tools that their disciplines allow, rather than accepting interpretations of our ancestors, which took place in the seventeenth century.

3.1.3 Grand erasure

Grand erasure is the consequence of the two preceding textual moves. If universality was assumed, and if researchers read theories developed in the west without being critical, hardly any discourse on disability from developing countries would be available. Meekosha (2011) for example, cites the failure of the Sage Encyclopaedia of Disability to include experiences of indigenous people, or to mention the historical and militaristic facts that contributed to the situation of millions of people with disability around the world. I believe such neglect is also true for people who acquired a physical disability as a result of the War between Kuwait and Iraq, and to the situation of disabled people in occupied Palestine.

In respect of disability in education studies, Peters (2006) expressed doubt on the field's international contribution. She drew a useful distinction between disability as a 'scholarly project' and disability as an 'activist-political move', stating the limitations of the former in moving the disability agenda globally. Reviewing the content of leading academic journals at the intersection of disability and education, she highlighted the obvious absence of literature from developing countries compared to the U.S, the U.K, and Australia. In return, Peters (ibid) saw potential in disability as a political agenda, especially highlighting the role of NGOs in influencing policy. I, however, believe that scholarly writings do hold potential, and this is not only by virtue of the scope and presence in international journals, but equally in the questions that researchers ask, the methodologies they adopt, and the analytic tools they deploy to read and analyse data.

3.2 Disability in culture: A focus on assessment practices

In the context of this dissertation, a sociological perspective asks, for example, "What is it like to be a girl with disability in one of the six GCCC?" This question associates with the *disability in culture* metaphor, which Coopman (2003) distinguished from *disability as culture*. Disability in culture examines the influence of a particular society on what constitutes disability; how it is defined and interpreted, and what attitudes do people hold for persons identified. This metaphor is central to my dissertation, especially given the notable absence of discourses from GCCC. Disability as culture, on the other hand, views persons identified as forming a distinct sub-culture (for example, deaf pride). The Disability as culture metaphor is without doubt useful. However, it would probably take years before recognising such affirming identity for girls in GCCC. Therefore, any reference to culture in this chapter is meant to engage readers with the *disability in culture* metaphor. This, however, does not rid me of the responsibility of defining a concept as complex and controversial as that of culture.

Since culture is complex and, like disability, cuts across many disciplines, it is important to clarify the scope at which one wishes to apply it. Culture in my dissertation is conceptualised in relation to practices of assessment and categorisation in special education. The overrepresentation of minorities is relevant here. In both the U.S. and U.K, children of migrated families (that is, African American or Hispanic) are at high risk of being referred for assessment, that is, when teachers raise suspicion that a student has a problem. It may be hard at first to see why this line of research is relevant to my study, particularly since overrepresentation debates are associated with racial issues, social injustice, and inequality (for a comprehensive critical review of this topic see Connor, Ferri and Annamma, 2016). Yet, once we discuss the travel, translation, or adaptation of tools such as IQ measures from one culture to the other, the confusion dissolves.

A phrase such as “this is a culturally fair assessment" is at the heart of the debate, inviting as it does questions such as, “In which ways is it fair?" or, “What does one mean with 'culturally' in such phrases?” Artlies (2003) offered a useful multi-layered analysis of culture, and criticised how it has been conceptualised in the field. He argued that scholars have failed to engage with the concept adequately, and suggested two dimensions from which to investigate the overrepresentation problem, namely the *location of culture* and the *power of culture.* The remaining discussion in this section shows how both dimensions are relevant to assessment practices in GCCC.

3.2.1 The location of culture

Having acknowledged the reservations some scholars hold against the artificial distinction between internal and external views of culture, Artlies (2003) considered such a distinction useful for the overrepresentation debate. When located internally, 'culture is ideational; it is inside the mind of individuals' (p.182). It seems, as Artlies (2003) argued, that the literature on overrepresentation takes on this view. Inherent, here, is blame towards either teacher who do not value the cultural difference some students exhibit, or students whose cognitive and social skills are deficit, rendering them eligible for special education services.

An internal view of culture brings problems with cross-cultural adaptation of normative measures to the forefront. Geisinger (1994) lists a number of questions to ask if tests are to cross borders:

1. How does a measure from one language or culture adapt to another?
2. How would one make sure the measure adapted or translated assess the same construct from the original language?
3. Is the newly adapted measure useful in the context to which it has travelled?

Critical as it sounds, Geisinger's (1994) list misses a fundamental question: “What are the cultural values this measure presupposes?” This question, I argue, is not only relevant to tests that have travelled from Northern countries to the Arab world, but also between Arab countries speaking the same language. For example, The Binet Intelligence Test has two versions in Arabic: one adapted to the Egyptian culture, and another one to the Jordanian, both of which are used by psychologists in GCCC. Assuming the questions listed above were asked, including that which addresses values, Egyptian and Levantine cultures, though similar in many ways to GCCC, do not share the same cultural values.

The discussion has so far typified an internal view of culture. An external view, in turn, locates culture in the historical practices of institutions, including schools. Adopting such a view is promising because it does not deny practitioners the agency to interpret outcomes. Having said that however, there remains a question whether those positioned as 'the other' are ready for, or are in a position to challenge, the "power culture".

3.2.2 The power in culture

The power of the Northern metropole is at the heart of claiming universality of the Bell-Curve. Critical disability studies have put much effort to convince the public of the myth of the normal curve (Dudley-Marling, 2010), and equal efforts have been invested critiquing discourses of classification systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Crowe, 2000). A more recent effort has taken issue with a sub-segment of the Manual, that is discourse around ADHD (Freedman and Honkasilta, 2017). This dominant culture has been naturalised and used as a reference point against which other cultural and institutional practices are compared and evaluated (Artiles, 2003). Once naturalised, the bell-curve became a benchmark from which school practices of sorting are now based. Despite ample critiques of sorting practices, resisting assessment tools that are based on the Bell-curve has proven difficult.

Fendler and Muzaffar (2008) disclosed a fault in critiques against sorting, stating, 'while anti-sorting arguments speak of flattening the curve, the bell curve itself remains constitutive of the debate' (p.64). This is true for example of studies that highlight a high correlation between socio-economic status and achievement outcomes. Alternatively, Fendler and Muzaffar (2008) conducted a genealogical analysis to show how the bell-curve has acquired its historical truth in the first place. This kind of research is an example of a post-structuralist analysis of discourses and discursive practices that 'systematically form the objects about which they speak' (Foucault, 1972, p.49). In the context of inclusive education, Allan (1999), for example, foregrounded the potential of a Foucauldian analysis and proposed a "box of tools" from which to disclose the mechanisms of surveillance at the heart of normalising judgements in assessment, such as observations, examinations, and the like.

Having engaged with post-structuralist critiques of disability in education research myself, especially in reference to Foucault or Derrida, I came to the conclusion that the crisis in the field, and especially with respect to sociology is not limited to the Bell-curve itself or any other tool that transferred from the West. The very epistemological/critical stance in academia is colonised. As fruitful and insightful these writings are, they are based on a western philosophy that does not speak to the subjective reality of a girl with a disability living, for example, in a rural area in one of the six Gulf-countries. Indeed, even for me, an Arab-Muslim researcher who is reading, writing, and researching from the so-called centre, I have, on many occasions, felt estranged and lonely (for example, during conference coffee breaks) for not being able to engage in academic discussions and debates. I had to nod my head sometimes whilst running another conversation in my head, and asking more basic and fundamental questions about the very recognition of girls in society.

Moving from sociological and cultural power and discourses, or their absence in respect of girls identified with a disability in GCCC, the second part of this chapter engages with medically-oriented knowledge which practitioners in the Arab world draw on quite strongly. The review in this section will be limited to the role of genetic aetiology in education, in the classroom, and in planning for psych-educational interventions. Again, the disability in culture metaphor influenced my reading of such literature.

3.3 Genetic aetiology in special education: A cultural perspective

In my introduction to this chapter, I stated my rationale was to focus on the role of genetic aetiology, and the knowledge underpinning it, within the context of assessment practices in the Arabian-Gulf region. Of course, I am aware and appreciative of the strong emotions that such discussion may instil, and the stigma that some may attach to the whole genetic enterprise. In fact, the stigma associated with labelling children or assigning them into specific SEN groups have limited the scope of genetic research in special education for decades (Hodapp and Fidler, 1999). However, after acknowledging a time when the lack of knowledge rendered some questions unanswerable, Hodapp and Fidler (ibid) highlighted that research has moved forward and has now transferred from examining chromosomes to identifying genes, and how the new century would be able to answer questions such as 'What leads to what?' Many things have changed; the Human Genome Project has since published a plethora of empirical studies that chart the map from gene to intervention. Indeed, there has been recent calls in the literature to raise the genomic literacy of teachers (Rafter and Gillies, 2017). Ambitious as it may sound, key pragmatic questions need to be asked before taking such a route, especially concerning here is the risk of genetic determinism.

Amongst the questions researchers in the past few decades have asked are: "How useful is it to classify children to very specific genetic disorders?"; "How would the specific traits of children with genetic disorders help practitioners differentiate instruction or therapeutic interventions?"; "Is aetiology important at all, and if so, how best to present information that informs assessment and decision making?" (Kershner, 2005; Reilly, 2013). To answer any of the questions which highlight, or even doubt the role aetiology plays in education, it is important to define a key concept in this field, that is ‘behavioural phenotypes’.

One definition of ‘behavioural phenotypes’ highlights the ‘distinct behavioural features occurring in almost every case of the condition and rarely in other conditions’ (Flint and Yule, 1994, p.666). For some time in the history of special education, this connection between a group of children with distinct characteristics raised excitement for a specific type of intervention known as the Aptitude X Treatment Instruction (ATI), which was developed by Cronbach in the 1970s. The excitement dropped soon enough, doubted by few scholars and completely rejected by others, mainly to emphasise the importance of individual differences (Ysseldyke and Salvia, 1974; Deno, 1990). More than a decade later, however, Fuchs, Alexander and Winne (2006) revisited ATI and responded to critiques against it, stating a misunderstanding of Cronbach’s original proposal. The researchers explained how Cronbach developed it to identify and to intervene with a group of pupils exhibiting particular behavioural patterns, hence complementing rather than conflicting with the principles of individual differences.

A major critique of ATI is its failure to develop effect measures that map the connection from gene to behaviour (Fidler, Hodapp & Dykens, 2002; Karmiloff-Smith, Doherty, Cornish and Scerif, 2016). This shortcoming, however, did not stop Fuchs, Alexander and Winne (2006) from celebrating its intentions. Still, they encouraged revising the methods. I tend to agree with the scholars in this respect, and would add that failing to confirm causation, or correlation does not render the knowledge that ATI produces worthless. A sociocultural analysis - adopted in my study - would conceptualise such knowledge as boundary objects or artefacts that mediate situated assessment practices and influence identity construction.

With respect to pedagogical practices, the ‘distinct’ definition of behavioural phenotypes echoes the ‘generalist difference position’ in the seminal framework of Lewis’s and Norwich’s (2005) *pedagogies for inclusion*. Although the outcomes of their research and other studies surveying teachers’ views on the provision of children with four distinct genetic disorders in the UK and Ireland (Reilly, Senior and Murtagh, 2015) did not support distinct pedagogies, the value of knowledge on the nature of the identified group was sustained. There are two key points to highlight in respect of these findings, both of which hold implications to the context of my study. These are the nature/categories of the SEN group, and the background of teachers.

In respect of the SEN group, the ‘general difference position’ was supported by contributors who examined, besides sensory impairments and PMLD, genetic and developmental disabilities, including autism, Down Syndrome, dyspraxia and dyslexia. More importantly, and irrespective of teaching, some contributors argued for the importance of knowledge that is related to the respective group, even if the category is contested (for example, dyslexia) or if there is a relatively high degree of uncertainty around its nature and characteristics. This notion of uncertainty is critical to my study, especially given the high prevalence of congenital and developmental disorders in GCCC, and the fact that some childhood genetic disorders are reported for the first time in Arab countries (see Teebi, 2010), with very little knowledge of how it would manifest developmentally, or about what the future holds for identified infants.

Uncertainty, Sarangi and Clarke (2002) argued, is ‘such a feature of genetic disorders’ (p.139). Thus, it is important for practitioners working with children and young adults in schools to be comfortable with it, and to learn how to act in situations of flux. Nevertheless, being comfortable with uncertainty requires a growth mind-set. Fixed beliefs and dichotomous thinking (that is, that one can or cannot learn) are likely to hinder reflection and imagination, including beliefs on the potential for change. This takes me to the second point I wish to highlight in respect of teachers' views about genetic disorders, especially since the majority of studies conducted on the role of aetiology in the classroom are based on developed western countries.

Teachers' views are not only influenced by experiences in the classroom, but also by broader sociocultural and historical factors. A survey of 23 countries compared teachers' conceptions about genetic determinism on human behaviour, and reported significant differences. Innatism held more strongly on the conceptions of teachers in African countries and in Lebanon (the only Arab country included in this survey) than in Europe, Brazil and Australia (Castéra and Clément, 2014). It is my assumption that innatism would hold strongly in GCCC as well. In the context of special education, a key variable in explaining these outcomes, which was not considered in the survey, is teacher preparation. A category-based teacher education, I believe, reinforces a deficit model of thinking, and strengthens the 'general difference position'; common and unique needs are relegated to a secondary status. This is especially true in contexts where the inclusion of girls with identified genetic disorders is still unrealised, and where no curriculum is available; only *ad hoc* and charitable efforts to teach and intervene are provided. It remains a challenge for teachers in such contexts to move from a distinct to a more probabilistic definition of behavioural phenotypes, to which I now turn.

Dykens (1995) defined behavioural phenotypes as the 'heightened probability or likelihood that people with a given syndrome will exhibit certain behaviours and developmental sequelae relative to those without the syndrome' (p.523). Although this definition eliminates the risk of recognising children as members of a homogenous group, or reducing all that they are - or worse their potential - into a list of prototypic behaviours, it does not yet explain why should teachers or other practitioners working with children in educational settings bother at all? Mapping the pathway from gene to behaviour to intervention and/or treatment (Fidler, Hodapp and Dykens, 2002) is 'why' they should. The past few decades witnessed expansion in the information available for parents of children with the most common genetic disorders, including Down Syndrome, William Syndrome, Fragile X Syndrome and Prader-Willi Syndrome. It has been argued that comparing the profile of these children with one another, with typically developing children, and with children with ID without a known aetiology is informative for intervention, and for revealing specific strengths and weaknesses associated with each syndrome (Reilly, 2012). Still, and despite being helpful for practitioners who wish to focus on students' strengths rather than being consumed by their shortcomings (Dykens and Hodapp, 2001), the matter is not as simple or straightforward.

Even with a probabilistic definition of 'behavioural phenotypes', the profile of strength and weaknesses for an individual with a named genetic disorder is the outcome of dynamic, multi-layered and developmental systems interacting at biological, cognitive, and social levels. As Morton (2004) eloquently put it, 'with behaviour and no cognition, one cannot get a proper story. With biology alone, there will be no story at all' (p.22). A dynamic system theory and a developmental perspective explains, for example, how the profile of strengths and weaknesses becomes pronounced over time, and with experiences that individuals engage compared to those which they avoid (Fidler, Most and Philofsky, 2009; Fidler, Lunkenheimer and Hahn, 2011). Moreover, the very profile of abilities or cognitive phenotypes manifests differently when coupled with other factors, like gender.

For example, in reporting a key unexpected finding on the experiences for autistic girls with the 'hidden' curriculum, Moyse and Porter (2015) highlighted that diagnosis alone was not sufficient to ensure support, and they link such an outcome to teachers' lack of awareness of autism in girls. Along similar lines, Lehnhardt et al., (2016) reported sex-related differences in the cognitive profile of individuals diagnosed with autism in later stages of their lives, which holds serious implications for the female autistic phenotype. Examples such as these emphasise not only what teachers need to know about genetics or any other developmental disorder, but equally, if not more importantly, is how to integrate such knowledge with other cognitive and environmental factors, as well as other aspects of knowledge. To such ends, dynamic bio-psycho-social disability perspectives have for some time now been proposed as better frameworks for understanding disability.

Interactive-pragmatic perspectives offer a multi-layered account of disability rather than reductionist within individual deficit explanations. Within such views, disability is neither reduced to biological (for example, genetics) factors alone, nor attributed to larger societal structures of oppression (that is, radical social models). Theorists who develop or adopt such perspectives acknowledge the advantages of science and take them into account, whilst addressing societal shortcomings critically.

Amongst models adopting a pragmatic and integrated perspective are the following: [critical] realist approach (Shakespeare, 2014), relational model of disability (Thomas, 2004), biopsychosocial approach developed by Engel in 1977 and adopted by the World Health Organisation (WHO), social relational approach (Reindal, 2008) and the capability approach originally developed by Sen in 1985 and then applied to disability research (Terzi, 2005; Mitra, 2006, 2017). I grouped these together for their pragmatic non-reductionist view of disability, although I am aware of their fundamental differences in defining and researching disability, which are beyond the scope of my review.

Although critiques of reductionist models of disability were voiced more than two decades ago (see Skidmore, 1996), serious attempts to develop a multi-faceted framework at an international policy level only took place in 2007, that is, when the *International Classification of Functioning, Disability and Health* (ICF) was announced as a framework for conceptualising disability and as a common language for communication between professionals. In the past few years, a group of scholars in the field of special education recognised the ICF as a promising tool for understanding disability in education (Norwich, 2016; Hollenweger, 2013, 2018). Like Shakespeare (2014), scholars promoting the ICF adopt a critical realist perspective to disability. Whilst underlining stigma and determinism as possible shortcomings, they recommend perceiving the codes and categories in the tool as information charts or knowledge objects. Whether adopting the ICF or not, relational, casual, and/or interactional dynamic perspectives tell richer stories about disability, and allow multiple voices to narrate it.

Chapter summary and insights

This chapter provided a brief review of the concepts and perspectives that associate with disability in educational institutions. Given the complexity of the concept, and the multitude of perspectives associated with it, especially with respect to people involved, and the fields they represent, I limited my review to issues that are central to girls identified with a disability in GCCC. *Grand erasure* and *invisibility*, both of which I touched upon rather briefly in Chapter 2 are worthy of further attention. The notable absence of discourses of disability from developing countries, especially with reference to critical movements to change policy, and to situate the social model, were reviewed in the first section. This background, then, served as a good departing point from which to highlight the *place* and *power* of culture in constituting, identifying, and assessing disability; a topic that still remains as challenging today as it has been for many decades.

In the second half of this chapter, I reviewed studies on the role of genetic aetiology in education, with respect to categorising practices as well as teaching and planning interventions. Although this line of inquiry received doubt, criticism, and instilled a river of emotions, little effort have been taken to discuss its role in education beyond Western schools. Like the sociology of disability in education, topics that relate to biology, and especially teachers' views of it, need to be contextualised if locally informed actions are to be taken seriously. Although my review in this section highlighted a few of the problems associated with biomedical knowledge of genes in education, especially genetic determinism, as well as the limited pedagogical implications, I did not mean for it to be a critique or even an attack of the medical model. Although my personal and professional views on the matter have changed over the course of my research journey, my respect for and appreciation of medically-based knowledge in education remain, but with caution and critical reflection.

Chapter 4: Empirical analysis of Case-Conference Meetings

Talk is integral to the practices of many institutions including schools, juvenile courts, and children and adolescent mental-health services. Accounting for students' achievement, reporting behavioural problems, raising health concerns, and giving and receiving diagnosis are amongst the discursive activities influencing the social order of society. This chapter divides the review of discursive practices into two sections. The first section reviews empirical studies on meetings between professionals from different disciplinary backgrounds, and between professionals and parents who discuss the assessment of children and young adults identified with a disability. I should mention nevertheless, that this is not a systematic review of interdisciplinary school meetings in the conventional sense; I did not follow the strict guidelines for conducting such a review. Instead, and having collected a sufficient number of studies on referral meetings, I focused on the analytic methods deployed (see Appendix B for a summary of my literature search).

The empirical studies I collected for review in this chapter are divided into three main sections:

1. Ethnography-oriented Discourse Analysis;
2. Ethnomethodology;
3. Critical Discourse Analysis.

In presenting examples from each tradition, I highlight the focus of the study and the analytic contribution it holds for examining discursive practices of assessment, and a few gaps which remain unanswered. In the second half of this chapter, I introduce the concept of a figured world, which draws on sociocultural theories, and I provide examples of its potential in investigating category work and identity production. The chapter concludes with the overarching research question I sought to answer.

4.1 Ethnography-oriented Discourse

Inquiries have history, and if one traces that concerning educational sorting for pupils with special needs, the seminal book *Handicapping the Handicapped: Decision Making in Students' Educational Careers* (Mehan, Hertweck and Meihls, 1986) immediately comes to mind. Indeed, the very title of this book reflects the role that discourse plays in shaping the identity of individuals, hence ‘*handicapping the handicapped*’, bearing in mind the change in terminology, whose translation {المعاقون} still persists in the Arab world, at least as far as the media and public discourses are concerned.

Mehan et al., (1986) maintained that the practice of classification is part of a larger intellectual endeavour within sociology; social stratification. The authors argued that to examine the mechanisms of social stratification, there is a need to move from statistical correlation models to a methodology that involves a ‘thick’ description of the processes of sorting or classifying. Initially, the authors’ objective was to study the decision-making processes associated with the placement of students into different educational programmes, especially students of colour. However, the enactment of The Education for All Handicapped Students Act in the U.S, which passed as a public law in 1975 necessitated a shift of focus, from the general focus on decision-making and career paths to the study of referral processes mandated by law. Such coincidence, the authors confessed, turned out to be fruitful.

To unfold the entire referral process, the authors generated methods associated with micro-ethnography. They followed the trajectory of 55 children in a west coast district. Students were observed in classrooms; teachers were interviewed; assessment reports were analysed, and placement meetings were audio-recorded for detailed analysis. The combination of these methods produced a model that depicts the strong relation between structure and interaction. A major conclusion of this study was that decisions that influence students' identities and career trajectories are the outcome of legal, fiscal, and organisational realities. A focal analysis of these institutional realities generated a number of findings that remain as true to many geographical contexts today as they were at that time. Amongst the findings reported are:

- Individualising pathology: Students' disabilities are described as being 'beneath the skin and between the ears' (Mehan, 1993);
- Decontextualising problems: Both the system and interaction neglect the role of external factors, including pedagogical practices;
- The dominance of the medical model and the appeal of technical jargon associated with psycho-medical discourses;
- Decisions at referral meetings are presented but not discussed, challenged or negotiated.

As my empirical analysis of studies on referral and other child-study team meetings in this chapter will show, the findings arrived at by Mehan and colleagues persisted; researchers in the past three decades have been reporting similar results.[5] It is safe to say that this study motivated scholars to focus on meetings as rich data for examining the description of deviance and the making of disabled identities. The constitutive and consequential role language plays in shaping identities and career trajectories, I believe, is empirically attracting; it

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[5] Throughout his career, Mehan (1983; 1992; 1993; 2001; 2014) focused on different aspects of this process, such as describing deviance through a single case study, analysing the politics of representation at meetings, and highlighting the contribution of interpretive methods in understanding and unmasking inequality in schools.

invites scholars to deploy a variety of methodologies for detailed analysis of talk. Ethnomethodology and critical discourse studies are two analytic methods that have been employed to thoroughly investigate referral meetings.

4.2 Ethnomethodology

Ethnomethodology is an umbrella term for a number of methods that focus on how people make sense of their daily lives and mundane routine. Conversation Analysis (CA) and Membership Categorisation Analysis (MCA) are two distinct methods of this framework. Both approaches have been extensively used to examine 'talk-in-interaction' at conference-meetings in educational, medical, and social services' settings.

4.2.1 Conversation Analysis

CA is an approach to the study of *talk-in-interaction*, in both informal and institutional settings. Harvey Sacks, Emanuel Schegloff and Gail Jefferson are major contributors to this methodological paradigm, whose work first established its origins in Departments of Sociology and Anthropology, and later extended to other fields such as linguistics and psychology. By drawing on records of naturalistic interactions, CA captures the moment-by-moment organisation of talk as enacted by participants in socially and culturally specific contexts. This notion of context is, nevertheless, problematic, marking as it does a fundamental disagreement between traditions, particularly CA and CDA (see Schegloff, 1997; Billig, 1999). Context in this approach is constrained by, and limited to, participants' orientation to talk; the sequential organisation of turns are the boundaries from which analysts [should] draw their conclusions. In the context of assessment, CA depicts, amongst other things, how teachers account for students' achievement in teacher-parent meetings, as well as the conversational strategies for giving and receiving diagnosis. The following two sections provide examples of each.

4.2.1.1 Conveying the meaning of a given score or evaluation

Drawing attention to situated practice of assessment, Verkuyten (2000) shows us how interpreting students' outcomes involves accountability to colleagues, and in this respect, protects the identity of teachers. Based on a wider ethnographic study in a secondary-school located in Rotterdam, the paper deploys CA to analyse teachers' discussion of students' grades in different subjects. Similar to the conclusions Mehan et al., (1986) arrived at, the accounts focus more on the pupil, but neglecting the role of teachers. Teachers interpret lack of capability and problematic behaviours as self-evident facts; whose existence is independent of the process of assessment itself. Verkuyten claimed to have grounded analysis on participants' utterances and not "outside of them", albeit occasionally drawing conclusions from the larger ethnographic study. Whilst the marriage of these two approaches is not necessarily problematic (Maynard, 2006), a lack of critical reflection on each prevents us from realising the specific contribution CA has over micro-ethnography.

Pillet-Shore (2003) conducted a more classic CA study to examine how parents and teachers orient to the notion of doing OKAY in school. Parents-teacher conferences, the author contended, are occasions to determine whether some students need remediation. In 35 video-audio taped interactions, OKAY participates as a value in two metrics of assessment: 'binary' and 'gradated'. The simplest use of OKAY in binary metrics means no further explanation is needed; the very fact a student is doing OKAY is understood by both parties as satisfactory. In CA terms, this OKAY serves to close the sequence. An explicated OKAY, on the other hand, is associated with an equivalent or a synonymous word/phrase. Here, a teacher would precede OKAY with "there is no problem". In such sequentially organised interaction, saying "no problem" conveys, at least implicitly, the two-valued metrics of students' performance, where OKAY indicates that no problem exists and hence no remediation is needed, and NOT OKAY suggests the opposite. The second way OKAY participates as a value metrics is gradated. Participants here orient to OKAY as one domain within a larger set of scores or overall performance; OKAY invites a lengthier discussion of students' outcomes. Having provided examples of both metrics, the author concluded that parents and teachers must have a systematic way of recognising which metric (that is, binary or gradated) is being used on a moment-by-moment basis. This conclusion, I argue, is only partially true. Whilst a detailed analysis allowed for solidly-built understanding of how assessment is understood *in situ*, the meanings associated with assessment have a history, and so are the values embedded in what is accepted by parents and teachers as a satisfactory outcome. It is therefore naive to assume that participants did all the work of accepting, moving on, or even resisting remediation decisions on the basis of the interaction alone. Consideration of the 'historicity' of institutional reproduction of practices (for example, assessment) is at the heart of the sociocultural perspective adopted in my study.

4.2.1.2 Giving and receiving diagnosis

Similar to the local organisation of assessment in parent-teacher conferences, giving and receiving diagnosis is another situation where CA is rendered useful for depicting the practices of classifying children with one category of SEN or another. The following two studies are examples of these situated practices.

Situated in a clinic for children with developmental disabilities, Gill and Maynard (1995) examined the process of 'giving' a diagnosis, and the 'recipient' of such news by parents. The scholars' decision to conduct CA stems from Garfinkel's proposal that ethnomethodological studies attend to details that are hard to capture otherwise. Moreover, in their attempt to advance labelling theory, the authors contended that a focus on talk, action, and interaction is necessary. According to them, to work quantitatively with aggregate data or qualitatively with observations and interviews does not allow a fair analysis of the very social process in which deviant labels are acquired in the first place. In fact, and despite acknowledging a few of the conclusions Mehan et al., (1986) drew, they argued that the picture of 'institutional determinism' has undermined the role of participants and their orientation to the social process of constructing deviance. The authors showed how clinicians use careful strategies when delivering diagnostic information, amongst which are the following: 'perspective-display series'; 'incomplete syllogism'; 'retrospective perspective-display', and 'subordinating the label'. Describing these strategies and making clear how recipients orient to them, prints, I believe, a fairer picture of professionals; they are not, as the authors put it 'staunch defenders of the medical model' (p.30). Neither are recipients (that is, parents) passive participants. Parents have a collaborative role in the process, whether accepting the label as an initial step towards help, or resisting the outcomes it produces.

Besides printing a fairer picture of practitioners, attending to the actual mechanisms of label production holds potential for improving practice, hence the growing field of Applied Conversation Analysis. In a relatively similar study to the one cited above, O'Reilly, Lester, Muskett and Karim (2017) use CA to show how decisions regarding an autism diagnosis take place in the pattern of interaction between parents and practitioners in initial assessment meetings. O'Reilly and associates showed how parents 'build a case' for their child, either by offering a candidate diagnosis that is hedged with professional terminology, or describing symptoms and characteristics that suggest a diagnosis. They then move to show how professionals orient to these strategies, either negating or ratifying an autism diagnosis. In examining the interaction in this way, CA provides practitioners with devices and strategies to improve practice, amongst which is how to deliver information that matters to parents in more effective and sympathetic ways. Although such an approach provides practical solutions to local problems of communication, it hardly questions the very production of identities at the macro level.

4.2.2 Membership Categorisation Analysis

Ethnomethodology offers, besides the analytic tools for examining talk-in-interaction, the mechanisms of understanding how members of a given community understand their world, and how they position themselves and others (that is, identity work) in mundane day-to-day interactions and in the workplace. Membership Categorisation Analysis (MCA), rooted in Sack's (1992) seminal *Lectures on Conversation*, gives researchers an empirically grounded method for studying topics such as identity, gender, and sexuality (Stokoe, 2012) The methodological soundness of category analysis stems from the fact that they are generated by members of a culturally situated activity (that is, participants) rather than being theoretically imposed by researchers. Stephen Hester (1991; 2000) established the origins of this line of research in both the U.K and Europe. He drew attention to referral meetings as discursive spaces for category work and identity production. These are spaces where classroom teachers, educational psychologists, and social-workers describe deviance, ascribe a SEN-category, and jointly construe a disabled identity for the pupils in question.

4.2.2.1 Categories at work

Hester (1991) asserted that the social facts of deviance, is constituted by practitioners' reasoning skills. Talk between practitioners reveal the use of 'mundane-reason' in relation to decision-based practices, such as categorising, accounting for behavioural problems, and reporting students who may be eligible for SEN services. Over the course of two years, Hester (ibid) observed, recorded, and transcribed a total of 58 meetings which varied in focus but constitute the whole referral process: *consultation meetings* (directly from a classroom teacher to the educational psychologist); *work-allocation meetings* (children whose needs require the attention of social workers are re-referred; the educational psychologist referred them to the social worker), and finally, *case-conference meetings* (meetings that take place after the service becomes involved in the case). The main findings of this study resonate with the 'politics of representation' and the work of sorting pupils in schools. Practitioners hold a strong presumption that deviance is waiting to be picked up, it is exterior to pedagogical efforts, and is independent of the processes of constructing them in the first place.

The description of deviance and its accountability, namely, how teachers justify a referral, is the focus of another study by the researcher and colleagues. Hester and Hester (2015) identified five features of those descriptions: 1) *the deviant character of referrals*; 2) the *mundanity or objectivity* of the referral; deviance has an objective reality or existence, independent of the circumstances surrounding it; 3) *extremity* of that deviance; 4) *generality,* where both the describer of incidents and the recipient seem to be interested in general statements of deviance rather than specific acts, and finally 5) *irremediability* description of deviance; failed attempt to "correct" or solve the problem so as to strengthen the argument for placement. Most of those features are persistent. Nearly all studies deploying MCA, particularly in the Netherlands, reported similar outcomes in addition to a few more findings, such as the high consensus between team members despite their multidisciplinary composition (Hjörne and Säljö, 2014a). Indeed, even the series of studies that deploy critical discourse methods, which I will cover shortly, reported similar conclusions.

4.2.2.2 Identity for interaction

A learning-disabled pupil, a deviant student or a problem-girl are not only descriptions of deviance, but are also ways to ascribe an identity for students at school. Scholars deploying MCA highlighted the role that categories play in identity production. They primarily focus on members' reference to, or use of, categories (for example, ADHD) to construe disabled identities to the target student.

If institutions think in categories (Douglas, 1986), and if these categories influence actions and decisions, examining their use would potentially enrich our understanding of their material consequences. Scholars in the Netherlands, particularly in Sweden, have made a significant contribution in this direction, publishing detailed analysis of the production of identities at referral or child welfare meetings. In choosing a highly controversial diagnosis such as ADHD, researchers revealed the institutional process of ascribing deviant identities to Annika, William and Julia (Evaldsson, 2014; Hjörne and Evaldsson, 2015, 2016; Hjörne, 2005; Hjörne and Säljö, 2004). In what remains of this section, I use the case of Annika as an illustrative example, and then report findings across all studies. Annika's case is particularly interesting because it draws attention to the intersection of gender and disability.

To understand what happened to Annika during one school-year, Hjörne and Evaldsson (2016) combined ethnographic information and MCA to analyse the communication book that Annika's mother and her teacher exchanged. MCA allows researchers to unfold the various events leading to an ascription of a rather specific disability identity, namely 'Typical ADHD Girl". Annika's teacher accounts for her problems as being individual characteristics, whereas her mother defends her, using the neuropsychiatric diagnosis 'ADHD' as an explanatory mechanism. This ADHD category, using Sacks' parlance, is 'inference-rich', it legitimates behaviours as being out of control, hence no one is to blame, neither the parent nor teacher nor Annika herself. In fact, 'inference-rich' accounts imbue ADHD as a gendered-category. Here, the mother compares her daughter's introverted character and withdrawal symptoms, with her classmates, being all boys, who are more aggressive, hyper, and outspoken.

A similar study showed how the ADHD label serves as a closure for the meeting because it offers a reasonable explanation for behaviour (Hjörne and Säljö, 2004a). Another study by the same scholars focused on the collegial nature of meetings. Using micro-ethnographic methods, they found evidence to suggest that interdisciplinary knowledge and expertise are hardly visible in talk. Meetings are highly routinised, with a high degree of consensus between interlocutors (Hjörne and Säljö, 2014a). In interpreting these outcomes, the scholars, again, highlighted similar conclusions. A diagnostic culture is dominant, and institutions' tendency to 'individualise' failure leaves no space to negotiate alternatives or to engage in cross-disciplinary dialogues.

4.3 Critical Discourse Analysis

In comparison with Ethnomethodology, fewer studies use CDA to investigate talk, although more have been done on written texts in special education settings (for examples see Nunkoosing and Haydon-Laurelut, 2011; Vehkakoski, 2003). This is no surprise given the strong tradition of CA for both ordinary and institutional talk.

Rogers (2002; 2003; 2011) is one of few researchers who analysed case-conference meetings in American schools using CDA. Her studies combined Gee and Fairclough's versions of CDA (Gee, 2014a; Fairclough, 1993). Rogers (2002) compared two conference-meetings involving Vicky, a young African-American girl referred for special services. The first meeting was based on the initial referral, and the second took place one year after placement. Rogers highlighted contradictory discourses between the two meetings. First, difficulties that were severe enough to grant eligibility for SEN transformed into strengths, to the extent that the team described Vicky as 'the star of her classroom', perhaps to emphasise that placement was the right thing to do. Another contradiction related to Vicky's mother; she resisted a 'special ed' label in the first meeting and aligned with deficit discourses in the second. Rogers was surprised by such alignment, because outside of school, both Vicky and her mother voiced strong resistance, believing that Vicky should be 'out of special ed'. Rogers argued that such alignment unmasks rigid discourses that hinder any potential for social change.

In a follow-up study, Rogers (2003) interviewed the classroom teacher, the remedial teacher, and Vicky's mother to gain better understanding of the situation. These interviews confirmed alignment with 'fixed' notions of disability. Rogers (2011) then provided further data on the nature of institutional decision-making, having traced Vicky's placement in elementary, middle, and secondary school years. Unlike CA and MCA, Rogers analysis engages with data at the macro-level, and although extracts from meetings and interviews were given, the discussion and interpretations of findings focus more on macro social inequality and broader institutional barriers. As mentioned earlier, analysis of this kind does not show how broader debates in education are systematically manifested in talk. It is, nevertheless, fair to conclude this section acknowledging that Rogers's (ibid) studies are significant and unique, providing as they do a longitudinal account of schools' decision-making practices. Such data is valuable given that decisions cannot be depicted in talk alone, they often happen slowly, overtime, and across different spaces and places.

A summary of discourse traditions

We can certainly learn something valuable from each discourse tradition reviewed above. Ethnography-oriented analysis invites us to draw a connection between schools' structures and institutional interactions. CA is particularly useful for researchers interested in participants' orientation to and understanding of their daily and mundane routines, and when, and if, it embraces 'interventionist' objectives (that is, Applied CA), a handful of strategies could be fed back to practitioners. MCA allows us to understand both, how cultural categories constitute reasoning and problem solving, and how certain identities are assigned to pupils. Finally, CDA serves the political agenda of researchers who strive for social and institutional change, or who wish to advocate for the rights of marginalised populations such as, but not limited to, ethnic minorities. It is interesting to note that despite foundational disagreements between these traditions, researchers reported similar findings and discussed similar issues.

Critical or not, the dominance of a diagnostic culture, the unquestionable knowledge underpinning psychological tests, and the lack of negotiation despite the multidisciplinary composition of teams are frequently reported. In fact, researchers who used CDA to analyse disability discourses in general, and not only at conference-meetings, arrived at similar conclusions (for examples of these studies, see Bazna, 2009; Paugh and Dudley-Marling, 2011; Orsati and Causton-Theoharis, 2013; Humphry, 2014). A driving force of my study is to examine why these outcomes persist, despite being researched in different countries, but more so, by methodological approaches that embrace competing ideology, ontology, and epistemology.

To such end, and having considered the contribution of each tradition, one may still ask whether it is better to focus on detailed interactions or broader societal structures. Debates between traditions have often assumed a false tension between the two. A sociocultural analysis, on the other hand, encourages a dialogue between the macro and micro, the nature and nurture, and the medical and social. The next half of this chapter introduces the sociocultural concept of figured worlds, which has proven useful for analysing identity production in various educational institutions. I first define the concept and then provide a few empirical examples from the literature to demonstrate its potential. Finally, and in light of my review of disability perspectives, discourse traditions and the figured worlds from which identities are configured, I conclude the chapter with the overarching question my study sought to answer.

4.4 Figured worlds and identity formation

The concept of *figured worlds* was developed as a result of through engagement with the seminal work of Bakhtin on dialogism and Vygotsky on the sociogenesis of development. Hence, it gives considerable significance to cultural models that are discursively reproduced, and to *as if meanings*, which open windows to create alternative realities. Holland, Lachicotte, Skinner and Cain (1998) defined the concept saying:

> By ‘figured worlds’ then, we mean a socially and culturally constructed realm of interpretation in which particular characters and actors are recognized, significance is assigned to certain acts, and particular outcomes are valued over others (Holland et al., 1998, p.52).

Figured worlds is a useful tool for researchers interested in investigating topics such as self-authorising, identity-making and identity-shaping in various educational settings. To examine its potential to the topic of my study, I shall extend the authors’ definition, placing conclusions from the previous sections at its heart. My re-reading of the definition of figured worlds maintains:

> A simplified world populated by a set of agents [special education teachers, learning support assistants, psychologists, students identified with a disability] who engage in a limited range of meaningful acts or changes of states [categorising students according to a particular classification system, providing evidence-based intervention] as moved by a specific set of forces [governmental policies, rules and regulations, funding schemes, and the conventions on the rights of persons with disability] (Holland et al., 1998, p.52, *emphasis added in brackets*).

To bracket the agents, their acts, and forces confronting special education in a seemingly straightforward way is to reflect not only a strong tradition, but also reluctance to change. The previous section highlighted such reluctance, confirming as it did findings that persist despite applying different discourse-analytic methods. Especially alarming, as Mehan (2014) concluded, is the field’s dominant mode of representation, namely psychological-medical representations. Having traced practices of sorting in the literature, he declared that psycho-medical representations are strongly supported by measurement techniques such as the IQ, which place problems inside students’ brains, and accordingly categorise them as having educational handicap, autism, learning disability, attention deficit disorder, and so on.

A sociocultural analysis conceptualises diagnostic categories, and the technologies supporting them (that is, IQ measures), as boundary objects or artefacts that mediate interaction, knowledge creation and identity co-construction. The following section introduces these artefacts and provides examples of their use in the literature, especially focusing on how they mediate figured worlds that privilege certain types of identities, but not others.

Put simply, artefacts are objects that are collectively remembered by virtue of their use over an extended period of time. To develop a sociocultural theory of identity, Holland et al., (1998) extended Vygotsky's notion of semiotic mediation, which explains how children use cultural resources (for example, signs, symbols, tools) to modulate environments that fit for purpose. According to them, artefacts open up figured worlds in the sense that, 'they are the means by which figured worlds are evoked, collectively developed, individually learned, and made socially and personally powerful' (p.61). Thus, identifying the artefacts practitioners use (namely, categories) to mediate their assessment practices opens doors to the figured worlds of disability in under-researched cultures such as that of Arabs living in GCCC.

We have seen in the previous section, particularly with membership-categorisation-analysis, how categories invoked in talk reveal aspects of one's identity or membership to a certain group (for example, family, school personnel, clinician, disabled child). However, it would be naive to assume that categories alone could capture the socio-historical development of practices that made them available in the first place. Attending to the meaning of such categories, Vågan (2011) argued, presupposes a familiarity with the culture underlying their use. Furthermore, categories invoked in talk encapsulate not only the words that interlocutors exchange, but also the knowledge, beliefs, ideologies, and the value systems they share (Bamberg, De Fina and Schiffrin, 2011). Along similar lines, Littleton and Mercer (2013) suggested that discourse needs not only linguistic and cultural levels of analysis, but also psychological ones, where the relationship between interlocutors is taken into consideration, including their shared knowledge, which in itself is a product of co-construction over time (that is, their collective memory).

There are different types of artefacts including: *material* (for example, numbers, instruments, classifications), *conceptual* (for example, forms of knowledge), and *social* (for example, relationships, characters, and events) (Bartlett, 2007; Hatt, 2007; Vågan, 2011). In what remains, I define each type and present examples from the literature to typify its meaning, and the equivalence of these as related to my study.

4.4.1 Material artefacts

Material artefacts are any textual, visual, auditory or multimodal form of representation. IQ scores, grades in different subjects, and test manuals are examples of this type; they constitute textual or concrete objects mediating the action. For example, Bartlett (2007) showed how literacy students in Brazil developed a sense of themselves as readers and writers by carrying around material objects that they do not necessarily need all the time, including pencil cases and printed materials such as the Bible. Such materials, she argued, make students seem and feel more competent. Another example of material artefacts are grades that students obtain in school. Rubin (2007) showed how the figured world of learning in an urban-high school, position some students as more successful than others. Obtaining an ‘A’ grade in some school-subjects associates with ability, and with being considered a literate, abled, and competent student.

4.4.2 Conceptual artefacts

Conceptual artefacts are abstract tools that mediate talk and other discursive activities. They include, amongst many, narratives, story lines, theoretical perspectives, and categories. A genetic disorder is an example of a conceptual artefact mediating action and decision making in a given context, including not only the category itself, but also the knowledge field from which it generates. Another example would be a particular way of speaking or behaving to be recognised as one type of student but not the other. For instance, Hatt-Echevarria (2005) disclosed how the figured world of 'smartness' is shaped in a kindergarten classroom, where particular talk or action privileges white middle-class students over black and other low-income minorities.

Along similar lines, Barron (2013) explored the ways in which identities of White-British and British-Pakistani children are conceptualised in a kindergarten in northern England. The study showed how structural and cultural forces designate certain figured worlds but not others, and in so doing limits the world to which some children are exposed. Nevertheless, Barron contended that these same social circumstances create spaces for authoring alternative identities, where children have agency to expose figured worlds beyond what is structurally offered, hence opening the door for change. In a similar vein, Hatt (2007) showed how ethnic minority students challenge the figured world of achievement by emphasising the value of being 'street smart' as opposed to 'book smart'.

4.4.3 Social artefacts

Social artefacts constitute characters, activities, events, and relationships between people. Professional networks, and partnerships between teachers and researchers, are typical examples. Fecho, Graham and Hudson-Ross (2005) showed how a collaborative network between teachers and researchers in a professional development workshop enabled bilingual teachers to reflect on their dual roles and identities as they navigate the 'wobble' between the multiple contexts in which they participate. Another example, which is most related to my study, is based on a formative intervention within the realm of Cultural Historical Activity Theory. Thorius (2016) examined the professional identity of special educators in a researcher-facilitated teacher learning community. The researcher introduced purposefully designed artefacts to challenge conventional discourses and structural systems that reinforce inequality. Throughout the course of the intervention, a shift in the figured worlds from which teachers operate was observed, one that invited a critical stance against schools' structural barriers, which the author argues, mediated the transition from a special to an inclusive educator.

Chapter summary and insights

Disability is too complex a concept to be tied into dichotomous models of representation. Disability comprises particular ways of being, doing and saying in the world. The identity of children and young adults are constructed in institutional practices that recognise and privilege particular knowledge domains, practices, and identities. No knowledge should override another, but some are necessary to explore within a given cultural context. Similarly, no analytic gaze can capture all it is that segments of talk or text represent. Different discourse traditions have been deployed to analyse interdisciplinary school-meetings, focusing on the broader structure of society at times, and the detailed conversational exchange between interlocutors, at others. Earlier advice would have asked us to mix methods or combine discourse traditions, reflecting as we do on possible epistemological tensions. Stories, however, need not to be complete. Stories ought to be interesting, engaging, and dialogic.

A sociocultural analysis encourages a dialogue between different levels of analysis: linguistic, psychological, and cultural. By adopting a critical and sociocultural perspective, I take an interdisciplinary team-meeting to be a particular type of genre whose analysis typifies discursive assessment practices. Furthermore, the categories invoked in talk are not mere labels or classifications, they are artefacts that mediate practice. To such end, my study seeks to answer the following overarching research question:

What is the nature of discursive assessment practices taking place in a special school for girls identified with a disability in one Gulf-Arabian country?

The next two chapters will look into this question more closely, and will map the methodological and analytic framework I developed to investigate it throughout the course of my doctoral study.

Chapter 5: Research Methodology

This chapter justifies the methodological framework I developed to investigate talk at Case-Conference Meetings (CCMs, henceforth). The first section unpacks my research question. In doing so, I intend to justify combining Critical Genre Analysis, Systemic Functional Linguistics, and Sociocultural Theory. The next section describes each theory separately, defining its scope, rationale, and contribution to the overall study.

5.1 The Research Question

What is the nature of discursive assessment practices taking place in a special school for girls identified with a disability in one Gulf-Arabian country?

Foremost, I wish to draw attention to the notion of *discursive assessment practices* in the question above. What is a discursive practice, and what is it I wish to gain in describing CCMs as discursive practices of assessment? In general terms, practice describes what people do, and it signifies repetition and goal-oriented activities. By adding the adjective ‘discursive’, practice describes the actions or activities people do which involves language (for example, speaking, writing, briefing, presenting, summarising). Whilst acknowledging the ‘routine’ in performed activities, a sociocultural perspective recognises the ‘historicity’ of these repeated actions as well (Erickson, 2004). In other words, talk - or any other discursive practice - cannot only be understood in relation to the specific context of utterance; it extends beyond the temporal and spatial moment of occurrence. Analysing discursive practices, Young (2009) argues that it involves:

> Paying attention not only to the production of meaning by participants as they employ in local actions the verbal, non-verbal, and interactional recourses that they command [contexts of situation] but it also pays

> attention to how employment of such resources reflects and creates the processes and meanings of the community in which the local action occurs [contexts of culture]. (p.2, *emphasis added in brackets*).

Young's statement takes us to a key aspect of 'discursive' practices, they are "contextually-bound". The local contexts of situation and global contexts of culture were first coined by the Russian anthropologist, Bronislaw Malinowski (1923), and then integrated into a functional theory of language in society, namely Systemic Functional Linguistics. I describe both contexts later in this chapter. For now, I shall focus on the general notion of context. To claim that discursive practices are contextually-bound may suggest that discourse-analysts have a shared understanding of the term or its scope; what counts as *context* when analysing spoken or written texts? To clarify the differences, I shall revisit an example from the literature reviewed in the previous chapter, that is, a teacher saying something like "Alice is doing OKAY" in a parent-teacher conference-meeting.

A conversation analyst would probably need more than "Alice is doing okay". The sequential organisation of talk is necessary to interpret the statement; that is, a collection of statements that precede and statements that follow the utterance in question. Conversation analysts would also claim that they need no more than that; an objective, rigorous or valid CA should assume no more than what interlocutors orient to as the meaning of utterances. A membership categorisation analyst interested in 'identity-at-work' would compare, for example, between Alice and another student, one whose teacher says something like "Emma is NOT doing okay". A group of statements surrounding each utterance are equally important. The range of behaviours, incidents and factors associated with OKAY - or its absence for that matter - is key here. They are considered a "device" for describing the average student, and are compared with another set of behaviours, incidents and factors to justify why "Emma is not doing okay". Students' identities as *average, gifted, special*, or *disabled* are determined according to the membership device (for example, special or normal) to which their behaviour or characteristics seem to fit. Again, here, the analyst would need no more than the exchanges within the conversation or across similar conversations in the same context to interpret the data.

A critical discourse analyst, in turn, would embrace a broader context. A statement such as "Alice is doing okay" would be interpreted at three levels: 1) the utterance itself; 2) the local situation of its production, consumption, and distribution within the institution of education, and 3) the extended social practice; the views of the public on the role of assessment in society for example (Fairclough, 1992). This third level, I would argue, is why CDA has been subject to ample criticism, particularly for cherry-picking instances of text that serve the ideologies of the analyst. Critics of CDA would claim that there are hardly any boundaries to what signifies as context when interpreting "Alice is doing okay". An extreme interpretation would make reference to her social class or gender, so as to highlight assessment practices that privilege middle-class white girls and render other students by default victims to a system that discriminates against working-class, gender groups, or ethnic minorities.

This tension between a rather narrow view of context, bounded by sequential turns in CA, and the very wide open to 'anything goes' in CDA has been thoroughly debated (Schegloff, 1997; Billig, 1999). Each side of the debate poses sceptical questions from which to critique the other. The concluding list contains the following questions: *whose context, whose text, whose terms* and *whose ordinariness?* Acknowledging the components of each, I would replace 'whose' with 'what'? Constructive debates should not be about *who is* doing the right kind of analysis, as the argument in both papers seem to have defended. By asking 'what' *texts, contexts, terms* and *ordinariness*, one is more likely to focus on the kind of interpretations different analytic units bring to the text. Indeed, Mercer, Littleton and Wegerif (2004) warned us against rigidly established affinities for one paradigm or the other when analysing discourse, and in doing so emphasise the complementary use of methods, units of analysis and approaches to discourse-studies (see also Mercer, 2002).

Context in both traditions is placed along a continuum, from a narrow to a broad relationship with the text, but ‘what is the text?’ The studies reviewed in Chapter 4 conceive CCMs as spoken texts, so to speak, or as instances of talk within a situated context. Yet the sociocultural perspective my study takes conceptualises CCMs as discursive practices, or a specialised type of ‘action’ genre. This notion of genre, Lemke (1990) contended, is useful when understood in relation to activity structures, particularly those involving a meaning-making potential. Furthermore, both sociocultural theory and systemic functional linguistics shift the context-text relationship from one of degree to a dialectic relationship between layers of analysis; the analyst creates a dialogue between the local context of situation and the broader context of culture. To such end, focusing on the nature of discursive assessment practices or ‘action-genre’ offers multi-layered and dialectic units of analysis. Still, I am aware that genre-based studies are prone to be descriptive. Therefore, I divided my research question into three sub-components, each concerned with a particular aspect of the conference-meetings analysed - the ‘object’ of talk; the ‘goal’ of talk, and the ‘outcomes’ of talk, respectively.

Question I: The object of talk

What knowledge domains, perspectives, and understandings of disability do practitioners bring to, and share at, conference-meetings?

By asking this question, I aim to reveal the taken-for-granted sources of knowledge practitioners draw on in their assessment practices. *Interdiscursivity* is the key analytic tool I deployed to answer my question. Interdiscursivity links the ‘spoken’ genre of meetings to other genres, to practices of the team, and to the broader professional culture of the school and community. This focus on knowledge was the outcome of engaging with the literature, particularly the notions of *culture-location* and *cultural-power* I discussed in Chapter 3. Another key tool to answer my question is the dialectic relation between the 'context of culture' and 'context of situation'. Especially relevant here, is what to count as the 'culture' of talk, which I chart in a subsequent chapter.

Question II: The goal of talk

What is the nature of talk between members of the interdisciplinary team, and how do practitioners engage with one another to share and transfer knowledge?

In reading my data to address this question, I asked, simply,' what is going on', 'who is involved', and 'what roles do speakers have in the unfolding of events?' This question aims to demystify practices of assessment between members of the team. I adapted Eggins's and Slade's (1997) framework to analyse the unfolding of discursive events, and how these events contributed or otherwise to achieving the multidisciplinary goals of the team. Both qualitative and quantitative methods were used to depict the nature of the genre and the kinds of actions and interactions that took place.

Question III: The outcomes of talk

How do discursive practices of assessment and figured worlds of disability influence the construction of girls' identities?

Recognising CCMs as spaces for identity production is not new. Almost all empirical studies reviewed in the previous chapter emphasised this connection. Also, the role that disability categories play in this process is well-documented, particularly by Membership Categorisation Analysts. Whilst accepting the unavoidable power of these categories, my study conceptualises them differently. Drawing on Sociocultural Theory, categories-at-work are artefacts that mediate the discursive actions taking place. Yet, to close the gap between talk and the broader cultural practices, and to avoid criticism which associates with cherry-picking instances of talk, a systemic-functional analysis of the language practitioners used was additionally undertaken.

5.2 A rationale for methodological synergy

Originality, Hasan (2005) declared, 'does not really refer to absolute novelty, to a freshness uncontaminated by past endeavours by others … it consists in perceiving new connections amongst already existing concepts and structures' (p.133). Taking 'semiotic-mediation' as her central subject, Hasan (2005) connected missing dots from three theorists whose work is motivated by values to improve and transform the conditions of human existence: *developmental psychology* (Vygotsky), *sociology* (Bernstein), and *linguistics* (Halliday). According to her, it is their combined contribution which better explains concerns of human existence, consciousness, and sociability. A relatively similar link was drawn in an intervention study within the realm of Cultural-Historical-Activity-Theory. Daniels (2011) highlighted a theoretical challenge embedded in the process of learning to be, to act and to talk like a multi-agency person at multi-agency meetings. To address this challenge, Daniels found a point for departure in the integration of three academic theories: 1) post-Vygotskian activity theory; 2) Holland et al., (1998) on identity and agency in cultural worlds, and 3) the social structure of discourse developed by Basil Bernstein. My study realises a synergy of a similar kind, but one that is drawn between systemic functional linguistics, sociocultural studies of identity and discourse, and critical genre analysis.

Talk at CCMs embraces two theoretical domains: *discourse* and *activity*; the former mediates the latter within a given context. The concept of genre, Wells (1993) maintained, is a useful bridge between discourses and activities. Genre, however, is like discourse; different branches in linguistics offer distinct meanings, definitions, and purposes for analysis. My study is concerned with genre as a tool that mediates situated and historically shaped institutional activities (that is, discursive assessment practices in child-study team meetings).

By combining a sociocultural perspective to identity, discourse, and activity with a functional analysis of language, and a critical lens of workplace genres, I hope to have addressed my concerns as a researcher, a practitioner, and an advocate for girls identified with a disability in GCCC. My concerns as a researcher have to do with finding a dialectic theory of context, one which encourages a dialogue between the local discourses and the broader culture of their production, especially for cultures that are underrepresented in critical disability studies in education. Both sociocultural theorists and systemic functional linguists allow for such dialogue to take place. As a practitioner, examining CCMs as discursive activities allows me to shed light on the affordances of alternative discourses within the activity as holding potential for change and professional learning. Furthermore, SFL has been recognised as 'appliable' linguistics (Mahboob and Knight, 2010; Matthiessen, 2012). SFL takes everyday language problems as its primary subject, looking at how it could respond to and apply in diverse contexts of interaction, including homes, schools, courtrooms, and workplaces. Finally, taking a critical stance to genre analysis addresses my concerns as an advocate for girls with disability in GCCC, those whose institutional realities are notably absent. The remaining discussion in this chapter covers each component of my integrative framework separately.

5.2.1 Genre Analysis

Genre is a cross-disciplinary concept, engaging as it does scholars from diverse fields. For the past two decades, definitions of what constitutes genre were found in three traditions: *rhetorical analysis* (Millier, 1994); *English for academic purposes* (Swales, 1990), and *systemic functional linguistics* (Hasan, 1989, 1996; Martin, 1997). A common view across those traditions is 'the study of situated linguistic behaviour' (Bhatia, 2002, p.4). A relatively recent review suggests that boundaries between these seemingly distinctive traditions is in a state of flux, and not as sharp as we once thought them to be (Artemeva and

Freedman, 2015). The authors continued to describe the recent tendencies of scholars across the globe to build on the complementary contribution of two traditions or more. The framework I developed combines two schools from genre research: critical genre analysis and systemic-functional linguistics. Remarkably, scholars from both traditions made reference to CDA when sketching their definitions of genre. In other words, what their analytic frameworks do, or not, is set against the background of CDA. This reference to and critique of CDA is based on the goals that scholars share with critically-oriented discourse studies, amongst which are empowerment and social change. The comparison Bhatia (2016) drew between critical discourse and critical genre studies showed how the latter would be of significant value to researching disability practices in education (Table 5.1 below).

Table 5.1: Comparing critical discourse and critical genre analysis

CDA	CGA
Social practice	Professional practice
A broader focus on social practice.	A specific focus on professional practices and the conventions within a discipline.
Ideological biases	Analytical rigour
The focus of analysis is highly individual, which makes the findings a product of the analyst's own political biases and prejudice.	It has its focus on the actions of specific professional or disciplinary communities (i.e. the professional team around the child).
Theory of textualisation	Theory of contextualisation
Underplay or over-interpret the role of context.	The socio-pragmatic spaces of specific disciplinary and professional cultures.
Inter-textuality	Interdiscursivity
Utterances from other texts.	Genre as a social action beyond the properties of the text itself to other practices, genres, and ways of doing things.

(adapted from Bhatia, 2016)

It is worth acknowledging that Bhatia (2016) recognised more than the differences I have highlighted in Table 5.1 above, but I am only focusing on those which are relevant to my study.[6] Whilst both draw on critical theory, the goals of CDA are broader, such as challenging inequality in society at large. CGA, in turn, takes a recurring text within a given institution and demystifies the practices of professionals involved. Returning to the example I discussed above, CGA would take the statement “Alice is doing OKAY” as an instance of many others uttered by professionals involved in a historically shaped institutional practice, and asks, for example, why was this said here and now, what pragmatic functions it serves, and what contributions does it hold to the unfolding of discursive events.

The second element of comparison follows from the first. CDA has been repeatedly critiqued on the grounds of ideological bias; the selection of texts that confirm that which it seeks to critique. Keeping with the example above, critics of CDA would argue that the statement “Emma is NOT doing okay” was purposefully selected to emphasise inequality in society so as to maintain the political agenda of a researcher, rendering analysis less rigorous. The analytical rigour of CGA stems from its focus on the actions of a specific professional community rather than a selection of purposeful instances from the text without a rationale or a justification, which takes us to the third point for comparison, that forms the very context of analysis.

Similar to the comparison I drew between CA and CDA above, a theory of contextualisation distinguishes both approaches. Whereas CDA extends context such that anything goes, CGA defines - rather than limits - the scope of interpretation. The context of the genre in question (that is, case-conference

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[6] Only the headings used in the table are adapted from Bhatia (2016). Remaining elements in Table 5.1 are adapted with emphasis on my study.

meeting) is the socio-pragmatic space in which professionals undertake their roles and activities, as well as the conventional rules or laws of conduct their disciplines permit (for example, psychology, special education, social work). Bhatia (2016) contended that demystifying these conventions and the disciplines that motivate them requires a critical gaze.

Nonetheless, one may argue that any critical stance to discourse is likely to invite the same scepticism targeting CDA. My study attempted to avoid such risk in three ways. First, I provided a detailed description of the status of special education research, scholarship, education, and training available to professionals in GCCC (Chapter 2). Second, I conducted a systemic functional turn-by-turn analysis of meetings to balance the local and broader contexts of talk. Third, I took every opportunity possible to be reflexive of my position in relation to the data, making explicit my insider knowledge as a previous member of the school-community, not to mention sharing the broader cultural and historical context of speakers, being an Arabic-speaking researcher from one of the six GCCC. This role and position, though packed with ethical implications, enabled me to interpret the data with confidence, and to understand the cultural models, typical stories, and figured worlds that shape girls' identities in one Arabic-speaking school, and to understand the evaluative world of assessment that took place.

A final note to add in this section regards the type of genre. Bhatia's research (2008; 2010; 2012) investigated 'written' texts, whereas my study is concerned with spoken professional genres, which have not attracted the same attention for obvious reasons. Talk is messy, thus harder to analyse in genre terms. Koester and Handford (2012) declared that 'when it comes to spoken, dialogically constructed genres, the rhetorical strategies adopted by the speakers, and therefore the detailed structure of the genre, are much less predictable' (p.252). The scholars went on to argue that this unpredictability is the reason why we have less 'spoken' than written texts analysed as genre, and why those who took the initiative of analysing ‘spoken’ genres tended to focus on general patterns, such as ‘obligatory’ and ‘optional’ elements (Hasan, 1985). This approach is based on SFL, and is called the Generic Structural Potential. The final outcome would be to specify elements of a text in a way that resembles a mathematical or a chemical formula. This type of analysis, however, is more suitable for studies of genre that have pure linguistic aims.

Another genre-analytic approach within SFL describes the steps speakers follow or the stages a text undergoes until it reaches its goals (Martin, 1997). Thus, discursive practices are described as staged and goal-oriented, suggesting a movement in steps to achieve certain goals. For Arabic texts, however, particularly but not necessarily spoken ones, this ‘staged’ element is not evident. Empirical investigations of Arabic texts (Reid, 2013) and communication patterns (Feghali, 1997) suggested that Arabs do not have a marked or a clear-cut beginning and end, they fail to summarise their point, and may not express their ideas or themes in a single occasion; all of which were true to the transcripts I analysed. I thus had to question the eligibility of ‘staged’ definitions of genre and not to assume, or worse impose, existing definitions to my data. Suffice to say that this was the most challenging aspect of my study, particularly in the absence of related Arabic studies to draw from, which arguably increases the value of spoken professional and disciplinary genres in languages other than English.

I thus had to build my own framework and to decide on the best mode of presentation. After repeated reading of transcripts, particularly to answer questions as straightforward as ‘what is happening here?’, ‘who is involved?’, and ‘what purposes do these meetings fulfil?’, I constructed a story from each meeting, and the collection of these stories summarise the practices of assessment taking place at the school. Like all discourse-based traditions, genre analysis and the stories they generate have a context, and it is to this dialectic relationship between the story and the context of its production that I now turn.

5.2.2 Systemic Functional Linguistics

Systemic Functional Linguistics is a social semiotic theory of language. Halliday (1978) developed SFL to account for the specific meanings users make in a given context. According to Halliday (2014), the value of language resides in the functions that a particular linguistic unit has and the ways people use these functions to achieve particular purposes. The authors assign three purposes that texts are functioned to achieve: 1) express ideas, meanings and ideologies [ideational]; 2) establish relationships between people [interpersonal], and 3) organise meanings as coherent messages [textual]. These three language meta-functions operate at two levels of context: the *context of situation* and the *context of culture.* Analysing the context of situation entails a detailed description of the *field of discourse* (what), the *tenor of discourse* (who), and *the mode of discourse* (how).

The context of culture, though specified, has not received equal theoretical specification in SFL. Influenced by Lemke (1990), particularly his seminal book *Talking Science*, Halliday (1999) declared 'the context of culture for any educational activity includes the structure of the relevant branch of educational knowledge' (p.286). It is therefore clear that 'culture' in SFL is not some amorphous object, to use Halliday's words; it is interpreted within the parameters of a specific field. It follows that there is a culture of science in education, a culture of mathematics in education, a culture of special education, which is similar to but not necessarily identical to an inclusive culture of education. The complementary contribution of *critical genre analysis*, especially the notions of a socio-pragmatic space and *interdiscursivity* allowed me to move the linguistic analysis beyond utterances manifested in talk, and to integrate pragmatic aspects of the activity I referred to above.

It is worth mentioning here that separating the context of culture from the context of situation is for explanation purposes only. The relationship is dialectic. In other words, context is not placed in a continuum in some quantitative sense, similar to the one between CA and CDA. Indeed, this 'too much or too little of the context' debate has caused some difficulties in choosing the very unit of analysis in discourse studies. Both sociocultural and cultural-historical activity theories propose an alternative unit of analysis. Engeström (1999) proposes object-oriented situated activity systems as a unit of analysis for discourse studies, particularly in organisations or workplace situations. The rationale to do so, he claimed, stems from the fact that 'organisations may emerge through conversations, but they do not emerge for the sake of conversation. They emerge and continue to exist in order to produce goods, service, or less clearly-definable outcomes …' (Engeström, 1999, p.170). Along similar lines, Wertsch (1994) suggested 'mediated action' is a potentially useful unit of analysis for the study of communication. To such end, my study takes the discursive activities in CCMs as its primary unit of analysis, and the categories and classification systems practitioners discuss as artefacts mediating the activity. This takes me to the third component in my integrative framework, namely sociocultural theory, or perspective to discourse and identity production.

5.2.3 Sociocultural Theory

The basic goal of sociocultural analysis is to unfold the relationship between human action - including reasoning and remembering - and the cultural, institutional and historical context of their occurrence (Wertsch, 1995). The primary unit of analysis in sociocultural studies is mediated-action (Wertsch, 1994), or object-oriented activities (Engeström,1999). As a unit of analysis, mediated-action is likely to embrace disciplinary efforts at the intersection of discourse and activity, such as linguistics, sociology, psychology, and politics; the phenomenon investigated is not reduced to a specific discipline from the outset. The roots of this concept traces back to Vygotsky, particularly his accounts concerning the mediation of children's behaviour and learning through cultural tools and signs.

The shift from talking about mediation and its means (for example, language) to talking about mediated action is motivated, Wertsch (1994) affirmed, ‘by the recognition that humans play an active role in using and transforming cultural tools and their associated meaning systems’ (p.204). Wertsch (1995) also considered the complementary contribution of Vygotsky and Bakhtin, particularly for studying communication. For Bakhtin, the utterance is the action of concern, being the real unit of communication between people to achieve particular purposes or goals.

Wertsch (1994) argued that at the heart of mediated-action analysis, is realising a tension between the mediational means (that is, categories) provided in a sociocultural setting and the very use of those means in situated activities. Wertsch (ibid) added that attempts to reduce the unit of analysis to the mediational means alone (for example, utterances) or to people conversing them, is erroneous. This tension between readily available cultural tools and their instantiated use is parallel to that between the ‘context of situation’ and ‘context of culture’ in SFL. Let me illustrate with an example. Autism is a semiotic artefact that mediates discursive practices of assessment in a conference-meeting. It is unlikely that two instances of saying “this child is autistic” means exactly the same thing; each utterance is unique to its specific use at a particular point in time with a given case or a student in a school [context of situation]. Still, the very category ‘Autism’ has a history in the special education and medical fields [context of culture], one that is reinforced by tools such as the DSM-V. Thus, in analysing categories manifested in talk, a sociocultural analyst creates a dialogue between the retrieved ‘historical’ meaning of the category in the discipline, and its unique instantiated use.

Sociocultural analysis is the touchstone of my integrative framework. I have named the framework TALK-TIES, both as an ‘acronym’ for analysing (TALK-based Texts in Educational Settings), and as a ‘metaphor’ for talk, whose analysis is tied to its embedded sociocultural and historical context.

Chapter Summary

This chapter provided a rationale for my chosen methodology. It began with a detailed explication of the overarching question I sought to address in my dissertation, especially with reference to the notion of a discursive activity and action genre. Bearing in mind the descriptive nature of genre studies, I divided my question into three sub-components, each addressing one aspect of the genre: the object of talk, the goal of talk and the outcomes of talk. For each question, I specified the analytic tools I adapted and the gaps I wish to address.

I also explained how the notion of genre bridges two elements of case-conference meetings: discourse and activity. Taken together, the genre and activity change the text-context relationship, from one of degree to a dialectic intertwined relation. Special attention was given to this notion of context and how I conceptualise it in my study, particularly in comparison with ethnomethodology and critical discourse analysis; the two methodologies deployed by researchers who preceded me in analysing conference-meetings, child-study teams and the like.

As I explained in my study, context is realised at two layers: the ‘situation’ and the ‘culture’, and the stories I constructed for each conference-meeting speak to both. The context of culture in my study embraces both the sociocultural context of a Gulf-Arabian country and disciplinary cultures, with the latter being largely ignored in discourse-oriented studies of similar discursive practices and activities in educational institutions.

A rationale for my methodological synergy was given in the second part of this chapter to explain my analytic contribution, and how I departed from the more common approaches to analysing referral meetings. I also showed how combining critical genre analysis, systemic functional linguistics and sociocultural theory is more likely to address my identity as a researcher, a practitioner, and an advocate for girls with disabilities. I concluded with a brief summary and an explanation of each theory, and how it enhances the significance of my study. Based on the triadic theory adopted, I developed the TALK-TIES framework, with which I will start my outline of the research design in the following chapter.

Chapter 6: Research Design

This chapter sketches the overall research design and framework I developed to analyse talk at Case-Conference Meetings (CCMs). The content of this chapter is divided into four main sections. The first section describes TALK-TIES, the framework I developed to analyse talk at case-conference meetings. The second section covers sampling decisions, that is, how and why I selected the cases whose assessment trajectories are discussed at CCMs. Section three highlights cross-cultural considerations for transcribing, analysing, and translating data from Arabic to English. I conclude the chapter with reflections on quality indicators that are essential for researchers conducting a discourse-oriented study.

6.1 The TALK-TIES framework

The aim of this section is to provide a detailed outline of the three layers of analysis involved in my reading of the five transcripts, the ‘text’; the ‘context of situation’, and the ‘context of culture’, which were based on and extended from the theories I reviewed in the previous chapter.

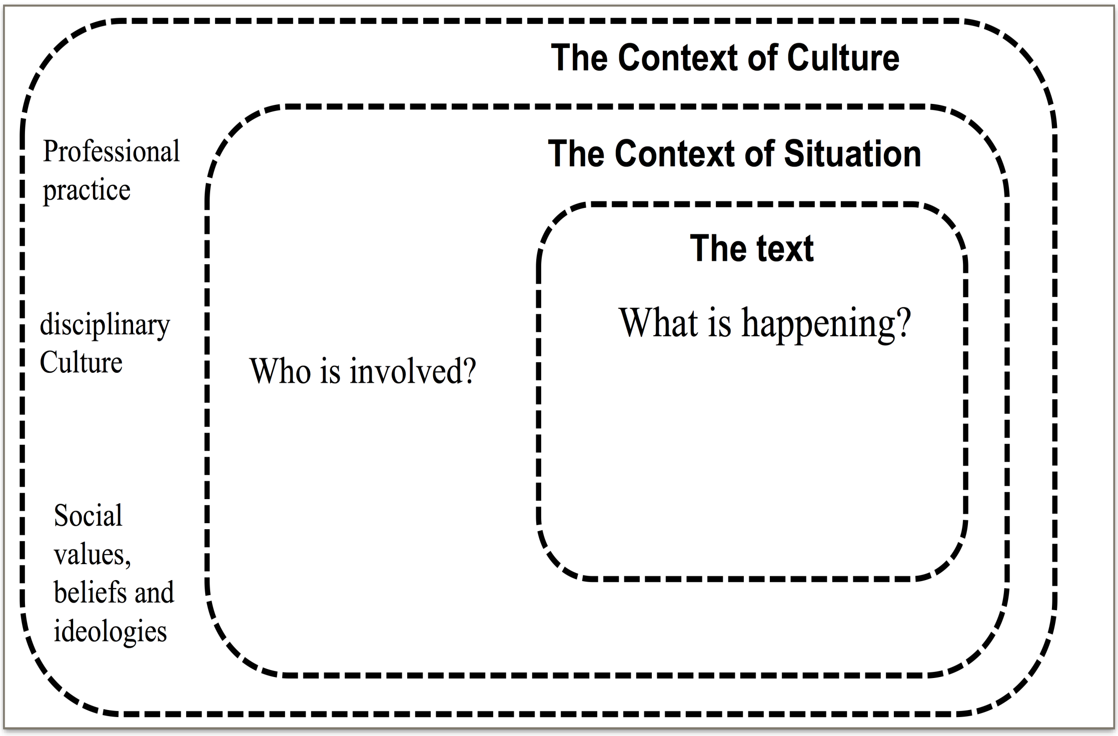

Figure 6.1: The TALK-TIES layers of analysis

The dotted lines and embedded layers in Figure 6.1 indicate a dialectic and interdiscursive relationship between the ‘text’ [spoken words or utterances], the ‘context of situation’ [a case-conference meeting as an instant or discursive event], and ‘context of culture’ [the broader professional and disciplinary cultures from which practitioners conduct their day-to-day actions in the workplace]. The following sub-sections provide the rationale, actions and decisions which link to each layer of analysis.

6.1.1 The text: What is happening

This layer of analysis involved repeated listening to, and reading of, the transcripts of CCMs. The rationale was to achieve a sense of what is happening, and to identify the objectives that both exchanged conversations and single turns fulfilled. It is worth mentioning that focusing on turns is not common practice in genre studies. Such focus was determined by the nature of my data, the patterns of communication in Arabic conversations, and the ground rules practitioners seem to be following, all of which are analysed in Chapter 8 of this dissertation.

In the previous chapter, I mentioned that CCMs are conceptualised as both mediated actions and specialised types of 'spoken' genre in the workplace. I also highlighted the difficulties involved in describing spoken Arabic, especially since staged-oriented processes common to written texts are not evident in talk. Thus, instead of imposing steps or stages, I asked, what general objectives or purposes do these meetings fulfil, and then looked at how each purpose is realised in the meeting. Given the fact that talk is messy, making the task of describing 'spoken' genres challenging (Koester & Handford, 2012), I decided to take advantage of oral tradition in the Arab world, and to describe the genre as 'stories that meetings tell'. In assigning a title to each story, I made sure it reflected the conference-meeting in question, and it represented a key discursive practice likely to be true to all five CCMs. The stories I crafted are entitled:[7]

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[7] The second story, 'The girl who belonged nowhere' will be narrated separately. To avoid repetition when I exemplify the way moves and speech functions unfolded in meetings, I chose Bedour's conference meeting because it is different from the remaining four with respect to the girl's diagnosis. Neither a common genetic

- ‘Much Ado About My Autism’;
- ‘The Girl Who Belonged Nowhere’;
- ‘My Maximum Potential as a Down!’
- ‘Am I Disabled, Gifted, or Both?’, and,
- ‘The Scattered Facts About Me in a Conference Room’.

Constructing these narratives was the product of a lengthy, repeated, complex, and multi-purposeful analysis, where each reading sought a new meaning and/or interpretation.

6.1.2 The context of situation: Who is involved?

This section describes the analytic tools I adapted to explicate interpersonal relations encoded in talk. To analyse the enactment of relations between members of the interdisciplinary team, I deployed Eggins's and Slade's (1997) framework for analysing conversations and Hasan's (1983) semantic network for questions and answers. Both frameworks recognise the clause or message as fulfilling one of four semantic functions:

- Give information;
- Demand information;
- Provide services, and,
- Receive services.

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disorder, nor a rare one is identified; she is the only girl amongst the five who is referred to as having a familial intellectual disability.

Given the nature of discursive assessment practices, the transcripts of conference-meetings consist of the first two functions only - giving and demanding information.

Both qualitative and quantitative discourse methods were utilised to analyse the tenor of discourse, comparing moves and speech functions in three out of five CCMs. Such analysis enabled me to depict the most salient features of the genre. Following Mercer (2010), a sociocultural perspective to discourse analysis appreciates both the strengths and weaknesses of different research methods, including the difference between quantitative and qualitative approaches, and the received benefit of combining both where necessary. Amongst the strengths of quantitative discourse-analysis, Mercer (2010) lists economic handling of a lot of data and a numerical comparison across and within data samples.

Mercer (2010, p.6) also pointed to a few limitations, which I list below and follow with a brief discussion of the analytic decisions I took to overcome them.

- Actual talk, as data, may be lost early in the analysis;
- The use of predetermined categories can limit the analyst's sensitivity to what actually happened, and,
- Coding decontextualises language, which may hinder the meaning-making process.

First, quantifying moves and semantic functions took place at later stages of analysis. As I mentioned, the first analytic question I asked was '*What is going on?'* It was through repeated listening to CCMs and the figured worlds they manifest that I constructed the 'stories meetings tell'. Second, quantitative methods addressed only one aspect of CCMs, that is, the level of engagement and interpersonal relations, to compare its frequency and stability across CCMs. Finally, and foremost, TALK-TIES, the analytic framework developed for the study recognises CCMs as situated activities that are tied to their sociocultural and historical context, and the researcher creates, as I previously emphasised, a dialogue between talk in a given instance and the social, cultural, and disciplinary context of its production, to which I now turn.

6.1.3 The context of culture: The broader sociocultural aspects of talk

The context of culture is the third layer of analysis in the TALK-TIES framework. In section 5.1.4 of the previous chapter, I mentioned that the 'context of culture' did not receive an equal theoretical classification as 'context of situation'. Yet, Halliday, after Lemke (1990), limited its scope to the branch of educational knowledge under consideration (for example, special needs). Still, a question remains as to 'how' should one analyse the sociocultural context of talk. In other words, what is it that discourse analysts do when including 'culture' as a layer of analysis? To address this, my framework integrates, besides SFL, a sociocultural perspective to discourse and mediated action, and an inter-discursive critical analysis of genres.

Sociocultural analysis pays attention to the event in which talk operates, and to the 'ground rules that speakers seem to be following' (Littleton and Mercer, 2013, p.22). These ground rules, the authors contended, embody some shared principles, which are valued in many communities, albeit referring to principles of talk common to western societies. Complementing these patterns are text-external resources or the notion of *interdiscursivity* developed by Bhatia (2012), which I discussed in the previous chapter.

Specifying text-external resources began since I started transcribing the audio-records of CCMs. It is worth reminding readers that in discourse-oriented studies, transcription is not separable from analysis and interpretation of the data. Figure 6.2 on the next page demonstrates the generic resources, professional practices, disciplinary cultures, and social values and ideologies depicted in the text. Such illustration aims to disclose the broader context of the study, and to make explicit what counted as 'culture' in my data.

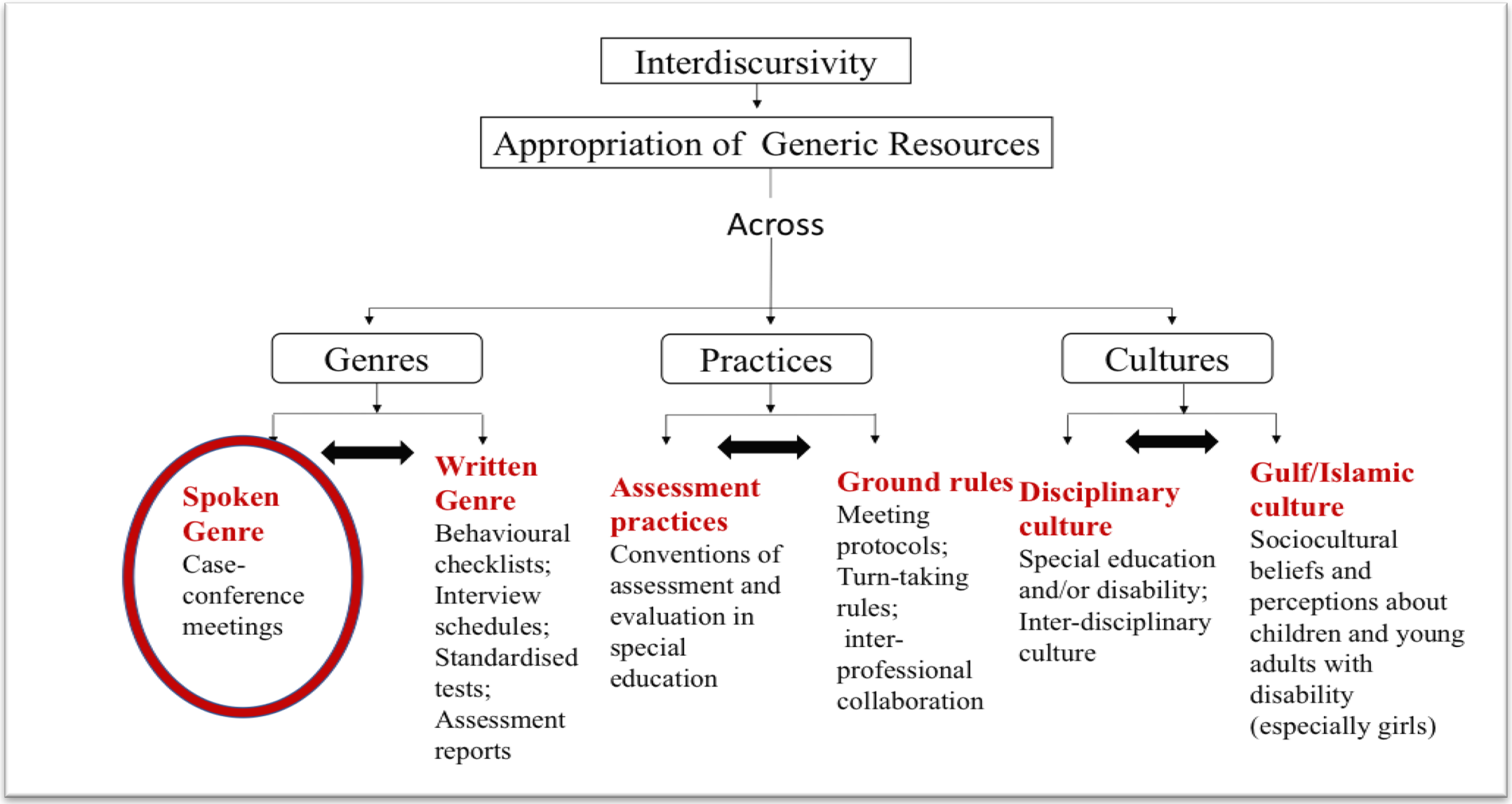

Figure 6.2: The generic resources, institutional activities, and disciplinary practices as conceptualised in my study

Figure 6.2 illustrates the notion of *interdiscursivity* as manifested during talk at CCMs. Read from left to right, the first generic resource is the very 'spoken' text analysed (that is, CCMs). Talk at CCMs is the genre from which practices and their conventions are demystified. Written genres include all the references practitioners made to the tools on which they based their evaluation. Generic resources at the centre of the Figure account for the discursive routines, conventions, rules and activities that professionals abide by. Finally, generic resources at the left side of the figure include the inter-professional nature of special education as a field. Although the scope of 'culture' in both CGA and SFL is limited to the branch of knowledge or discipline, Islamic beliefs are considered because they are inseparable to people's daily conduct, including their perceptions of people with disability and ethics in the workplace.

In embracing a sociocultural perspective, these generic resources are conceptualised as semiotic artefacts mediating the activity taking place. This concept of *referentiality* is also supported in cultural-historical activity theory (Engeström, 1995). Thus, instead of asking "why this utterance now?" (Schegloff, 1997), or "what is the argumentative fabric of this sentence?" (Wetherell, 1998), I asked "to what actions, discursive practices, knowledge domains, and social values do these conversations refer?" I now move to the second section in this chapter.

6.2 Sampling cases and conference meetings

Cases selected for my study were primarily chosen to investigate CCMs as a specialised type of 'spoken' professional genre, and to demystify assessment practices at the school. Although this may imply that the individuality of a case is not as significant, it does not mean that I randomly selected the girls whose trajectory is the subject of CCMs. On the contrary, purposive selection is essential if the goal of a study is to enrich our understanding of a phenomenon or an institutional practice. Patton (1990) listed as many as fifteen strategies for selecting information-rich cases for qualitative research. For the sake of the argument put forward here, I shall compare two strategies: *extreme sampling* and *maximum variation sampling.*

It is common in discourse-oriented research, especially ethnomethodology and CDA, to choose extreme or deviant case sampling techniques. Selecting an extreme case in CDA is obvious, serving as it does the agenda of researchers who aim to disclose specific societal problems such as injustice and inequality. For ethno-methodologists, the rationale is to expose the implicit assumptions of mundane everyday reasoning through cases that disturb the norm (Patton, 1990). We have seen an example of this in the Literature Review, where ethno-methodologists in the Netherlands chose cases with a controversial diagnosis such as ADHD for their studies to shed light on what happens at multidisciplinary team-meetings.[8]

Since my study conceptualises those same meetings as both a genre and a discursive action, maximum-variation sampling was deemed more appropriate. Maximum-variation sampling aims at describing common patterns and basic principles that cut across a phenomenon, a programme, or an institutional practice, thus fitting the broader question that my study sought to address. Furthermore, focusing on girls with rare genetic disorders in a specific context (that is, GCCC) takes this choice to be especially valuable in capturing the patterns found on discursive events concerning the target group.

Maximum variation sampling requires identifying key dimensions of variation, and then selecting cases that vary as much as possible. The rarity of a genetic

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[8] The cases of William, Julia and Anika (see Evaldsson, 2014; Hjörne and Evaldsson, 2015, 2016; Hjörne, 2005; Hjörne and Säljö, 2004b).

disorder and the paucity of knowledge about them was the dimension I chose, but I did not share it with the team when I met them to discuss my study and invite them to be part of the selection process, because I did not want to influence their own views on what constitutes a challenging case. Instead, I spent some time explaining the broader objectives of my study, and asked them to talk about their professional experiences of CCMs, and about their views with regard to assessment and identification in general.

A rich discussion took place, and a few names were repeatedly mentioned. A core dimension from which practitioners compared cases - one I have not considered myself - was related to placement decisions and to drop-outs; those are cases practitioners thought should not have been accepted in the school at all or cases that dropped out for unknown reasons. Near the end of my informal session with the team, I asked them to work in groups, and to name between seven to ten girls they considered challenging. Having done that, I had to exclude cases whose trajectory was discussed during my appointment as a full-time member of the school, so as to focus more on what goes on at meetings, rather than my knowledge of the girl concerned.

Given the time required to transcribe between 60 to 90 minute-long meetings, which takes between 10 to 15 hours for each CCM, I decided to include a total of five CCMs. The selection was informed by the discussion we had. Table 6.2 below lists the five cases included in my study, their age at the time the conference was held, and the disability classification recoded in their case files.

Table 6.1:The five cases whose CCMs are analysed in the study

Name (pseudonym)	Age	Disability Identified
Amna	15	Autism
Bedour	24	Intellectual Disability
Fadia	16	Down Syndrome
Hala	16	Carolina De Lange
Shadia	18	Turner Syndrome

A final note to add in this section regards the kind of findings generated from a maximum variation sampling technique: '(1) high-quality, detailed description of each case, which are useful for documenting uniqueness, and (2) important shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity' (Patton, 1990, p.172). Keeping in line with the objectives of my study, the first will be evident in the "stories meetings tell" and the second is highlighted in Chapter 8, where I compare communication patterns, conversational moves, and speech-functions across three conference-meetings. The following section covers the decisions I took to transcribe and translate my data from its original language [Arabic] to English, the language of presentation.

6.3 Cross-cultural considerations: Transcribing and translating CCMs

6.3.1 Transcription

The task of transcribing and translating data is packed with ethical, methodological, and epistemological implications. Hence, researchers should be careful not to treat them as mere technical matters (Temple, 2008; Al-Yousef, 2005). In fact, they influence the very analysis and interpretation of results. Following Bucholtz (2000), I aim to make visible, at this point, two decisions I made in the process of transcribing the data: interpretive and representational decisions.

An interpretive decision is concerned with content, that is, a question of ‘what to transcribe?’, and if the language of one’s data is different from the language of presentation, this issue becomes more complex. As I argue later, moving from one language to the other is not a matter of word-to-word translation. Therefore, I transcribed the data in its original language after repeated listening to the audio-records, documenting everything that has been exchanged in the conversation. Furthermore, since I perceive talk as a specialised type of genre and a situated discursive activity, choices regarding the extra-linguistic features took place. For example, a long pause was not deemed significant to the discursive action, whereas interruptions - especially by the SENCO who chairs the meeting - had discursive consequences. Another feature was overlap between speakers, which affected the flow of discursive events (see Appendix A for the conventions of transcription).

The second choice to make visible is representational. Here, a researcher should ask, ‘how do I write down that which I have heard in the record?’ Again, here, Bucholtz (2000) recognised two choices: denaturalised versus naturalised transcription. Denaturalised transcription is more faithful to oral language, including as it does intonation and other phonetic details of speech. Jefferson’s System of Transcription Notation is the most cited example of this practice, which is integral to validity in ethnomethodology. Adhering to SFL, particularly semantic realisations, this level of detail does not contribute to the outcomes of my study.

Thus, I have chosen to conduct a naturalised transcription. Although the process of transcription is less visible, and more emphasis is given to the written over oral features, I find it to be more accessible and appropriate for my study for two reasons. On the one hand, the Jefferson System is developed for the English language and there is no equivalent in Arabic, and some of the features developed must have been based on the linguistic repertoires of speakers, which go far beyond the word level. On the other hand, too much emphasis on the *'oralness'* of speech would distract readers from the very unit of analysis, which is the mediated discursive activity. I now turn to translation.

6.3.2 Translation

Although much has been written on the ethical implications involved in translating data from its original language, little attention has been paid to translation in discourse-oriented studies. One may argue that discourse-analysts are further challenged, particularly since language is at the heart of their analytic-methodological enterprise, as well as their epistemological and ontological stance. Moving between two languages Temple (2008) declared, is not a matter of word-to-word translation, different languages are linked to distinctive linguistic repertoires, cultural scripts, forms of expression, and autobiographic memories. Furthermore, Eco (2004) stated, 'the difficulties for the translator are due to the fact that while a text can evoke a personal experience with a single word, this word does not have the same evocative impact every time, in every culture or country' (p.107). This was very true to my data, and resulted in the four-step approach I have taken. Figure 6.3 illustrates two possible choices in translating qualitative studies, and Figure 6.4 depicts the one followed in my study, being more appropriate if one is to claim that he or she is doing discourse analysis.

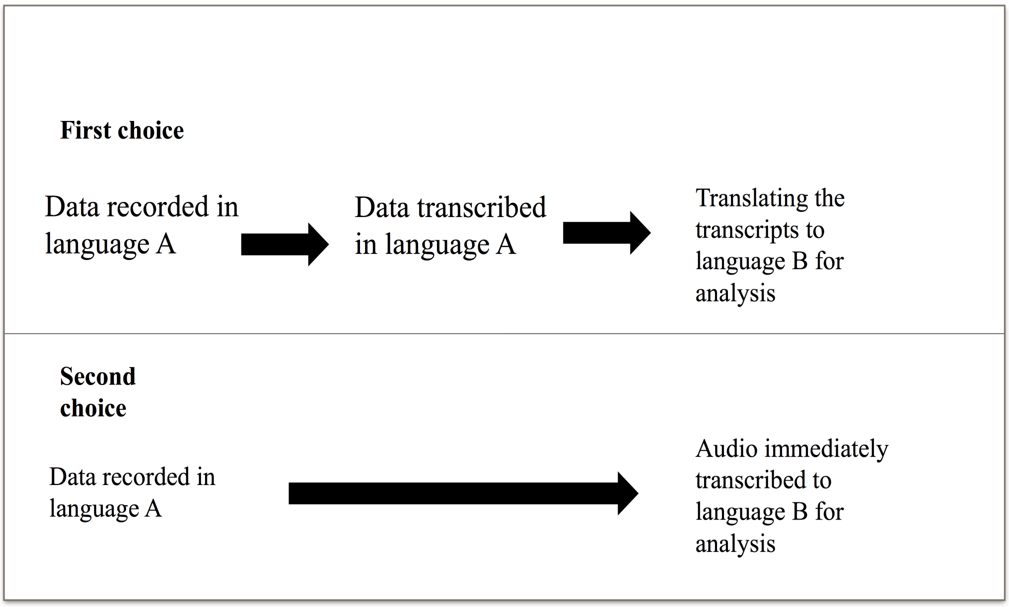

Figure 6.3: translating and transcribing data in qualitative research

Although time-consuming, the first choice is more appropriate for two reasons. First, listening in one language and immediately translating to another is cognitively demanding. Second, having a written format of original records is favourable; when analysing discourse, it is considered good practice to work with sounds and transcripts simultaneously (Hepburn and Potter, 2004). For my study, however, I followed a four-step approach, which is depicted in Figure 6.4 below.

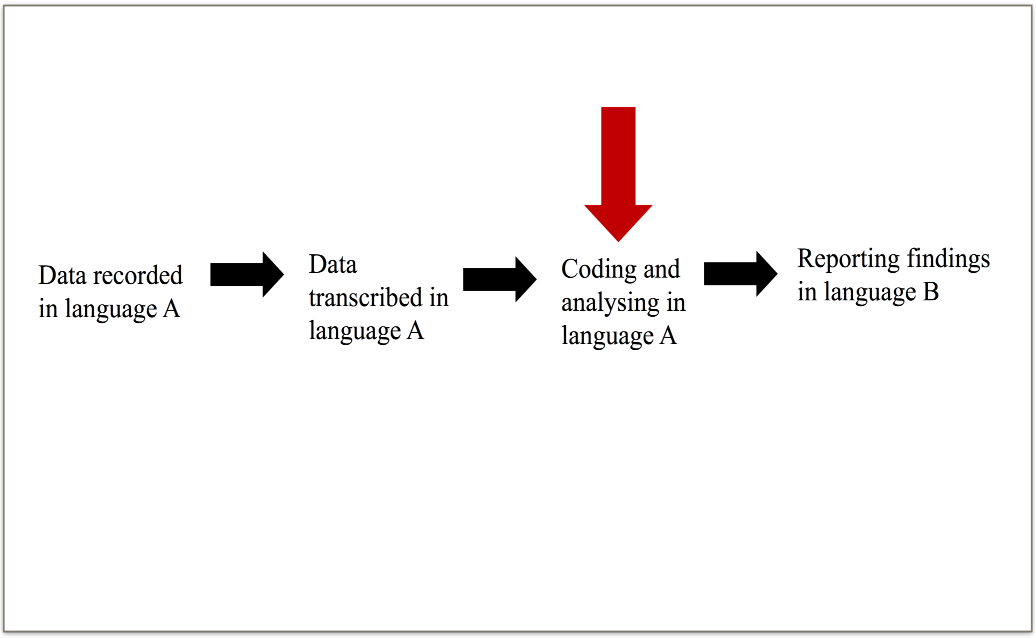

Figure 6.4: The four step approach to transcribing and translating in discourse-studies

As I stressed in the introduction to this section, translation is not a technical matter, and it involves serious implications regarding the presentation and interpretation of findings. Linguistically accurate and sociocultural significant meanings are at risk of being ‘lost in translation’ if they were not analysed in their original language. Having said that, and despite analysis being more truthful to the nature of discursive events and to the meaning-making processes of speakers, my four-step approach did not escape the loss of meaning in translation. The presentation and/or reporting of transcripts, conversations and discursive events from the language in which data was analysed to the language of presentation is very problematic, and have led to a major decision at later stages of my analysis and discussion of findings.

Although I deployed Halliday's (2014) transitivity framework, which is one of the most sophisticated, rigorous, and systemic ways of depicting meanings, ideologies and experiences manifested in talk, I had to exclude it from presentation at later stages of my study, for the transfer I attempted to do and share with others - including my supervisor - did not succeed in capturing the essence of meaning or the richness of interpretation. The translation masked an otherwise fruitful layer of analysis. I thus decided that it would be better to check in the future for an Arabic-based journal in linguistics to publish this part of my study, and would only remark the contribution it paid in general terms during my discussion of research outcomes. Nonetheless, and with respect to these challenges, I found it essential to consult two bilingual speakers to ensure the accuracy and transparency of meaning, at least at the semantic-pragmatic levels of discourse.

6.4 Quality indicators in discourse-based studies

What constitutes validity for discourse-oriented studies is different from both quantitative (for example, validity, reliability, and generalisations), and qualitative (for example, credibility, dependability and transferability) studies. The difference lies in the ontological and epistemological assumptions discourse analysts adopt. In this respect, Gee (2014) argued that validity cannot be claimed by arguing that a piece of discourse reflects reality because people do not have access to reality as such, only an interpretation of it, and this interpretation takes place by the use of language and other semiotic symbols. To such end, Gee concluded, discourse-analysis is an interpretation of interpretation. Along similar lines, Sullivan (2012) recognised a theoretical clash between discourse and the reality it constructs. According to Sullivan (2012), it is difficult to evaluate the relationship between interpretation and the actual data in scientific ways, like, for example, repeated and/or multiple interpretations; ‘the analysis is vulnerable to the same effects of rhetoric, power, and conflict as the material it analyses …. any successful triangulation would only confirm the same vulnerability to discursive effects’ (p.148).

In a traditional sense, both claims may suggest that discourse-analysis or discursive studies are subjective, non-theoretical, lack rigour, and are no more than analysts’ own opinions. Such judgements, however, are based on an epistemological belief which separates the knower (analyst) from the known (phenomenon investigated). A critical lens to language, discourse and genres, on the other hand, rejects such separation. Indeed, the reverse is true; the more explicit analysts are of their morals, beliefs, agendas, and ideologies, the better chance their interpretations will be perceived as trustworthy. Establishing such trust, in turn, depends on the researcher's ability to practise self-reflexivity. In my quest to achieve such ends, I made every effort to meet some well-established criteria for discourse-analysis, such as *coherence, fruitfulness,* and *participants-orientation* (Potter and Wetherell, 1987).

6.4.1 Coherence

Coherence in discourse-analysis is judged by the way analysts draw connections between broad patterns of meaning and micro-examples from the data. This quality indicator was built into TALK-TIES, the integrative framework I developed to analyse talk at CCMs. As I repeatedly emphasised in this chapter, when analysing talk, I created a dialogue between the 'context of situation' and 'the context of culture'. Further, to increase the likelihood that readers accept analysts' interpretation of discourse, researchers should present analysis that is in line with the text. To do so, particularly in early stages of transcription, which I argued is integral to analysis in discourse studies, I separated linguistic description from semantic interpretation. Also, in constructing the 'stories meetings tell', I made sure that each story includes extracts, quotes, and speech genres that manifest the sayings, happenings, and doings of speakers. Finally, to build a coherent system of meanings, discourse analysts must bring knowledge of discourses outside the text analysed (Parker, 2005). Again, here, and as I explained in section 6.1.4, both text-external and text-internal resources were built into the analytic framework TALK-TIES, borrowing Bhatia's (2010) interdiscursive tool for analysing workplace communication.

6.4.2 Fruitfulness

Potter and Wetherell (1987) considered ‘fruitfulness’ (that is, usefulness) the most important quality indicator in discourse-oriented studies. Fruitfulness is a pragmatic criterion as it refers to the extent to which analysts raise new questions, insights, ways of doing things, and provide solutions to old and persistent research and/or practice problems. In conceptualising CCMs as mediated discursive activities and “action” genres, the usefulness of the study increases because it focuses on the practical implications of situated and action-oriented activities. One may question, however, if it was the researcher who should judge or assess the fruitfulness of the study. Hammersley (2007) contended that consumers of the research (that is, practitioners whose practice is being demystified) are the ones who should evaluate the usefulness of a study. As I show earlier (see section 6.1.5 in this chapter), the interdisciplinary team was involved in the early stages of planning the study, including sampling cases they considered challenging, and to which they would value new insights.

6.4.3 Participants ‘orientation

Participants’ orientation is an important criterion for assessing the quality of analysis in discourse-oriented studies. In the summer of 2016, I visited the school to share my findings in an interactive session. I printed a few extracts from the data and asked practitioners to comment on them before sharing my own interpretation of those same extracts. I also presented the semantic network developed by Hasan (1983), and asked them about their own reasons to ask particular types of questions before I shared my own analysis.

I could have shared the outcomes of my study immediately, and then ask practitioners to validate or reject my interpretation of their meaning-making processes. Yet, I decided to engage with them in an interactive session and ask them to first discuss and make comments on extracts and questions for two reasons. First, I needed to share my rationale to conduct the study, particularly having previously been in a position of power as a coordinator of the interdisciplinary team. Negotiating my insider-outsider role was necessary; practitioners need to trust that I am no longer judging, assessing or evaluating their practice, but rather I am a researcher interested in demystifying discursive assessment practices and genres. Second, my identity as a researcher trained in the west may impede member-checking if it was done in a traditional way, where I simply ask them if they agree or not with my interpretations. GCCC hold high respect for western knowledge, particularly if obtained from perceivably prestigious institutions. Thus, caution was taken to avoid being a 'sovereign authority' who has 'privileged access to truth' (Jørgensen and Phillips, 2002, p.198).

Chapter summary

This chapter outlined TALK-TIES, the framework I developed to analyse talk at CCMs. Drawing on the theoretical underpinnings of three theories, I provided a detailed explanation of each analytic tool I deployed, and how I adapted it to fit the objectives of my study. The second part described the sampling technique I used and the rationale for its propriety, especially in comparison with sampling techniques common to CDA and ethnomethodology. The chapter then proceeded with an outline of the transcribing and translation phase, the challenges it posed, and some of the decisions I had to take accordingly. I concluded with quality indicators that are specific to discourse-oriented studies, and highlighted the thoughts, reflections, and concerns associated with each.

The next three chapters present the findings of my study, depicted in three discursive narratives. Chapter 7 addresses the 'objects of talk', by which I mean the knowledge of assessment and evaluation in special education as understood and shared between members of the team, and the figured world of disability manifested in talk. The *Relevant thing about us* is the narrative from which these figured worlds are disclosed in the stories of Amna, Fadia, Hala, and Shadia. Chapter 8 reveals the 'goals of talk', and especially how they are jointly achieved by members of the multidisciplinary team. The *Much Ado About* *everything* narrative captures these interdiscursive relations and dynamics of interaction. Chapter 9 discloses the ‘outcomes of talk’, which are a product of the preceding two chapters. The material and relational consequences of talk are mirrored in the *Not so great expectations* narrative.

Chapter 7: The Relevant thing about us

This chapter narrates four stories that meetings tell. I constructed each narrative after repeated listening to, and simultaneous reading of, the transcripts of conference meetings. The 'stories meetings tell' cut across all three sub-questions, but focus more on the first. As a reminder, my first question reads:

What knowledge domains, perspectives, and understandings of disability do practitioners bring to - and share at - conference-meetings?

The knowledge I am interested in explicating relates to the assessment and evaluation of girls identified with a disability in one school in an Arabian-Gulf country. The analytic tools I drew on to demystify practices of assessment are *interdiscursivity* and sociocultural analysis of discourse and identity production. The title of each story depicts that which practitioners perceive to be 'the most relevant thing' about the girls. The chapter begins with the story of Amna, and then moves to Fadia, Hala, and Shadia. [9]

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[9] I moved the story of Bedour to Chapter 8 to act as a representative example of how moves and speech functions unfold in a conference meeting to enact relationships, co-construct identities and achieve goals.

Much Ado About my autism: Amna's story

Amna is a 15-year old girl who was diagnosed with autism when she was three. She is one of very few girls whose parents came to school knowing and stating their daughter's diagnosis. Practitioners at the conference-meeting seemed to orient to a medical model in perceiving Amna's identity as a girl with autism, describing it as an illness {مرض}that Amna suffers from {تعاني منه}. This 'autism' category held a key position throughout the conference-meeting; it was the content of talk, an object of the joint discursive activity, and the tool to reason with and to interpret almost everything about Amna, including her strong traits. Thus, when Amna speaks in a funny 'cartoon-like voice', it is *"because echolalia is typical of individuals diagnosed with classic autism"* [senior admin, turn 445a], and if she puts together a difficult puzzle in no time, it is because *"autistic people are strangely abled in this sense"* [SENCO, turn 326a] and so on.

Amna's conference meeting was unusually lengthy compared to the other four meetings; it lasted for more than two hours, which were split into two days. From the very first turn, the SENCO stated that Amna's bad behaviour {سلوكها السيء} was behind the delay in completing her evaluation. The introduction of the SENCO in Excerpt 7.1 below and the comments of practitioners throughout the CCM, instantiated that discursive assessment practices are restrained by the need to gather more information.

Excerpt 7.1: Evaluation as gathering more information

1a	*SENCO*	*We are meeting today to discuss Amna Rashid. Amna has been with us for a month now, it's been a month already, right? We were supposed to complete her evaluation within two weeks but we had to extend it a little because she exhibited so many bad behaviours and was in need for behavioural modification. She*

		was always showing something different. Amna exhibits a new behaviour every day. So, we extended the evaluation period a little longer and thanks go to the teachers for being so cooperative in accommodating Amna's case. Of course, each of you has given me a report of Amna, what she sees and what were the tools she used for the assessment. May you start Miss Ola?
2a	*SPLT*	*Okay, no problem but==*
3a	*SENCO*	*Go ahead, please*
4a	*SPLT*	*But it is supposed to be the social-worker*
5a	*SENCO*	*The social worker is absent so now*
6a	*SPLT*	*You can read her report to us*
7a	*SENCO*	*Alright, no problem. With regard to the social worker's evaluation umm Amna, well her full name is Amna Ali Rashid, she is 15-years-old, her diagnosis is Autism // her socio-economic class is good. Her father is a business man and a university graduate. Her mother completed secondary school, she does not work and she is a homemaker. // Amna has a private tutor who comes to her place and has been with her for the past seven years // Amna has a good relationship with her family. They say that she does not exhibit bad behaviour at home and that they have control over her behaviour, especially with the help of the private tutor who also teaches her different subjects. And according to the teacher, well, she works with her one-to-one and she is doing really good. She is also in control of Amna's behaviour*

8a	*SPLT*	*Well, her tutor is a specialist in Autism actually, or has studied to become a teacher for children with autism*

The school's philosophy to assessment is reflected in the words of the SENCO as she introduced Amna to her team; a behavioural approach is at the heart of gathering, and later reporting information to colleagues. Since Amna *"exhibits a new behaviour everyday"* [1a], it was important to suspend the conference-meeting to gather 'more' facts, and to control or modify her behaviour so that she can perform the tasks required to complete assessment. After thanking her team for being cooperative in accommodating Amna despite her problem behaviours, the SENCO gave the floor to the speech-therapist (SPLT) since the social-worker (SW), who often speaks first, was absent that day. Keen to know everything about the girls and their family background, the speech-therapist asked the SENCO to read the report on behalf of the social-worker [2a-6a]. The SENCO prefaced her report by stating its source, highlighting as she did the professional identity of the person who wrote it. Addressing, and often calling, the speaker by her profession rather than her name is something that the SENCO does very often at CCMs because, for the majority of Arabs, 'who said what' is a key to credibility, and on many occasions, it is considered more important than the content or essence of the message itself (Tomlinson et al., 2012).

Having read the report prepared by the absent social-worker, the SENCO revisited Amna's behavioural problems. Despite highlighting the difference between the observations they had as a team, and the way Amna acts and interacts outside the school (that is, how both her family and her private tutor face no challenges at home), the SENCO did not inquire the possible reasons for the observed difference. To justify the noticed difference, however, the speech-therapist emphasised the expertise of the private tutor, being someone who is more knowledgeable about autism given her qualification and preparation, *"has studied to become a teacher for children with autism"* [8a].

In discursive terms, such justification is a kind of role distancing, where the zones of expertise are highlighted to deal with uncertainty or confusion (see Sarangi and Clarke, 2002). Moreover, by emphasising the credentials of the tutor, the speech-therapist implicitly suggested that 'autism' is the sole reason for Amna's behavioural problems, that only a specialised teacher can control or modify them. Both role distancing and emphasis of the credentials of Amna's tutor reflect a 'general' rather than an 'individual difference' position (Norwich and Lewis, 2007).

Describing Amna's so-called bad behaviour was prolonged, perhaps to emphasise its severity, and to justify the need for one-to-one sessions, which members of the team repeated more than ten times throughout the CCM. After that, the SENCO allocated turns to the psychologist, who started her report by giving every single score Amna obtained in the Vinland Adaptive Behavioural Scale (VABS), perhaps to emphasise again the extent and severity of her behavioural problems. In response to the detailed report of Amna's problem behaviours, remaining members of the team narrated similar examples and incidents. Here as well, events were boxed as outcomes of Amna's autism, and thus, neither their cause, nor the conditions triggering them seemed necessary to discuss, reflect on, or negotiate. Instead, members of the team discussed the different approaches they have taken to 'control' Amna's behaviour, as illustrated in Excerpt 7.2 below.

Excerpt 7.2: Distraction as the solution

175a	*SENT*	*Like on so many occasions, well it is impossible to punish her every time she / sometimes I just threaten to punish her*
176a	*SENCO*	*No, but you should be strict about it, that's it, a punishment is a punishment*

177a	*SPLT*	*Okay, but does she, these are the symptoms of / umm well the symptoms of autism, the screaming and the head shaking. So, shall we threaten to punish her every time she screams when we know it/ well we know that is within her symptoms and it is not in her control to stop any of these*
178a	*LSA*	*That's it, we –*
179a	*SENCO*	*No, not a punishment, we could control this, not that we would –*
180a	*SPLT*	*By ignoring it?*
181a	*SENCO*	*No, not by ignoring it*
182a	*PSY*	*If you ignore it she will _*
183a	*SPLT*	*Well, I actually ignore her by saying something like Amna, respond to this, and participate in that, do this or do that. When she is in the classroom with her classmates, I let her move from one activity to the other*
184a	*PSY*	*Umm*
185a	*SENCO*	*Exactly, that is it, because we want to _*
186a	*SPLT*	*Because it is true, if you tell her "I am going to punish you", you won't punish her every time because she is going to do it anyways she is going to do it and do it and do it*

187a	*SENCO*	*No, we won't punish her for these things like screaming, or symptoms related to autism*
188a	*SPLT*	*Oh, you meant_*
189a	*SENCO*	*For autism symptoms, how would we control them, by engaging her in other activities and keeping her occupied all the time*

Having narrated the incidents, she encountered with Amna, the Special Needs teacher (SENT) discussed the challenges she has faced in trying to control her behaviour in the classroom. Since nearly all behaviours were attributed to 'autism', it is not possible, according to the teacher, to punish her every time she acts inappropriately, so, sometimes, her teacher only threatens to punish her. The SENCO considered such an approach to be inconsistent and told the teacher "a punishment is a punishment" [176a]. At this point, the speech-therapist raised her concerns regarding the very notion of punishment, because, according to her, it does not make sense to punish Amna for 'being', for 'acting', or for 'behaving' in a manner that is expected from individuals identified with autism [177a and 186a]. As a result, the SENCO reconsidered the word 'punishment' and changed it to 'control', suggesting that the best way to control Amna's behaviour is to give her, or rather distract her with, more activities. According to the SENCO, these activities would keep her occupied and would put a stop, at least temporarily, to her autistic-like behaviours.

In sustaining her turn for an extended period of time, the psychologist reported more behaviours and elaborated with examples. A senior member noted that the sexual behaviours she was describing are not written in the report handed to administration and asked why it was missing, perhaps implicitly suggesting the sensitivity of the topic, especially that a copy will be sent to the mother. The emphasis given to documenting behaviour for administrative purposes, in both

Amna’s and the remaining conference-meetings, overrode discussing the causes and contingencies of their presence (Excerpt 7.3 below).

Excerpt 7.3: Reporting the behaviour but hardly discussing it

212a	*Senior Admin*	*If you allow me, Miss Rana, you did not include it* [a list of sexual behaviours] *in the report because it was going to be sent to the mother, or because/ well why did not you include it?*
213a	*PSY*	*No, this was in the report I initially prepared, these behaviours were only recently exposed*
214a	*SENCO*	*They began to show after she submitted her initial report*
215a	*Senior Admin*	*So, are you adding it to the report now?*
216a	*PSY*	*Well, I wrote it after completing my observations, but now, these days I mean/ well, in the beginning, I was not entirely sure, and whenever I bring up the topic, everyone says no it’s not true, not true, not true. So, I thought maybe I should wait and see before I arrive at a false conclusion*
217a	*SENCO*	*Well this report was written only two weeks after she started*
218a	*PSY*	*Exactly, we wrote it in two weeks*
219a	*SENCO*	*The evaluation period/ two weeks is too short but we can’t do anything about it, we are bound to the school system and have obligations with the parents*

220a	*Senior Admin*	*Aha*
221a	*SENCO*	*They want to know whether we would accept her or not*
222a	*Senior Admin*	*Umm okay*
223a	*SPLT*	*It could be added, it could be added*
224a	*SENCO*	*Will add it will add it*
225a	*PSY*	*Okay, I will add it. I already added it to my report, but I did not send it to you yet*
226a	*SENCO*	*Okay, send it please so I could add it to her file*

Excerpt 7.3 mirrors the *'much ado about everything'* approach to discursive practices of assessment which I will present in the next chapter. The importance of reporting and documenting every single behaviour a girl exhibits was strongly emphasised in the exchange above. After describing some inappropriate sexual behaviours from preceding turns, a conversation as to whether they should have been documented, or not, dominated talk; hardly any discussion took place regarding, for example, the typical or atypical development of sexual behaviours for individuals with autism during puberty. Instead, the SENCO spent some time defending the psychologist for not having reported those behaviours and passed a few comments regarding the limited period that senior administrators permit to complete assessment and write reports [217a-221a]. A few confirmations then followed, which repeated the importance of completing rather than discussing girls' profiles. Indeed, as other members of the team took turns, they reflected - through their narratives - a mind-set which suggests evaluation to be no more than passing more information. Notice, for instance, the following two statements:

".... It seems like this evaluation we are discussing is an initial one, and every now and then, we will come back to add something new" (Speech-therapist, turn 555a).

"Okay, but generally speaking, I will not be following this report. It was only an initial observation; we know so much more about Amna that what was written in the first report" (Special-Needs Teacher, turn, 818a).

In face of all the incidents they have encountered with Amna and shared with one another, and the repeated reference to her *bad* and *disruptive* behaviour, it is no surprise that a few members of the team suggest medication as the solution to Amna's behavioural problems (Excerpt 7.4 below).

Excerpt 7.4: Medication is the solution

234a	*PSY*	*I also asked for a medical report from a psychiatrist, because Amna is severely distracted when she comes to my session, and I cannot control her behaviour sometimes. That's okay really but I want her to be a little calmer when she comes to my sessions*
235a	*SENCO*	*Umm umm*
236a	*PSY*	*So, when we start working together, she is calm enough to respond to learning*
237a	*SENCO*	*Aha umm*
238a	*PSY*	*Instead, she stands, hits and bites and does this and does that, and she also throws stuff, slaps the door, and screams, like for example, the last of these incidents took place at the toilet*

239a	*SENCO*	*Aha*
240a	*PSY*	*When she got to the toilet she started slapping the door and screaming*
241a	*SENCO*	*Yes. I did hear her voice*
242a	*PSY*	*Yes*
243a	*SENCO*	*Actually, based on your recommendations, I spoke with the mother and she told me that she had set an appointment with a psychiatrist this coming Wednesday*
244a	*PSY*	*Umm*
245a	*SENCO*	*And she told me that after the appointment, she would give us a medical report as to whether she would need a medication or not. I told her that we recommend Amna to take medication, some sort of an inhibitor, not a strong medication, but just so she comes to school calm enough and receptive to our teaching*
246a	*SPLT*	*Reduces distraction and increases focus and attention*
247a	*SENCO*	*Exactly*
248a	*PSY*	*Because she is really distracted*
249a	*SENCO*	*Very much distracted, yes.*

Since autism is perceived as an *illness* that Amna *suffers from*, then, it is not surprising that practitioners would orient to a medical model of intervention, not necessarily to 'cure' autism but to reduce some of its associated symptoms. Without mentioning the need for a stimulant drug explicitly, the school's psychologist suggested the need for one, because Amna is distracted, inattentive and hyperactive, all of which is hindering her response to learning, and to completing the tasks for her evaluation [234a-237a]. To support her implicit suggestions, the psychologist (PSY) elaborated with vivid examples of her screaming, slapping, hitting, biting, and throwing things around [238a-240a]. As a result, the SENCO confirmed taking her concerns into account and contacted Amna's mother to make sure that the referral to a psychiatric unit or clinic is in action. Despite the mother's need for a clinical recommendation, the SENCO expressed her wishes explicitly, having told the mother that the school recommends medication, not with a strong drug *"but just so she comes to school calm enough and receptive to our teaching*" [234a-245a]. It was only then that the psychologist expressed her alignment with medication, [248a]. This need to control Amna's behaviour was repeatedly mentioned by practitioners during the conference-meeting:

"And I can see it more clearly now, she is distracting the girls, distracting me and wasting so much of my classroom time…. but she is much better one-to-one." (Special-Needs teacher, 169-171a).

"So now, when we teach her one-to-one, we would be in a better position to control her behaviour, and those activities [worksheets] should always be handy, so, if Amna starts misbehaving, immediately engage her with one activity after the other, one activity after the other" (SENCO, turn 338a).

"But how can I control her behaviour when in the classroom and I have other students around? Umm, as for me, I will consult the behavioural department first, and try, see,

invent activities to preoccupy her whenever I feel that her behaviour will begin to surface." (Speech-therapist, 748a).

Notably, neither of the statements expressed above described what is triggering Amna's behaviour or causing her to act in a certain way; matters were referred to generally as learning, activities or teaching, without any specification of the content or pedagogical approaches. It was only when the Vocational Learning Teacher (VLT) joined the meeting, forty minutes after it started, that a challenge was presented, questioning as she did the very nature of Amna's behaviour, as Excerpts 7.5 and 7.6 below show.

Excerpt 7.5: Challenging the discursive actions

723a	*VLT*	*My question really, do you want to give her a lot of work so she stays silent around the group? Isn't the idea to develop her social and communication skills, whether verbally, her body language or in any way? The idea is not to give her loads of work so she stays silent and occupied, I do not know but I do not think so.*
724a	*SENCO*	*Well this is what I have been saying*
725a	*VLT*	*The idea is, even if you want to place her with a certain group, do you have a criterion for that group? ==*
726a	*SPLT*	*a small group ==*
727a	*VLT*	*how would it look like? I mean those like Amna should start with a smaller group first*
728a	*SENCO*	*EXACTLY*

729a	*VLT*	*A very small group for ten minutes or so, and with no more than two other girls* [rather than an entire classroom].

Excerpt 7.6: Explaining rather than blaming

758a	*VLT*	*But the best thing for her, as one has noticed / if we place her with a large group she wouldn't be able to cope==*
759a	*SENCO*	*Exactly*
760a	*VLT*	*None of the group rules or dynamics apply to her*
761a	*SENCO*	*Exactly*
762a	*VLT*	*What would happen is, well she will get anxious and will start to show all of her stereotypical behaviours*
763a	*SENCO*	*Exactly Exactly, THIS IS WHAT HAPPENED*
764a	*VLT*	*She will become so distressed and will start to shout and scream==*
765a	*SENCO*	*All the acts and behaviours_*
766a	*VLT*	*All these behaviours, why? because she is sitting in a middle of noise and cannot understand what is happening around her*
767a	*SENCO*	*And for her this is_*
768a	*VLT*	*Okay, what do you think if we_*

769a	*SENCO*	*A trigger for the behaviours that we don't like to see* [completing thought in line 767a].

Since members of the team focused their discussion on Amna's behavioural problems and emphasised the need to control her behaviour by keeping her busy, putting her on medication, or teaching her in one-to-one sessions, the VLT was able to capture all that went on in the first 40 minutes she missed, and rightfully expressed her reservations in Excerpt 7.5 Remarkably, the SENCO, who was the one to suggest preparing worksheets to keep Amna occupied, altered her words to agree, saying *"well this is what I have been saying"* [Excerpt 7.5, turn 725a]. The conversation in both excerpts was an elaboration on the type of group or the placement that is better for Amna and *"those like Amna"* [727a]. The conversation that took place is one of rare occasions when reasoning did not place the blame on the student (Mehan, 2001); the behaviours Amna exhibits, her teacher claims, are a result of the classroom structure and routine, causing much anxiety and triggering stereotypical behaviours [Excerpt 7.6, 760a-766a]. Although the SENCO agreed with her, she still concluded by emphasising the behaviours that they, as a team, do not like to see Amna doing.

The next part of Amna's conference-meeting took place a week later. The conference-meeting was 49 minutes long, and although all members attended, it was dominated by the psychologist and the SENCO. The purpose was to share the outcomes Amna obtained in different assessment batteries conducted by the psychologist during the week, including the Childhood Autism Rating Scale (CARS) and the Binet Intelligent Scale. In the same way behaviours were attributed to Amna's autism, numbers or scores she obtained spoke for themselves; there was 'much ado about passing scores' and so little about interpreting their meaning. I discuss the material and relational consequences of assessment in section 9.1, Chapter 9. I now move to the story that Fadia's conference-meeting tells.

My Maximum Potential as a Down: Fadia's story

Fadia is a 16-year old girl. Her family moved from a neighbouring country to the Gulf-region to work and earn a living. According to the Speech-therapist, when Fadia's mother first came to school, she was trying to hide her daughter's disability (Excerpt 7.7 below):

Excerpt 7.7: Pretending to be normal

> *I actually felt that the mother is always comparing her with children close to her age, the normal ones {العاديين} and this is depressing her, and I think it is affecting the girl as well. I mean, even when she came for the first time, if you remember, when she came for the speech and language evaluation, she presented her daughter/ well she said "my daughter is absolutely normal, she does not have any problem, just speech problems". When I took her to my room on the first floor to assess her, I knew this is not true of course, that she is actually // umm when we confronted the mother, she admitted that she is not umm // so she kept telling me that her cousin speaks fluently and that every time she sees him and sees her she / I felt that she keeps comparing her with this boy, and she lets her daughter feel like she should speak just as fluently, "why isn't she as fluent", so this depresses her, and I think it affects the girl* (Speech-therapist, turn, 178f).

The discursive construction of (ab)normality was most notable in Fadia's conference-meeting. In Excerpt 7.7, the Speech-therapist narrated events that took place when Fadia's mother visited the school for the first time. The Speech-therapist was the first person to speak with her because Fadia's initial referral was for speech and language services only, and not for full-time admission at the school. In reaction to the confusion and uncertainty regarding Fadia's diagnosis (or the disability category to which she belongs), the Speech-therapist drew attention to the emotions of the mother towards her daughter's disability, and how she presented Fadia as 'absolutely normal'. Remarkably, however, although the Speech-therapist disagrees, *"I knew this is not true"*, she was hesitant to give an explicit statement or to name Fadia's disability; the Speech-therapist interrupted herself on two occasions: *"she is actually umm //", and "she admitted that she is not umm //"*, and then continued her report, stressing both the mother's denial and her frustration with her daughter's condition. In fact, throughout the conference-meeting, the construction of Fadia's identity was always associated with narratives from her 'absent' mother, especially with regards to her feminine identity. Fadia's feminine identity; the reference to her looks and beauty was foregrounded in talk, especially since it masked the otherwise identifiable features of Down Syndrome.[10]

It is noteworthy to highlight that Fadia's identity as, or diagnosis with, Down Syndrome was only conveyed during talk at the conference-meeting; copies of documents and medical reports in her file did not include this information, and the only reported diagnosis in Fadia's case portfolio is a Atrioventricular Septal Defect. Thus, after a lengthy report from the social-worker, who passed on every single detail she had elicited from the mother, the SENCO demanded from members of her team to confirm Fadia's disability type or diagnosis (see Excerpt 7.8 below).

Excerpt 7.8: Seeking an official classification of Fadia's disability

40f	*SENCO*	*Okay who umm who found out what is her disability or diagnosis?*

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[10] Of course, as an Arab researcher, I am cautious that references to looks and beauty is not necessarily linked to feminine ideologies in other parts of the world. Thus, subsequent references to 'feminine identity' in this thesis is restricted to conceptualisations in Gulf societies.

41f	*ADLT*	*I _*
42f	*SENCO*	*Other than the umm the Atrioventricular Septal Defect*
43f	*ADLT*	*I have written Down Syndrome here [making reference to her own report] but there is not any report to confirm that she is Down Syndrome so I have asked, well in my recommendations I wrote that she should have a blood test that confirms she is a Down Syndrome.*
44f	*SENCO*	*Who has assessed her for disability? No one?*
45f	*SENT*	*A delay*
46f	*SPLT*	*She has a delay*
47f	*Group*	[A number of practitioners overlapped as they repeated the word delay to agree with the SENT].
48f	*SENCO*	*And you did not ask the mother either?*
49f	*PSY*	*No, I_*
50f	*SENT*	*I asked the mother to bring all the medical reports she got and she promised to bring them along in her next visit to her hometown* [naming the country of origin].
51f	*SENCO*	*Okay*
52f	*SENT*	*We've got copies of the reports she currently holds*

53f	*ADLT*	*I say she is a Down*
54f	*SENT*	*But they do not say _*
55f	*SENCO*	*Your turn Miss {يالله يا أستاذه}* [the SENCO closed the move by allocating turn to the second speaker].

Despite a prolonged introduction to Fadia, the SENCO was dissatisfied, because the social-worker left out what seemed to be ‘the most relevant thing about her’, that is to specify her disability or the SEN category to which she belongs. In reference to an earlier discussion they had regarding the difference between an illness and disability, the SENCO reminded the team that she is not asking here, about Fadia’s heart condition [42f]. The team provided two responses, the ADLT suggested that Fadia has Down Syndrome, and the remaining practitioners agreed with her teacher who said she has a delay. The SENCO seemed to have disregarded all these responses, and kept repeating her question [44f and 48f]. In fact, in both Fadia’s and Hala’s conference-meetings, the SENCO disregarded accounts that were not backed up with evidence, such as a medical report, which both the ADLT and SENT declared were missing [43f-54f]. As a result, the SENCO closed the move and allocated turns to the second speaker.

Placing value on medical information, the psychologist expanded on Fadia’s heart condition, adding the ‘extra’ information she elicited from the mother, including the doctor’s confirmation of Fadia’s developmental delay, and how the hole in her heart resulted in a mix between her oxygenated and deoxygenated blood. The psychologist then moved to a different topic, describing Fadia’s behaviour during the assessment session, which marked the beginning of an extensive discussion - and then construal - of her ‘feminine’ identity (Excerpt 7.9 below):

Excerpt 7.9: Girlhood as a defence mechanism

> *"… Umm her behaviour during the test, well she was obedient, calm and cooperative but very easily distracted and umm maybe the thing that captured our attention most, and perhaps others in the behavioural unit noticed it as well, she uses defence mechanisms. If she feels something is really difficult, she would play with her hair and say things, well, like change the subject or move around and so, but she is obedient and calm, and did not refuse to complete any of the tasks, only this thing about her ability to escape from difficult situations."* (Psychologist, turn 64f).

According to the psychologist and her colleagues from the behavioural department, the most prominent thing about Fadia is her ability to use defence mechanisms when facing difficult tasks. The mechanisms Fadia deploys foregrounded a strong sense of her gender identity, that is, playing with her hair and saying things like "I am very pretty, look at me", some of which will be disclosed in Excerpt 7.10. Outstandingly, this gender identity or touch with her feminine side was perceived as both a withdrawal mechanism and a strength, depending on the content or situation. For example, Fadia seems to show more confidence in social or informal situations, but once confronted with a cognitively demanding task or a literacy content, she becomes doubtful and hesitant, thus drawing other people's attention to her beauty and looks (Excerpt 7.10 below):

Excerpt 7.10: Who is right about what?

134f PSY	*And once she completes a task and feels that there is something wrong, or notices a mistake for example, she starts saying, "I am a beautiful girl, I am very pretty, look at me".*
135f SPLT	*Then I do not think that _*

136f	*PSY*	*She has a VERY STRONG sense of her girlhood, but she also knows her limitations* {عندها إحساس بأنوثتها بس عندها إحساس بمقدراتها كمان انها أقل}
137f	*SPLT*	*She has low self-confidence, does not she?*
138f	*BT*	*YESSSS*
139f	*SW*	*On the contrary, her mother says she is very self-confident and bold really*
140f	*SENCO*	*Okay but this is what her mother thinks but here ==*
141f	*BT*	*But what we can see is==*
142f	*SENCO*	*The practitioners' observations are _*
143f	*SW*	*No but because she told me so, and she also asked me to write it down as a note, that my daughter is bold and has a strong will*
144f	*SENCO*	*Alright. But it's the mother's observation*
145f	*SW*	*And that's the specialist observation*
146f	*ADLT*	*It may be _*
147f	*SENCO*	*When there is difference, this means there is a problem here _*

148f ADLT	*The mother's observations are based on the stuff that she taught her to do. The girl is very confident when it comes to things like / well one thing we understood from her mother, she would ask her to prepare breakfast and she would do so. I asked her "do you check if she is doing the right thing", and she said "No, I do not need to. I am confident she can do it"*

The psychologist's observations of Fadia's defence mechanisms, especially when confronted with difficult tasks, caught the attention of the speech-therapist, who believes that Fadia has low self-confidence, and demanded a confirmation of her judgement or observation [134f-137f]. The behavioural-therapist (BT) voiced her agreement quite strongly [138f], and the social-worker objected, albeit based on accounts she elicited from Fadia's mother rather than these being her own views. Here, the SENCO induced a discussion of 'who is right: the mother or the psychologist?' but her tone seemed to suggest that she is in favour of the psychologist's view, saying things like *"Okay but this is what her mother thinks"*, *"alright but this is the mother's observation"* [140f-145f]. When the SENCO highlighted that opposing opinions are cause for concern [147f], the ADLT explained the mother's side; the mother must be confident of her daughter's ability to perform tasks that she taught her herself [146f-148f].

In interpreting the differences, the ADLT suggests, perhaps implicitly, that the opposing views stem from confusing two constructs rather than disagreeing on the same; Fadia's reference to her beauty or feminine side is part of the 'self-esteem' construct, whereas doubts on her ability to complete academic-related task is part of the 'self-efficacy' construct (Rayner, 2001). Despite expressing her low-expectations *"and I asked her, do you check if she is doing the right thing, and she said no, I do not need to. I am confident she can do it"* [152f], the ADLT continued her report on Fadia's competence to perform daily-living tasks, which led the psychologist to state *"Yes, but there is something important to remember here, well we are in an educational environment"* [PSY, turn,152f]. In stating these words, the psychologist brought the team's attention back to Fadia's limited cognitive functions, and asked the behavioural-therapist to elaborate. The SENCO gave her permission: "*Okay, let us see hear from the behavioural therapist*" addressing, again, her professional identity to stress the importance of professional credentials as opposed to personal opinions and reflections (Excerpt 7.11 below).

Excerpt 7.11: Fadia's feminine identity as a strength and defence mechanism

> *The way disability affected Fadia, well it affected her mental functions in obvious ways, and this is clear, especially her inability to communicate with others in an appropriate way, that is compared to girls of her age because of the speech problems she got. She also has problems understanding and processing information, which is why she did not start her learning journey yet ... Umm Fadia's areas of strength, umm Fadia appreciates her selfhood as a girl and draws attention to her beauty, SHE IS EXCELLENT in presenting her feminine identity, and she knows herself very well and the way she dresses and stuff, and "I am pretty, I am so and so", but when it comes to learning tasks no, she is not confident. She becomes shy and she withdrew, and she keeps asking "Is this right, is this right", and if she does not know the answer, she would say "I am a pretty girl" and stuff like these* (Behavioural-therapist, turn 164f).

In her designated turn, the behavioural-therapist did not add new accounts or statements. Instead, she summarised the accounts of colleagues who preceded her, especially those of the psychologist and ADLT. She emphasised Fadia's confidence when speaking about clothing and self-care, describing them as areas of strength *"she is excellent in presenting her feminine identity",* and then highlighted how such confidence disappears once she is confronted with a learning task. Here, the same areas of strength became the defence mechanisms Fadia uses to escape or withdraw.

A further aspect to consider in Excerpt 7.5 is the notion of a ‘learning task’ and ‘mental functions’, which affected Fadia’s ability to understand, to communicate, to process information, or start her learning journey altogether. The behavioural-therapist prefaced her account with an entry from a report template, which asks practitioners to describe ‘the way disability affected the case’. Disability, here, is not only assumed to exist, but is also embraced in a general sense; it is a given that all girls have a disability, and the task of the person completing the report is merely to describe or to list the affected areas of learning and development, and so on.

Like ‘disability’, concepts such as learning, mental abilities, and educational environment are referred to generally and are not attached to specific activities or learning situations. General referencing to these concepts, I believe, has limited the space to construe alternative identities. In other words, by accepting disability as given, and describing learning, education and mental functions in general and decontextualised terms, the identities construed for girls are placed in binaries (for example, *severe versus mild* or *trainable versus educable*) even if evidence from the dynamic interactions practitioners experienced with girls suggests otherwise (Excerpt 7.12 below):

Excerpt 7.12: My potential as a Down

214f	*ADLT*	*... Umm as for me, my recommendations, the most important thing really is the chromosome blood test to confirm that she is Down Syndrome. It won’t help much though because the girl has grown up now, she has received training and has developed good skills*
215f	*BT*	*Yes*
216f	*ADLT*	*Just so that we know, when working with her, who are we dealing with really*

217f	*PSY*	*Her maximum ability from the start*
218f	*ADL*	*Her maximum potential as a Down*
219f	*PSY*	*As Down, yes.*

The exchange above took place near the end of Fadia's conference-meeting. Practitioners are expected to list a few recommendations for intervention, each within her own domain of expertise. After a lengthy list of recommendations related to activities of daily-living, the ADLT gave two contradictory statements. She first states that a chromosomal test to confirm Down Syndrome is *"the most important thing really"*, and then she mentioned that it may no longer be of use or relevance given Fadia's age and improved skills in many areas of development. For her, such confirmation or need for an 'institutional' identity is essential for shaping the relationship they are likely to have with her [214f-216f]. Both the behavioural-therapist and psychologist agree with this recommendation, and the psychologist further adds that such identification allows one to determine – from the start – the girl's maximum potential. The ADLT affirmed by repeating the psychologist's statement and adding the 'Down Syndrome' category to emphasise. It seems that members of the team are making this Down Syndrome identity 'the relevant thing about her' (Edwards, 1998, p.15) which, for them, is above and beyond any strengths she may have manifested.

Excerpt 7.12 reflects, rather strongly, the discursive formation of complex and dependent identities. As Gee (2014b) stressed in his examples of discourses in classrooms, the special needs teacher needs special needs students. Within such dynamics, the category of SEN, and the knowledge underpinning it mediated both the relationship and what to expect from it. In fact, this special knowledge about a specific group (for example, Down Syndrome) is not only standing as a 'strong' filter (Norwich and Lewis, 2007) but as a sole determiner of the entire discursive activity. In uncertain circumstances, however, where little is known about the category or diagnosis, the space was open to configure an alternative identity. The narrative from Hala's conference meeting is an example of identity that surpasses so-called natural (that is, disabled) and institutional configurations of disability.

Am I Disabled, Gifted or Both? Hala's story

Hala celebrated her 16-year old birthday a month before her conference-meeting took place. Like other CCMs, the conversation that took place was highly structured, particularly exhibited by the SENCO rushing the meeting to finish, allocating turns to the next speaker once she decides that enough has been said, keeping questions or demands for explanation to the minimum, and initiating more than half of the questions (findings concerning these interpersonal relations will be presented in Chapter 8 of this dissertation). Despite sharing these communicative features with other conference-meetings, however, the conversation at Hala's conference-meeting stood out, depicting as it did two identities for Hala. One of these identities is typical of the *'Not So Great Expectations'* held by practitioners - and society at large - towards girls with disabilities, and the other tells a story of a girl who has challenged her disability.

Following the fixed institutional order of events, the conference-meeting started with the social-worker, who sustained her first move for 10 minutes to pass on information she elicited from Hala's mother regarding the family's history, their economic status, parents level of education, etc. From there, the social-worker moved to the history of diagnosis, which invited questions regarding the nature of Hala's disability (Excerpt 7.13 below):

Excerpt 7.13: Seeking a formal diagnosis and medical evidence

5h	*SW*	*... umm of course the mother said that when she gave birth to Hala, she was shocked during the first few days, especially that they had to keep her in an incubator / after that, when she started to accept her {تتقبلها صارت} / well I mean when she _*

6h	*SENCO*	*May I know what is the girl's diagnosis? Because of that shock and shock related stuff* {الصدمة وما الصدمة} *you've been talking about, what was her diagnosis?*
7h	*SW*	*Should I talk about her diagnostic history?*
8h	*SENCO*	*We must draw the connection. This should be the first thing really*
9h	*SW*	*Okay, her disability is, you mean I should mention it right now?*
10h	*SENCO*	*Yes, please*
11h	*SW*	*She has learning disabilities, hand and feet deformation, and a reduced number of vertebrae // Umm after that she accepted her, but she is firm with her and is always_*
12h	*SENCO*	*What is a reduced number of vertebrae?*
13h	*ADT*	*It is it isn't an alternation, it is a compression of the spinal cord down the neck, it is even written in the case description that the vertebrae are too close that it lacks flexibility. I umm I have seen cases similar to Hala's and they had a syndrome/ and they had a condition named Coren / umm Cornelia de Lange. It has a fixed set of symptoms, behavioural patterns, and associated learning difficulties that are available to read on the internet, this is Hala's syndrome but we do not have anything like a chromosome or a blood test that confirms it but from her physical appearance …*
14h	*SENCO*	*Okay, but what is written in her medical reports?*
15h	*ADLT*	*Nothing is written*

16h	*SENT*	*Only a few symptoms*
17h	*PSY*	*No, there is a medical report, which dates back to 1999 umm 1998. The girl was only nine months old. She was admitted to the hospital for a plastic surgery to correct the hand deformation/ but what is in the spinal cord is a congenital scoliosis. It is classified as such ah umm, it is recognised when an alteration to the right or the left is evident. There is also a rise in the shoulders and a deformation in the chest*
18h	*ADLT*	*But when you come to look at these symptoms together, you would find that they are all within the symptoms of the syndrome*

As repeatedly stressed, identifying the type of disability a girl has, or the category to which she belongs, is at the core of every conference-meeting. After a lengthy report of Hala's family background, the social-worker moved to the history and circumstances of Hala's birth [5h]. As she began describing the mother's reaction and shock, the SENCO interrupted her, demanding a specification of her disability classification, because, according to her, classification is a key in explaining why the mother was shocked, *"We must draw the connection. This should be the first thing really"* [6h-8h]. After listing the conditions that Hala is believed to have, she continued with her report, but was interrupted, again, by the SENCO, who did not understand what a 'reduced number of vertebrae' meant. The ADLT took the initiative, corrected the information, elaborated the content, and then mentioned the likely diagnosis of Hala, having encountered similar cases in the past. She also highlighted that it is possible to know about the symptoms of individuals diagnosed with Cornelia de Lange from the internet [11h-13h]. Yet, the SENCO sought a medical confirmation, and members of the team gave different responses, which show that the medical reports are outdated [14h-17h]. The ADLT re-stated her observations, affirming that Hala fits the characteristics of individuals identified with *Cornelia De Lange* [18h].

The social-worker then continued her report, including more information about Hala and her family, especially her brothers, both of whom are identified with a disability; the older brother is identified with a learning disability and the younger with autism. Reference was also made to the genetic inheritance of Hala's condition; the social-worker stated that Hala's maternal or paternal aunt has the same condition. The social-worker then concluded with information about the mother's health and behaviour during pregnancy. As she closed her report, the ADLT voiced a critical statement, which influenced the construal of her identity throughout the conference meeting (see turn 109h in Excerpt 7.14 below):

Excerpt 7.14: Distinguishing Hala's personal and institutional identity

99h	*SW*	*The place of delivery, was the Othman Hospital* [pseudonym], *the type of delivery was Vaginal, the kind of breastfeeding was normal in the first year and supplementary in the second. She was placed in an incubator for ten days because of her under-developed lungs, and for the limited infusion of oxygen during delivery. She was having cramps so_*
100h	*SENCO*	*What do you mean by a limited infusion of oxygen during delivery?*
101h	*LSA*	*Yes?* [sounded interested in asking the same question]
102h	*ADLT*	*A limited infusion of oxygen means that the mother had a late labour so the child was detached from her body physiologically but it was late so there was a limited oxygen*
103h	*SENCO*	[? Unintelligible due to low voice]

104h	*PSY*	*And she had already skipped three weeks anyways*
105h	*LSA*	*Umm umm*
106h	*SW*	*Yes, she gave birth in the first week of her ninth ==*
107h	*BT*	*The ninth==*
108h	*PSY*	*Three weeks earlier*
109h	*ADLT*	*All that they have been saying so far / all of these are symptoms of the syndrome. I mean, they are all part of the symptoms, and they have nothing to do with her as an individual*

I was both interested and perplexed when I listened to the statement put forward by the ADLT the first time, especially since, to the best of my knowledge, it is not a common practice at the school to separate a girl's 'disabled' identity from her individual self. However, after repeated listening to the audio-records, closed analysis of how events unfolded, as well as my informal discussion with members of the team at later stages of my study, I learned that Hala was perceived as a competent, independent and talented girl, whose trajectory portrays a person challenging her own disability. In what follows, I present two extracts that reflect, rather more explicitly, the two identities ascribed to Hala, one was given by the psychologist and the other by the Arts teacher (Excerpts 7.15 and 7.16):

Excerpt 7.15: Able against the odds

122h	*PSY*	*... the main thing here is, well if we come to talk about her advanced craftwork given her hand deformation ==*
123h	*LSA*	*Yes, Mashallah* [an Arabic term to express praise and remove evil eyes] ==

124h	*ADLT*	*Really advanced*
125h	*PSY*	*Acting like a person who has challenged herself in this regard ==*
126h	*LSA*	*And she never asks for help or assistance, either*
127h	*SENT*	*CHALLENGING THE DISABI.ITY* [echoing the psychologist in turn 125h].
128h	*PSY*	*Even with the surgery that she was supposed to have but did not / umm the hands and the feet so it did not//aside from it being a plastic surgery did not/ they could not alter it and the umm the doctor expected that he would later ==*
129h	*ADLT*	*Releasing releasing the fingers, cutting off the extra skin between fingers*
130h	*PSY*	*Yes, and they would add a plastic the one like that it was it was not/ but she was/ well when you come to see her writing something ==*
131h	*LSA*	*Aha umm umm*
132h	*PSY*	*Or watch her doing craft work IT STRIKES YOU*
133h	*ARTT*	*Even with the needle ==*
134h	*ADLT*	*She can do anything really*
135h	*ARTT*	*She can even thread the needles*
136h	*LSA*	*Mashallah*

Excerpt 7.16: The talented artist

> *"I won't say much today but the way disability affected the case, well, umm I wrote that/ umm from an arts' point of view, the disability did not affect the case at all. She is really talented and I cannot see any barriers, they all are points of strength. She completed all tasks required during the evaluation. Areas of need are only information-related, to know about the/ to have knowledge of the different uses of wood and textile and to be more acquainted with her classmates, that's all"* (Arts teacher, turn 247).

Excerpts 7.15 and 7.16 exemplify the distinction between an institutional identity and a discursive one (Gee, 2014b). After reporting the outcomes that Hala obtained in the Binet Intelligence Scale, and reflecting, with a surprising tone, that Hala performed *"like a normal person"* [112h], the psychologist described what seemed to have surprised her most that despite her hand deformation, Hala is very talented in craftwork and the arts. Such ability, she states, suggests that Hala is a person who challenged her own disability, and a few colleagues agreed and elaborated, stating that she never asks for help from others [122h-127h]. The psychologist wanted to emphasise her surprise, and so mentioned the plastic surgery that never happened, where the doctor was going to release the extra skin between her fingers. The surprising tone of the psychologist, and her amusement is typical of a general perception of disability, which suggests that once a girl is identified, everything about her is compromised. This general understanding is a result of absolute reliance on the outcomes of traditional and static methods of assessment, which in Hala's case, was coupled with an immediate perception of her physical characteristics as limiting (I will revisit this general understanding when I discuss the outcomes of talk in Chapter 9).

The discursive formation of 'a really talented girl' identity, on the other hand, was accomplished when a focus was directed to a specific situation; Hala's participation in the Arts workshop (Excerpt 7.16). For the Arts teacher, it does not matter what type of disability a girl has or its extent; as long as she can participate the work she produces speaks of her talents and abilities. I by no means wish to dismiss the medically-oriented knowledge that the psychologist and special educators possess, of course, but I wish to highlight here both the limits and possibilities of focusing on one dimension or goal, that is, objectifying disability and determining its extent or severity rather than focusing on specific situations that show girls' true abilities and potential. I now turn to the fourth and final narrative in this chapter, namely the story that Shadia's meeting tells.

The scattered facts about me: Shadia's story

Shadia was about to celebrate her 18-year old birthday when she joined the school for a comprehensive assessment of her needs, and for a possible placement in the vocational section of the school. The school did not have an appointed social-worker when Shadia's conference-meeting took place. It was the behavioural-therapist who had the initial meeting with Shadia's mother, using the interview schedule developed by the school to elicit information. The behavioural-therapist sustained her turn for nearly 30 minutes without being interrupted. Like the preceding three CCMs, the discussion started with a concern regarding Shadia's diagnosis, which remained unresolved until the very end. In fact, and based on my follow-up conversations with the team, Shadia continued to be perceived as a mystery; she went in and out of the school system several times, and could not secure the job that the school found for her due to behavioural and mental health problems reported by her employers. In her initial meeting with the behavioural-therapist, the mother said that they, herself and Shadia's father, have been striving for an accurate diagnosis for their daughter, especially since she completed her primary school years and was rejected from most local high-schools due to the lack of a special needs referral unit (Excerpt 7.17 below):

Excerpt 7.17: Uncertainty regarding Shadia’s diagnosis

‘*... Umm of course, there is not a specific diagnosis of Shadia’s condition* {حالتها}*and even the IQ test we have got; each gives us a different score. Umm Shadia takes an injection, and it was from the injections that [we] found out the name of her syndrome. Still, this cannot be taken as an appropriate diagnosis. // Umm they* [referring to Shadia’s family] *do not have genetic diseases, except for diabetics, which both her mother and paternal grandmother got. Her brothers have eczema, only the brothers. // Umm of course, Shadia went to school; well she did not go to a nursery or a preschool, because they were living in a rural area that did not have a preschool. Then, in grade one / in grade four she was beaten up by a teacher; she hit her head against a table. She was devastated, of course, and she refused to go to school. The mother went to investigate and to ask why her daughter was beaten up. They told her that she is not communicating with them, I guess they meant that she is not completing tasks at a level that is expected from a grade-four student. Her mother took her to the head office at the Ministry of Education, they did an IQ test for her and concluded that Shadia has a mild delay and would need to go to a referral unit in an inclusive school ...// Umm Shadia has avoidance behaviour, you may have seen how she pretends to be deaf, and how she acts as though she was absent-minded when you call her name suddenly, acting as though she had a panic. There are other anti-social behaviours according to the mother, the ones she completed in the Vinland Scale; she mocks others, she sometimes express unrealistic wishes and dreams, and she also shouts hateful prayers* (Behavioural-therapist, turn 6s).

Excerpt 7.17 is extracted from a prolonged 30-minute turn narrated by the behavioural-therapist. The behavioural-therapist passed on a list of facts about Shadia, which she elicited from the mother, and then reflected on a few facts, especially those related to her diagnosis. The behavioural-therapist noted the absence of an ‘official’ diagnosis and the multiple IQ scores which will not help in specifying the degree of Shadia’s disability. She then followed this with medical information about the injection that Shadia takes, which suggests the name of her syndrome, but did not, at this stage of the meeting, tell her colleagues that the injection was a growth hormone therapy for girls identified with Turner Syndrome. The behavioural-therapist concluded her report by describing some maladaptive externalising behaviour, which were assessed based on the optional part of the VABS. These externalising behaviours were merely listed; no causal connections or reasons were drawn, aside from attributing them, perhaps implicitly, to the traumatic incident she had experienced in grade four.

The SENCO closed this prolonged introduction by allocating turns to the psychologist. She started by describing Shadia's behaviour and announcing the separate scores she obtained in different domains of the Binet Intelligence Test. The psychologist confirmed a balance across the cognitive functions measured, except for short-term memory, which was significantly low, and attributed this to her low self-esteem, which Shadia herself confirmed, *"I cannot focus, I have poor memory, I cannot complete these tasks"* [12s]. From there, she moved to another subject, that is, a list of anti-social and maladaptive behaviours, confirming much of what the behavioural-therapist discussed and revisiting the family's concern regarding the absence of diagnosis. Excerpt 7.18 below is extracted from the psychologist's report:

Excerpt 7.18: More on the absence of a diagnosis

'... Shadia was subject to bullying, verbal abuse and sarcasm by her siblings and by members of her extended family, which must have made her aggressive towards them to protect herself. I mean, she felt she was different from others, and not like other girls in her family of the same age // the mother and father are related, they are first cousins, so this affected the mother and led to some family problems. The family is keen to know what is Shadia's diagnosis {تشخيص} other than specifying her IQ scores, which fall between 66 and 85, and the last diagnosis was 38 in a hospital here in the west side of the city. The mother is confused as to what is wrong with her daughter, "what could be her exact diagnosis?" // What's important for us now is the fact that Shadia is 18 years-old, and she feels that / she can sense that she is different, she feels that she is disabled, and her siblings are bullying her for going to a special school for the disabled. I mean, this has become/ lately they have been telling her "leave us alone, you go to a special school", so she became quite aggressive with her brothers at home ...' (Psychologist, turn 14s).

The psychologist in Excerpt 7.18 provided a rationale for Shadia's externalising behaviour, being subject to verbal abuse, bullying and sarcasm by her siblings and by her cousins. The psychologist continued by describing Shadia's self-image issues, and how she compares herself with girls in the family. No connection was drawn here between Shadia's self-image and the nature of her diagnosis, that is missing an X-chromosome, which masked the development of sexual organs. The absence of such a link is nevertheless expected, especially since no member of the team - except for the behavioural-therapist and physiotherapist - knew anything about Turner Syndrome. Also, in the only instance where Turner Syndrome was mentioned, the SENCO suspended questioning to the end of the conference-meeting (Excerpt 7.19 below):

Excerpt 7.19: Announcing Shadia's diagnosis

29s ARTT	*Just a minute if I may interrupt. Umm she refused to stand during assembly this morning and she kept saying I have rheumatism*

30s	*PT*	*She does not have rheumatism / we do not really know what she has. She came with the name of this injection, and it turned to be taken by girls who have Turner Syndrome, I mean we_*
31s	*SPLT*	*Yes, we heard about that*
32s	*ARTT*	*But I mean now when she says I want to sit down for example so she does not do any of the activities. She says, "I am tired I want to sit down" ==*
33s	*PT*	*She gets tired easily*
34s	*SENCO*	*Okay*
35s	*LSA*	*Sorry, what did you say was her syndrome?*
36s	*SENCO*	*Taylor*
37s	*LSA*	*Taylor?!*
38s	*PT*	*Turner*
39s	*SENCO*	*Let us finish the report first, and then ask all questions we have got. Please proceed Miss Sana* [the SENCO closed the move and allocating turns to the next speaker]

When the physiotherapist (PT) took the floor, she described Shadia's overall health and physical well-being, and conveyed that she does not suffer from any problems or deformation, except being developmentally different from her age-matched peers in terms of weight, height and body structure. The physiotherapist ended with a list of recommendations, and highlighted the danger that may be caused if Shadia joins the school sports team, suggesting that she may have osteoporosis. At this point, the Arts teacher, who was running the morning assembly, narrated an incident she encountered with Shadia [29s], and demanded a confirmation of whether Shadia was saying the truth about having rheumatism. The physiotherapist negated the fact immediately, but then changed her mind and said *"well, we do not really know what she has",* and then re-mentioned the injection, but this time naming Shadia's syndrome [30s]. Seeming not to have heard, the learning support assistant asked her to repeat, but the SENCO interrupted her and suspended questioning to the end of the conference-meeting.

Suspending questions to the end of the conference-meeting, I argue, was not the only reason why Shadia's conference-meeting ended with uncertainty, especially since members of the team did not know anything about her genetic disorder. The issue at stake, in both Shadia's and in the other conference-meetings, is embracing a general understanding of disability, as well as confusing disability with special educational needs. Once a girl is referred to a special school by the Ministry of Social Affairs, not only do expectations drop, but everything about her is expected to be compromised or affected. Furthermore, practitioners use psycho-educational assessment, diagnosis, assessment for learning, and IQ scores interchangeably.

The conference-meeting proceeded in the same monologist fashion. Remaining practitioners took turns to give their own evaluation of Shadia, they described her behaviour and attitude to assessment, and her performance in the domain of interest, and then closed with recommendations. As the last member closed her report, the SENCO opened the floor for questions, asking if anyone has comments to add or questions to ask. Yet, before anyone responded, she started giving her own list of concerns. Remarkably, the conference meeting closed with the same uncertainty in which it began (Excerpt 7.20 below).

Excerpt 7.20: Awaiting a medical confirmation

258s	*SENCO*	*But I would, I would like to say something here, from what I can see, the way she was affected / well, I mean the way disability impacted on her _*
259s	*BT*	*We do not really know ==*
260s	*SENCO*	*How she is affected by it / You are right, we do not know*
261s	*PSY*	*Umm umm*
262s	*SENCO*	*Because the girl came with so many different diagnosis, and depending on whatever we have got, we said she has this syndrome, right?*
263s	*PT*	*That is true*
264s	*SENCO*	*Otherwise, all the diagnostic reports we have do not say the girl has ==*
265s	*PT*	*This syndrome*
266s	*SENCO*	*The syndrome, yes. So, we shall wait for that report we are supposed to receive and see if it will confirm the existence of this syndrome or not, right?*
267s	*BT*	*But this report would not tell us if she has the syndrome or not ==*
268s	*SENCO*	*It would _*

269s BT	*It would give us some of her characteristics*

Close to the end of Shadia's conference-meeting, the SENCO voiced her concerns and confusion, prefacing with the same expression every member uses: **'**the way disability impacted on the case'. The behavioural-therapist interrupted by saying *"we do not know"*. The SENCO agreed, and then stated that they should wait for a medical report to confirm Shadia's diagnosis [259s-266s]. By saying "*if she has this syndrome*" [262s] and asking "*if it will confirm the existence of this syndrome or not*" [266s], the SENCO was, again, occupied by administrative purposes; the need to document disability and to assign an institutional identity for Shadia. Although the response of the behavioural-therapist is accurate, *"the report would not tell us if she has the syndrome or not… it would give us some of her characteristics"* [267s-269s], it is unlikely that such a medical report (which the school never received) would describe anything more than physically-related features or characteristics of a given syndrome. Reports such as these would not specify, for example, the visual-spatial memory problems affecting Shadia's ability to give directions, her problems with number and numeracy skills which were confusing the team, or her self-image issues associated with sexuality, all of which are typical to girls diagnosed with Turner Syndrome. They are scattered around the meeting as a mere list of 'much ado about everything', 'so little about something', and 'hardly anything about why'. Also, relevant here is a confusion between disability experience and special educational needs that I mentioned above. Chapter 9 re-narrates Shadia's story in the light of material and relational consequences of discursive assessment practices.

Chapter summary and insights

This chapter narrated four stories that the meetings tell. Objectifying girls and emphasising their medical diagnosis was common to all four conference-meetings. 'Much Ado About Amna's autism' suggests that the category assigned to girls mediates and explains everything about them; what they do and how they behave, as well as what to expect from them. The narrative also depicted a mind-set that believes the notion that the more information one gathers the better understanding one has of the extent or severity of conditions or disorders. As ‘containers’, disability categories or classifications limited the expectations practitioners hold of the girls, even when evidence and observations of their performance suggest otherwise. Reluctance to move beyond the category or to trust one’s local knowledge and understanding was strongly captured in Fadia’s narrative, which underscored ‘her maximum potential as a Down’.

Although limited expectations were maintained, especially by the psychologist and the SENCO, the narrative from Hala’s conference-meeting generated two identities. The first, which is common to all girls, is an institutional disabling identity, driven by a general understanding of disability as limiting and restraining. The second is a discursive dynamic identity, one which was generated *in situ* rather than pre-assumed. Here, Hala is recognised as a talented girl. The space which enabled the construction of a more positive identity was an actual activity in which she participated. It was Hala’s artwork which spoke of her potential, and not the scores or outcomes she obtained in static and formal assessment situations. Finally, the story narrated in Shadia’s conference-meeting was fragmented, and information on different aspects of her development and learning were ‘scattered across the conference room’. Despite gathering ‘much ado about everything’, missing an ‘official’ diagnosis and/or medical report seemed to have occupied members of the team, resulting as it did in confusion and uncertainty, which left the conference-meeting where it started. Remarkably, much of the information that practitioners shared is typical of girls identified with Turner Syndrome, but does this statement suggest Turner Syndrome to be *the most relevant thing about Shadia?*

On the one hand, suggesting that knowledge about Turner Syndrome would have resolved much of the confusion risks reproducing the ‘category as a container' metaphor, limiting expectations to what fits her expected behavioural phenotype. On the other hand, if knowledge of her genetic aetiology was treated as an object of knowledge, which will be relevant to some, but not all, aspects of her learning, development, career, and educational trajectory, a more positive picture could have been drawn, as the re-reading of her story in Chapter 9 will show. I now move to describing the genre of a conference-meeting and demystifying the joint professional practices of assessment taking place between members the multi-disciplinary team, which is depicted in the second narrative I constructed, that is *'Much Ado About Everything'*.

Chapter 8: Much Ado about Everything

This chapter sought to answer my second question, which reads:

What is the nature of talk between members of the multidisciplinary team, and how do practitioners engage with one another when sharing information about the girls?

In systemic-functional linguistic terms, these relations unfold the 'tenor' of discourse. Who are the speakers, and what roles do they play in the flow of discursive events at the case-conference meetings, and what kind of activities do they engage in and to what ends? To address these interpersonal relations, I conducted a detailed, turn-by-turn analysis of conversational moves and speech functions, especially those which involve assessment related talk. The following list summarises the tools I adapted from SFL to analyse talk in this chapter:

- conversational moves and speech functions' framework, with adaptations to fit institutional rather than casual conversations (adapted from Eggins and Slade, 1997), and,
- semantic network of messages and demands (Hasan, 1983).

In the first part of this chapter, I take the case-conference meeting of Bedour as a representative example of all the conversational moves and speech functions contributing to joint construction of her identity as *'the girl who belonged nowhere'*; which tells the fifth story in these meetings. Then, in the second part, I compare these communicative features, conversational moves, and speech functions with two other conference meetings. This quantitative comparison sheds light on features of the discursive practice that are constitutive of the spoken 'action' genre itself, and are part of the institutional order and routine for negotiating cases, creating intervention plans, and constructing identities.

8.1 Bedour's CCM as a representative example

Table 8.1: Summary of Bedour's CCM

The duration of the conference-meeting	39 minutes
The number of participants	8
The number of turns	526
The number of questions analysed	49
Monitoring moves	11% (=57 turns)
Initiating moves	15% (=77 turns)
Sustaining moves	13% (=70 turns)
Engaging moves	47% (= 249 turns)
Challenging moves	8% (=43 turns)
Unintelligible/unidentified moves	6% (=30 turns)

Bedour’s conference-meeting was 39 minutes long. It comprised a total of (=526) turns, and included eight participants: the school coordinator (SENCO), the Social worker (SW), the Psychologist (PSY), the Speech-and-Language Therapist (SPLT), the Special Needs teacher (SENT), the Learning Support Assistant (LSA), the ICT Teacher (ICTT), and the Vocational Learning Tutor (VLT). It has long been assumed that such a multidisciplinary team is likely to enrich the quality of communication, given the distributed knowledge and expertise of the practitioners involved. Assessing this claim within the field of medicine, which later translated into education, generated studies that looked into different types of teams, including multi-disciplinary, inter-disciplinary, and trans-disciplinary teams. My analysis in this section, nonetheless, takes a different course to the study of interpersonal relations encoded in professional talk at case-conference meetings. By asking questions as simple as ‘what is going on?’, and ‘who is involved?’, I examine interpersonal relations with reference to the activity taking place, that is, joint assessment and planning for girls identified with a disability. To do so, I conducted a systematic turn-by-turn functional analysis of conversational moves and speech functions, examined who initiated, sustained or imposed challenges during talk, and how each move contributed to the flow of discursive assessment events. The first aspect of the genre I look at in this chapter is the roles that speakers play, and what such roles suggest about the nature of discursive assessment practices.

8.1.1 Who was involved?

This section describes the distribution of speakers, and the degree of their participation during talk at CCMs. In the next page, Figure 8.1 depicts the percentage of turns each speaker occupied, and Figure 8.2 depicts those speakers who initiated questions, raised concerns, and more generally engaged in the discussion that took place at the conference-meeting.

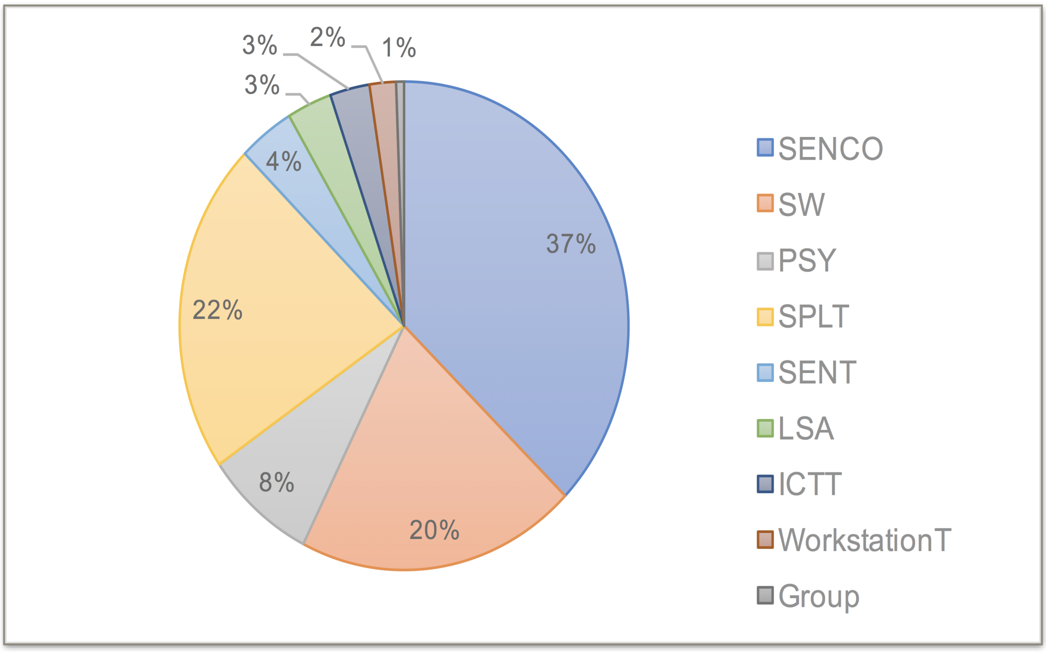

Figure 8.1: Speakers in Bedour's CCMS

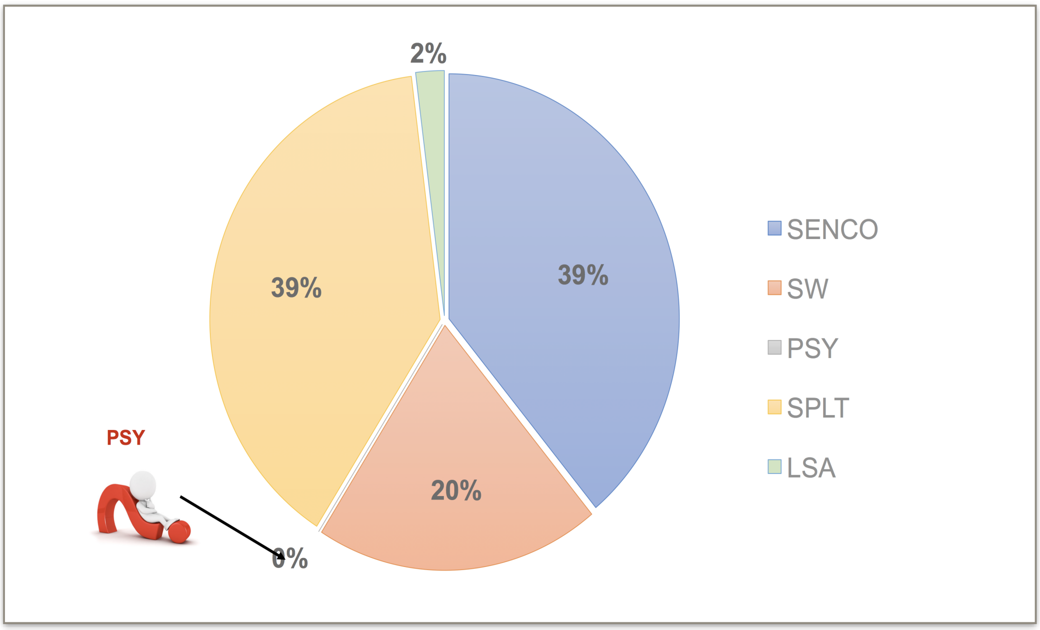

Figure 8.2: Speakers who initiated questions in Bedour's CCM

The SENCO chairing the meeting occupied a little above one-third of the turns at Bedour's CCM. Besides monitoring the conversation and controlling the order of events, the SENCO initiated a total of (=19) questions, making up (39%) of the question-answer exchanges. Second was the speech-therapist, who occupied (22%) of the turns, and asked as many questions as her senior leader. Indeed, in both Bedour's and other CCMs, the speech-therapist came across as the most curious and engaging member of the team, repeatedly raising questions and concerns about the girls. The social-worker was the third speaker in the frequency of participation. She occupied (20%) of both turns and questions initiated at the meeting. Then the psychologist occupied (8%) of the turns. With regard to question-answer exchanges, however, the psychologist did not initiate any questions; she was on the receiving end only (see Figure 8.2 above), presumably holding the information that seems to be valued most by the majority of participants, but especially by the SENCO, that is Bedour's score in the IQ test, which determines the extent of her intellectual disability between mild, moderate, and severe.

Remaining practitioners (that is, SENT, LSA, ICT, and VLT) occupied less than (5%) of the turns. These remaining members passed on all that they had to say about Bedour in a single, or maximum three turns, and barely participated in the question-answer exchanges. To my surprise, the Special Needs teacher, who spends more time with the girls than any other practitioner, especially during the registration and assessment period, occupied (=21) turns only, comprising no more than (4%) of the total turns enacted at Bedour's CCM.

At first, I interpreted the limited participation of the teacher to circumstances that are specific to Bedour's case, such as her family's financial status and the conditions of living in a charity home, which inevitably gives priority to decisions that fall under the responsibility of the social-worker. However, this limited participation was evident in all five meetings included in my study and not only in Bedour's CCM. Then, when I compared moves and speech functions across three CCMs, listened to the ‘stories meetings tell’ repeatedly, and the identities construed in talk, it became clear that this limited participation is due to the low expectations practitioners hold of girls identified with intellectual disability generally, and especially how much literacy and numeracy skills members of the team believe these girls can acquire, which made the contribution of the person teaching these skills of limited value. Still, how much a speaker participates tell us very little about the impact of such participation on the flow of events, or their contribution to joint case-configuration. Thus, in the next section, I examine how and in which ways the speakers participated, the kinds of conversational moves and speech functions they enacted, and the contribution of these choices to the co-construction of the girls’ identities and future trajectories.

8.1.2 What happened?

This section investigates the conversational moves and speech functions manifested in Bedour’s CCM. Each turn was coded twice, once to identify the conversational move, and then to specify the speech functions enacted in each move. The coding scheme that I adapted from Eggins and Slade (1997) differentiates five conversational moves, that are then depicted in Figure 8.3 below:

- Monitoring moves;
- Initiating moves;
- Sustaining moves;
- Engaging moves, and,
- Challenging moves.

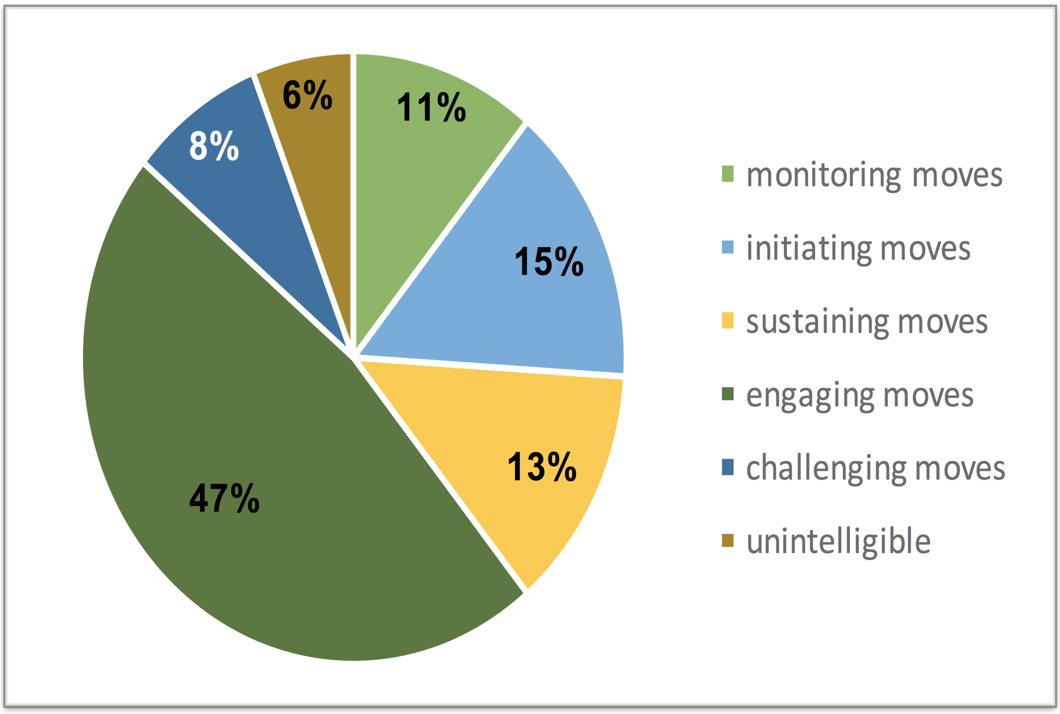

Figure 8.3: The percentage of moves in Bedour's CCM

Engaging moves were the highest in frequency, making up (47%) of the turns. As the label indicates, engaging moves reveal the degree to which speakers engaged with the person reporting the information by, for example, indicating listening and following, (that is, *umm, aha, okay, what else*); answering direct questions; accepting, agreeing, confirming, and acknowledging the content of what is said; and finally developing a colleague's argument. The second move in frequency was the initiating move. Here, speakers initiate statements or facts, give opinions and personal and professional reflections, demand confirmation, or seek further explanations. A total of (=77) turns were coded as initiating moves in Bedour's CCM comprising (15%) of the turns. Then, depending on the position and role of the practitioner speaking, sustaining moves were coded for turns where the same practitioner holds the floor for an extended period of time, passing on all that she has to share about Bedour. A total of (=70) turns were coded as sustaining or prolonged turns, which made-up (13%) of the transcript. Monitoring moves, where the SENCO allocates turns, asks someone to repeat, or gives order for future administrative actions covered (11%) of the transcript. Finally, challenging moves were the lowest in frequency, coded in (=43) turns, which comprised (8%) of the moves.[11]

The subsequent sections describe how the conversational moves and their associated speech function manifested in talk, and how they impacted on the flow of discursive assessment practices taking place at Bedour's CCM. I first summarise the quantitative findings for each move, and then follow with excerpts that exemplify these outcomes. Since monitoring moves bear no significance to the discursive assessment activity, I excluded them from the upcoming presentation and discussion of findings.

8.1.2.1 Initiating moves

Four speech functions are associated with initiating moves, and these are divided into two groups displayed in Table 8.2 below:

- Giving statements versus giving opinions, and,
- Demanding information versus demanding confirmation.

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[11] The remaining (6%) are turns which I coded as unintelligible because the volume became low, background noise affected clarity of words, or a speaker interrupted the conversation before someone finished their sentence or comment.

Table 8.2: Initiating speech functions in Bedour's CCM

Speech Function	*f*	% per move	% per turn (=526)
Give a statement	16	21%	3%
Give an opinion	12	16%	2%
Demand confirmation	43	56%	8%
Demand information	6	8%	1%
Total moves	**77**	**100%**	**15%**

The first group of initiating moves compares statements and opinions. A total of (=16) turns were coded as 'give a statement', making up 21% of initiating moves. Statements were coded at the beginning of each designated turn, that is, when the SENCO gives the floor to a practitioner to report the outcomes of her individualised assessment, provide all the information she has gathered, and convey any concerns she wishes to raise. More often than not, these statements included facts about the girl and her family, a list of behaviours she exhibits, scores she obtained in a battery of tests, and the areas of need or intervention a practitioner identified as necessary. Statements were also coded for turns where a speaker introduced new information that changed the course of events at the conference-meeting; these moves were rare in my data.

Opinions on the other hand included personal and professional reflections, or the thoughts and emotions associated with evaluation. A total of (=12) turns were coded in Bedour's transcript, making up 16% of initiating moves. Notably, the opinions identified in Bedour's CCM were conclusive in nature; they express strong feelings and value judgements, which seemed to have obscured any potential or glimpse of hope with regard to Bedour's future (see Excerpt 8.1 p.170 in this chapter).

The second group of ‘initiating moves’ compares questions. A total of (=49) questions were coded in Bedour’s transcript. Based on Hasan’s (1983) semantic network, I differentiated between ‘demands for information’ and ‘demands for confirmation'. As Table 8.2 above shows, the difference between ‘demands for information’ and ‘demands for confirmation’ are notable. Amongst the (=49) questions analysed, (8%) demanded confirmation, and only (1%) demanded information. To further explicate the contribution of questions to the discursive assessment practice, I coded each demand, again following Hasan’s semantic framework. Figure 8.4 below depicts a simplified version of the semantic framework I adapted to code questions and scrutinise their contribution to practices of assessment taking place at both Bedour's and other conference-meetings.

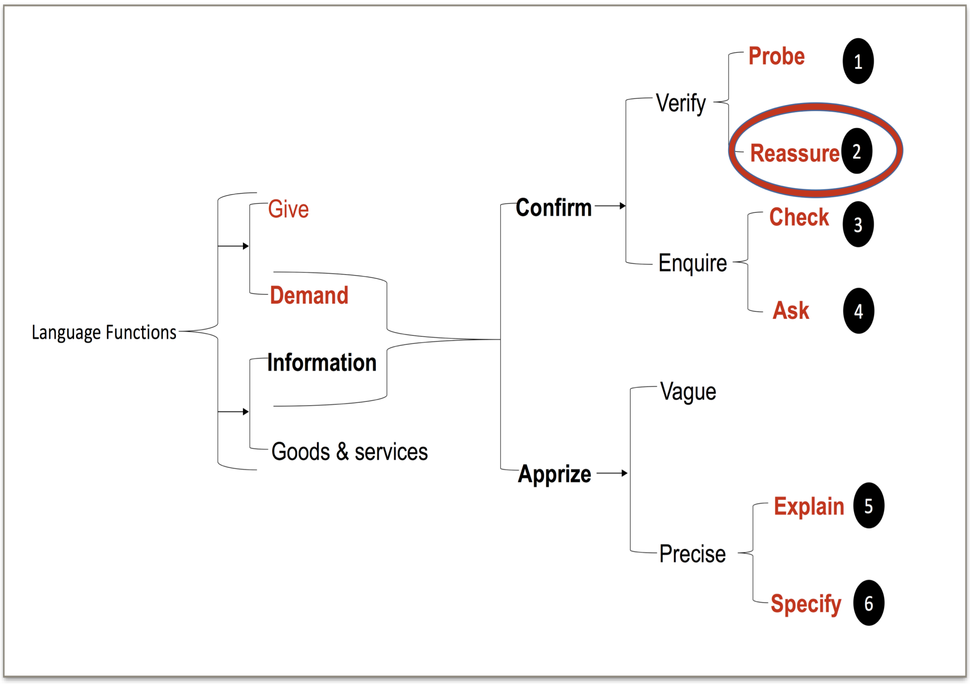

Figure 8.4: Hasan’s semantic framework for asking questions (Hasan, 2009).

Hasan (1983; 2009) distinguished between [confirm] and [apprize] questions. Each type is further coded for the very specific function it serves, resulting in six types. It is worth mentioning here that in Arabic, much of the differences between these types depend on the intonation (Bardi, 2008). Thus, when coding each question type, I had to read the transcripts and listen to the audio-records simultaneously. Having done that, I did not recognise the sub-type [verify-reassure]; and semantically speaking, the choice [enquire-check] seemed to be serving a very similar function, at least as far as institutional talk - compared to casual conversations - is concerned. Figure 8.5 below compares the percentage of each question type in Bedour's CCM.

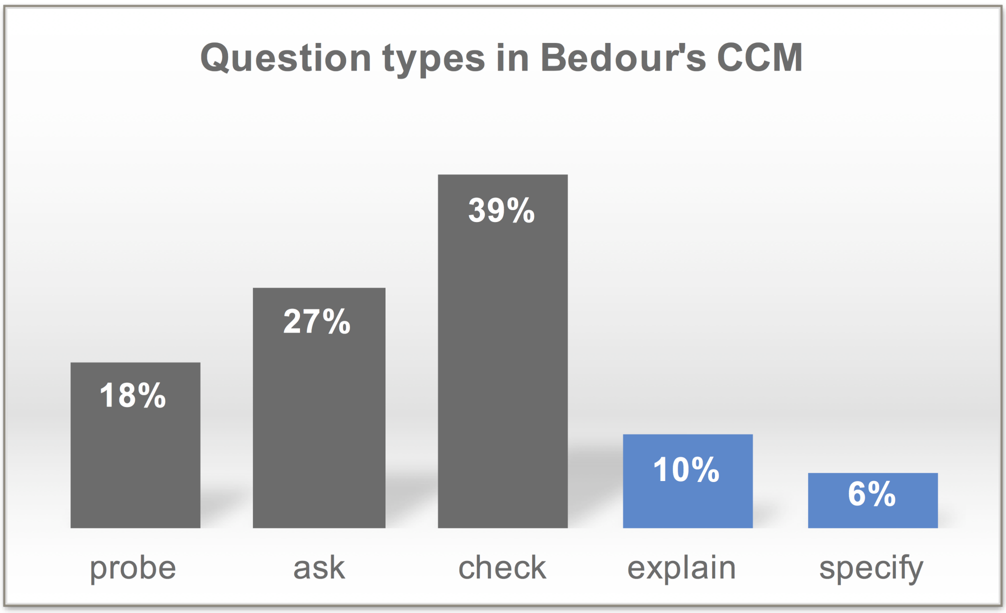

Figure 8.5: The distribution of questions in Bedour's CCM

As Figure 8.5 reveals, the question type [enquire-check] was the highest in frequency amongst demands for confirmation. A total of (=19) questions were identified, making up 39% of the questions. For this choice, a speaker asks if some statement, fact, or information is true or not, if a certain behaviour was observed in the classroom, if an action or a decision was taken, and if there were any medical reports and/or documents to support the statements put forward. In other words, the person asking the question is simply seeking a yes/no answer. An example from Bedour's CCM reads: "*is there a medical report to support all that is we have been saying about Bedour?*" (Speech-therapist; turn: 196b).

The second question concerning frequency was the [enquire-ask] type. A total of (=13) questions were identified, making up (27%) of the total. The person asking this question seeks one of two options included in the question itself. An example from Bedour's conference-meeting reads: "*So to give a conclusion, is this speech thing an organic dysfunction or a cognitive problem?*" (SENCO; turn: 226b). From both the intonation and the unfolding of discursive events at Bedour's CCM (as excerpts in the next section show), the question that the SENCO posed seemed to be seeking a conclusion regarding the possibility to remedy or not Bedour's speech problems.

Although most, but not all, confirmatory questions sought yes/no answer [check] or a specific choice between two entities [ask], it would be misleading to classify them as 'closed' questions, especially for the semantic choice [verify-probe]. This question was coded in (=9) turns, making up (18%) of the demands. Here, the person asking the question seeks a further explanation or expresses doubt and disbelief either by repeating a statement with a question tone, or raising her intonation for emphasis. A key example from Bedour's CCM reads: "*I feel there is something ambiguous here, something that is not quite clear yet. You did observe her and took notes; do you think you have done a fair assessment?*" (Speech-therapist; turn: 400b). Of course, in asking this question, the speech-therapist is not waiting for her colleagues to defend themselves, saying something like "*yes, we have done our job!*". The question is meant as a prompt, that is to invite a reconsideration of the outcomes of assessment they arrived at and have been sharing. Remarkably, this question was left unresolved until the very end of Bedour's conference-meeting.

Demands for information were lower in frequency than demands for confirmation. For this type, speakers sought an explanation of some sort [apprize-explain] or a specification, such as naming something [apprize-specify]. As the stories that meetings tell have shown, a typical example in both Bedour's - and other CCMs - is to specify the girl's condition, her diagnosis, or the disability classification to which she belongs. A total of (=8) questions were coded for this type in Bedour's transcript. Amongst these, (10%) sought an explanation, and (6%) sought a specification; the opposite was true for the two other CCMs I compared; more demands for specification than explanations were made. Essentially, this group of questions is also distinguished by the person raising them, and the degree of control exercised by the SENCO on a given occasion. When given the space and opportunity, members of the team, including the ICTT, the SW and the SPLT, asked [apprize-explain] questions that increase opportunities for inter-professional learning and knowledge transfer, whereas the SENCO asked more [apprize-specify] questions that concern the nature of disability or the category of SEN, so as to fulfil administrative purposes.

Both the frequency and the content of questions give us an idea about the issues that matter most to practitioners and to their SENCO. However, it is the way questions were received which reveals the interpersonal dynamics of the group and how it contributed or otherwise to the goals that the conference-meeting seem to be fulfilling. The person to whom a question was directed may simply orient to the grammatical structure, and say yes or no, or perceive the question as an invitation to extend, elaborate or enhance the content of her report with reasons, examples, clarifications and so on (Excerpts 8.4 to 8.7 in a forthcoming section disclose the dynamic of question-answer exchanges). Choosing to extend, elaborate or enhance the content of one's report is part of the speech functions within 'sustaining moves'. I now present a quantitative summary of sustaining moves or the prolonged turns depicted in Bedour's CCM.

8.1.2.2 Sustaining moves

Sustaining moves follow from initiating ones. They are coded for prolonged reports, that is, when a speaker, be it the psychologist, holds her designated turn for an extended period of time, passing on *'Much Ado About Almost everything'* she knows or has gathered about the girl, with occasional interruptions from colleagues who sought confirmation and/or explanation. Adopting Halliday's (2014) logico-semantic framework, (see Figure 8.6, page 163), sustaining moves serve three speech functions: extending, elaborating, or enhancing the content of the report.

In their prolonged or stretched talk, practitioners either *elaborate* (=) without adding something new; *extend* (+) by adding more information, giving variations and choices, or altering between opinions; or *enhance* (x) by including dimensions of *place* (that is, where and in which situations does a behaviour occur), *time* (that is, how often something happens), *means* (that is, sources from which information was obtained), *cause* (that is, why something happened or what caused it), and *conditions* (that is, under which conditions do assessment outcomes apply or not). Table 8.3 below summarises the frequency of prolonged turns in Bedour's CCM.

Table 8.3: Sustaining speech functions in Bedour's CCM

Speech Function	*f*	% per move	% per turn (=526)
prolong-elaborate	20	29%	4%
prolong-extend	36	51%	7%
prolong-enhance	14	20%	3%
Total moves	**70**	**100%**	**13%**

A total of (=70) turns in Bedour's transcript were coded as sustaining moves. Amongst these, the speech function [prolong-extend] comprised (51%). When reporting the outcomes of assessment, practitioners tended to pass on as much information as possible. This was often encouraged by the SENCO who kept asking, for example, "*okay, what else*?"; "*anything more*?"; "*what about the rest*?" Moreover, when reading directly from the interview schedule or any other evaluation form, chances increase that speakers will read every entry from the document rather than summarising or synthesising the information.

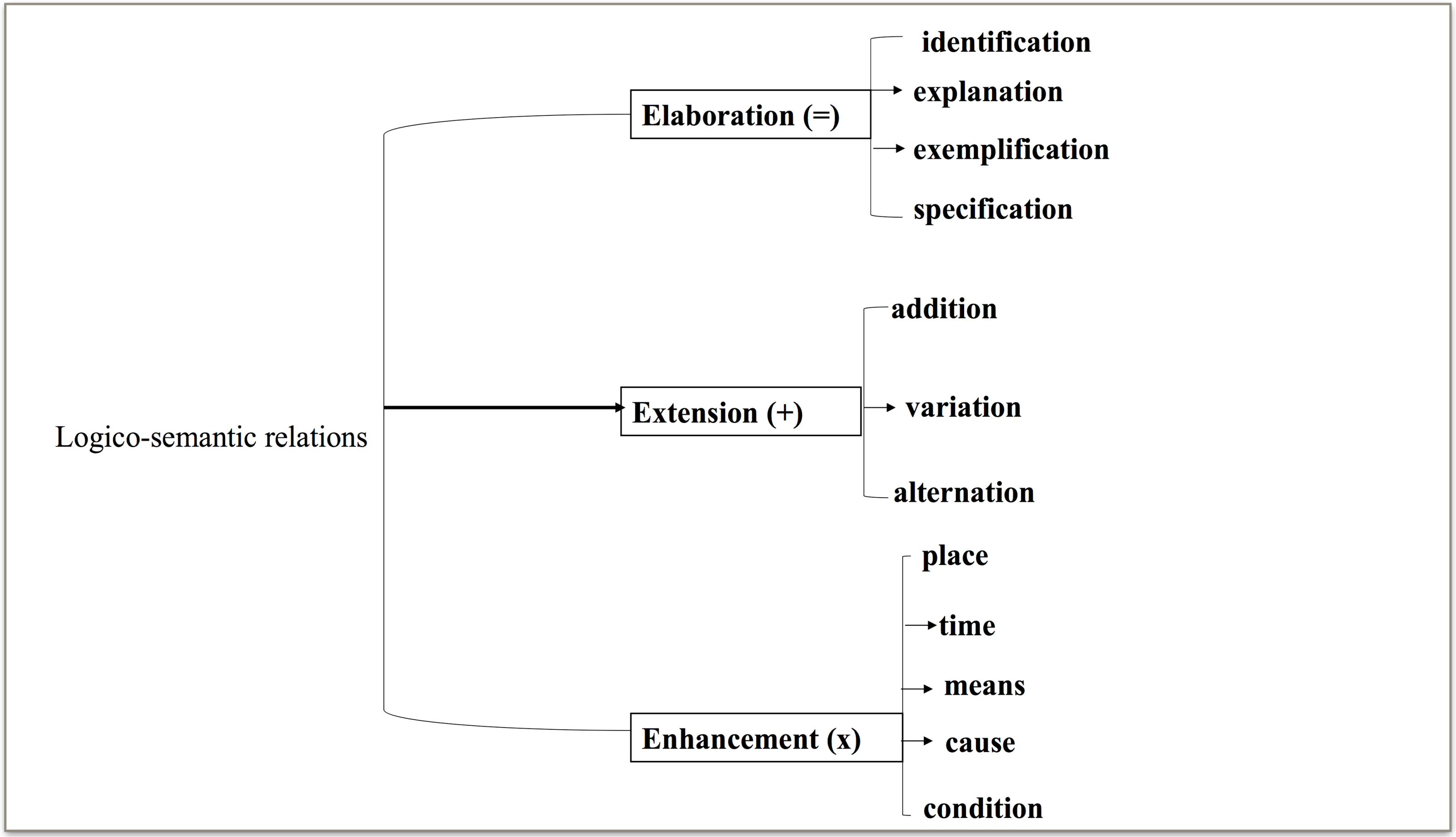

Figure 8.6: Logico-semantic relations for coding sustaining turns (adapted from Halliday (2014)

For some speakers, prolonged turns lasted for twenty minutes or more, which was the case with the social-worker who continued her report of Bedour’s life trajectory up to turn [111b]. It is pivotal to mention at this point that the [prolong-extend] speech function changes the ratio of statements to opinions, as reported in the previous section. Extending the report means passing on more information about the girls rather than reasoning, discussing, or reflecting on, for example, the implication of scores or evaluative outcomes in general. The next speech function in frequency, [prolong-elaborate] covered (29%) of sustaining moves. Here, practitioners elaborate on the content of their initial statements or facts without adding new information; they give examples, specify matters within the same topic, or explain the content of the argument put forward. The third speech function in frequency was the [prolong-enhance], which made up (20%) of sustaining moves. This speech function is more likely to reveal the ways practitioners reason and reflect personally and professionally. Also, the [prolong-enhance] speech function explains why the report included more facts than opinions.

Arguably, it is only when practitioners specify the conditions of assessment that they express their personal and professional opinions regarding the outcomes a girl obtained. Yet, since practitioners take the measures of assessment, particularly the IQ, at face value, it is unlikely that they would see any need to reflect on the outcomes. In other words, these outcomes stood as self-fulfilling prophesies (Sfard, 2009) or numbers that speak for themselves. Similar findings were reported in Hester's (1991) analysis of relatively similar meetings in a Child and Family Guidance service in the U.K; the scores obtained or the categories to which children belong were considered as absolute, hence no value was perceived in discussing or interpreting their meaning and/or implications. I now turn to engaging moves in Bedour's CCM.

8.1.2.3 Engaging moves

Engaging moves serve two functions in conference-meetings: 1) they either support the speaker by agreeing, accepting, confirming and answering questions, or 2) they influence the course of events and the outcomes a meeting ends up achieving. To serve these speech-functions, engaging moves are further divided into four subtypes (Table 8.4 below compares the frequency of speech functions associated with engaging moves):

1. *Registering moves:* listeners show engagement by expressions such as *"aha, umm, okay, I see"* and the like.
2. *Developing moves:* this is when a practitioner develops her colleague's argument by elaborating, extending or enhancing statements, opinions, and answers.
3. *Supporting moves:* listeners agree on statements, answer questions, confirm facts, acknowledge point of views, and so on.
4. *Rejoinders:* revisiting an earlier statement to confirm it, clarify its meaning, resolve a misunderstanding if evident, or repair the content or the information provided by a colleague.

Table 8.4: Engaging moves in Bedour's CCM

	Speech Function	*f*	% per speech function	% per turn
Registering	indicating following or listening	74	---------	14%
Developing	develop-elaborate	39	51%	7%
	develop-extend	19	25%	4%
	develop-enhance	18	24%	3%
	Total	**76**	**100%**	**14%**
Supporting	reply-answer	39	66%	7%
	reply-acknowledge	3	5%	1%
	reply-affirm	4	7%	1%
	reply-accept	3	5%	1%
	reply-agree	10	17%	2%
	Total	**59**	**100%**	**11%**
Rejoinders	track-clarify	10	25%	2%
	track-confirm	22	55%	4%
	response-resolve	3	8%	1%
	response-repair	5	13%	1%
	Total	40	100%	8%
Total		**249**	**N/A**	**47%**

A total of (=249) turns were coded as ‘engaging moves’ in Bedour’s transcript, making up (47%) of the transcript. Since (registering moves: 14%) and (rejoinders: 8%) are integral to any conversation and are not specific to the genre of conference meetings in special schools, I will not include them in the subsequent examples or discussion of findings. The subgroup [supporting] speech functions reveal the degree of agreement and consensus between members of the team. The transcript recognised a total of (=59) turns, making up (11%) of the transcript. Finally, the subgroup [developing] speech function was coded in (=76) turns, and made up (14%) of turns in Bedour’s CCM. I specifically focused on the speech functions associated with [developing moves] because they weigh more significance on the institutional order of events, and to ‘multidisciplinary’ practices of assessment, such as ‘joint’ configuration of the case. These developing moves are based on the same logico-semantic framework illustrated in Figure 8.6 p. 163 above, but it is another speaker rather than the same practitioner who *extends, elaborates* or *enhances* the content of a report put forward by a colleague. Figure 8.7 below compares the frequency of ‘developing’ speech functions in Bedour’s CCM.

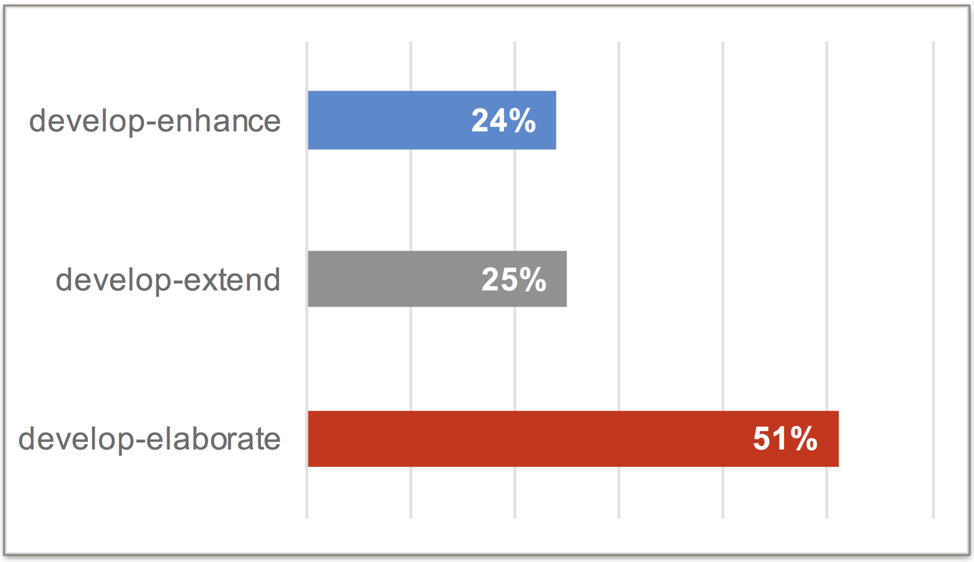

Figure 8.7: Comparing developing speech functions in Bedour’s CCM

As Figure 8.7 shows, the [develop-elaborate] speech function was twice as frequent as [develop-extend] or [develop-enhance]. When speakers develop their colleague’s statements, they tend to elaborate by giving examples or narrating similar incidents and behaviours. Exemplification was the most common amongst the [develop-elaborate] discursive moves. By looking closely at instances where speakers developed by elaboration and exemplification, it seemed clear that practitioners use these discursive behaviours to emphasise their colleagues’ conclusions, especially when it comes to placement decisions.

Whilst ‘engaging moves’ fully served the first function, that is, supporting a colleague by agreeing, accepting and confirming, they have not had much impact on the second, which is supporting the flow of events or joint reasoning, planning and decision-making. In fact, when engaging moves are compared to challenging moves in Bedour’s CCM, the challenging moves seemed to have had more impact - albeit negatively - on the overall outcome of Bedour’s CCM. I now turn to challenging moves depicted in Bedour’s CCM.

8.1.2.4 Challenging moves

Challenging moves serve the opposite functions of engaging moves 1) they either target a particular speaker by disagreeing with the content of what is said and providing a counter argument, or, 2) they disrupt the flow of discursive events by withholding from participation, or leaving matters unresolved, through expressions such as “*I do not know, I am not sure, I can’t tell*” and so on. Table 8.5 below depicts the frequency of challenging speech functions in Bedour’s transcript.

Table 8.5: Challenging speech functions in Bedour's CCM

Speech Function	*f*	*% per move*	*% per turn*
challenge-rebound	1	2%	0%
challenge-counter	2	5%	0%
response-unresolved	14	33%	3%
response-re-challenge	9	21%	2%
reply-disagree	8	19%	2%
reply-withhold	3	7%	1%
reply-disavow	3	7%	1%
reply-contradict	3	7%	1%
Total	43	100%	8%

A total of (=43) moves were identified as challenging in the transcript of Bedour's CCM, constituting (8%) of total turns. Amongst these, the [response-unresolved] speech function was the highest in frequency, making up (33%) of the total. Notably, this speech function deemed true to the very end of the CCM, raising a question as to whether the meeting has fulfilled its purposes, and least to consider is making a placement decision: "*should we accept Bedour or not*?" and if so, "*in which classroom or with which ability group does she fit*?" These questions were left unresolved, construing an identity of Bedour as *'the girl who belonged nowhere'*. The next speech function in frequency was the [response-re challenge], which was depicted in (=9) turns, making up (21%) of challenges. This speech function was coded for responses that start with a '*yes*' or '*no*' that is followed with a '*but…*', most of which were enacted by the speech-therapist who was doubtful of the assessment outcomes, especially Bedour's classification as a girl with a *mild* rather than *moderate* intellectual disability (see Excerpts 8.4 and 8.5 in the forthcoming section). Altogether, challenging moves at Bedour's CCM disclosed competing agendas, especially between the SENCO and members of the multi-disciplinary team. The next section provides episodes which exemplify how the moves unfolded in Bedour's conference meeting, and how they, together, influenced the course of discursive assessment events and the construction of her identity.

8.1.3 Bedour's CCM: From numbers to words

A systemic functional analysis of conversational moves and speech functions enacted at Bedour's CCM captured the subtle features of the spoken professional genre of case-conference meetings. In quantifying the discursive actions of practitioners and the contributions they made to the flow of events, the previous section disclosed two key questions: 'who did what?', and which features of the 'action' genre had an impact on the unfolding of events and the discursive assessment activities taking place. What the analysis omitted, however, is how the moment-by-moment unfolding of discursive actions construed an identity of Bedour as '*the girl who belonged nowhere'*. Moving from numbers to words, this section tells the last of five stories that these meetings tell.

Excerpt 8.1: Introducing Bedour

1b	*SENCO*	*Okay, let us begin discussing Bedour*	*Playing the digital record and starting the meeting*
2b	*SW*	*Okay, I will start with some basic information. Her full name is Bedour Mohammed Ahmed. Her date of birth is* [specifying] *... so she is almost 24-years-old, but I need to get the months from you. In regards her diagnosis, it is an intellectual disability and speech problems // Both her parents are alive but they are separated. She is the second of four children* [naming siblings and their ages] *... From what I see, their financial status is low*	*Initiating move: [giving statements: facts]*
3b	*SENCO*	*Aha*	*engaging-move: [indicating-listening]*

4b	*SW*	*Still, if you think otherwise, we could change it* [in the form]. *Her father suffers from depression, so he left work and took an early retirement because of his mental state. He has a middle school certificate and is 56-years-old. Bedour's mother also has a middle school certificate. She is a stay-at-home mother and is 54-years-old.*	*sustaining-move: [prolong-extend]*
5b	*SENCO*	*Aha*	*indicating listening*
6b	*SW*	*The reports also say that the mother has both anxiety and depression// There is no communication between her parents since they divorced, like nine years ago. // They live in a charity house and their social relations are limited to friends and neighbours living there, they do not have a social life outside the place. // Umm the financial situation. Well, both the mother and her sons receive 1500* [naming the currency] *a month from social services and Bedour receives 1000, so all together, they get 2500 a month.*	*sustaining-move: [prolong-extend]*
7b	*SENT*	*This cannot be possible!*	*React*
8b	*SPLT*	*May "Allah-Almighty" help them!*	*React*
9b	*SW*	*Ah and _*	*Interrupted*

10b SPLT	*She is disadvantaged in every respect, even her report is depressing*	*Initiating move: [give an opinion: emotional]*

A very strong opinion of Bedour was expressed at a very early stage of the conference-meeting, and even before any outcomes were reported. After a lengthy presentation of Bedour's life trajectory where the social-worker listed facts about the conditions under which she lives, including information about her parents' mental health problems and financial status [2b-6b], practitioners expressed their sympathy [7b-8b]. This led the speech-therapist to give a rather conclusive opinion of Bedour [10b]. As excerpts later show, this opinion was held until the very end of the conference- meeting, but became more salient when reports of her performance in diverse areas (for example, speech and language, cognition) were shared.

As I mentioned earlier, the ratio of statements to opinions changes when sustaining moves are accounted for, especially the speech function [prolong-extend]; practitioners list *'much ado about almost everything'*, as they move from one fact to the other. Furthermore, these facts, which were grouped together in a single turn were not necessarily linked or related. Instead, the social-worker seemed to be sharing all that was gathered about Bedour during the interview conducted with the mother. Excerpt 8.2 below is a typical example of a prolonged turn whose function is to merely pass information.

Excerpt 8.2: Evaluating as telling more about the case

12b	*SW*	*In regards to the reinforcements the mother uses* ***(i)****, she responses well to both external and social reinforcements, but the social more, especially praising, like "you are a good girl=, you are polite", things like that. And if she exhibits undesired behaviour, they use blaming. Of course, the person who attends to her needs* ***(ii)*** *is the mother, of course the financial situation is difficult so they do not have a maid at home, so it's the mother with her almost all the time. The psychological status of the case* ***(iii)****, according to the mother, and what we see as her specialist teachers, she is very calm. She has a calm nature, and she is always smiling and nice to others and says things like "how are you", "I love you". I mean you can see she is very social, or wants to be social but maybe because of her speech problems. It is limiting this somehow*	*sustaining move: [prolong-extend]*
13b	*SENT*	*True*	*engaging move: [reply-confirm]*
14b	*SW*	*But she keeps trying I mean, and even the other day she was talking to her==*	*sustaining move: [prolong-elaborate]*
15b	*SENCO*	*she tries to start a conversation with her*	*engaging move: [develop-elaborate]*

16b	*SW*	*She really likes Amna and wants to communicate with her and stuff, I mean she does not have a problem starting relations with others but maybe it is her speech that _*	*sustaining move: [prolong-enhance]*
17b	*SENCO*	*This is true*	*agree*
18b	*SW*	*She is quite irritable if triggered* ***(i)****/ of course she is social* ***(ii)****/ The degree of cooperation* ***(iii)****, she is cooperative and interacting/ Focus and attention ****(iv)****, she is somehow attentive/ Her memory* ***(v)****, she remembers faces and her mother says that she still remembers people from her school when she was a child and can still recall her teachers' names. Her hobbies* ***(vi)****, she likes to build cubes. Of course as we know their conditions, so the mother cannot bring her so many toys, or take her to playgrounds or the beach, none of these things. So, almost half her belongings, even her toys were given as gifts from her old school, there is nothing that the mother bought herself. Things that scares her* ***(vii)****, its mostly when she watches a horror movie (laughs), of course she does not need to but her mother believes that she gets scared. The medication she takes* ***(viii)*** *of course when I asked her about medication, she took out a little box from her purse which contained like eight holes, like eight different tablets*	*sustaining move: prolong-extend*

Excerpt 8.2 exemplifies the monologist fashion in which practitioners delivered information. The social-worker was reporting information about Bedour, based on the interview she had conducted with her mother. The social-worker seemed to be reading from a document, prefacing her report with entries from the interview schedule. Turn [12b] included three entries, and it was only when the SENCO agreed that the social-worker [elaborated] and then [enhanced] the information, that is when she speculated why it is hard for Bedour to communicate despite having good social skills and showing willingness to interact with her classmates [13b-16b]. The social-worker then continued her report [18b], adding more information. She included seven entries that tapped into her cognitive abilities, her hobbies, things that scare her, and the medications she consumes on a daily basis. Such a monologist manner raises a question in respect of those listening to the narrated information: how much can they possibly take or digest, and to what extent will they be able to draw causal links between all the factors, or decide what is relevant about the girl or worth knowing and reflecting on?

By presenting information in this way every time a practitioner takes the floor, some important aspects or potentials are lost, such as Bedour's motivation to learn, as a subsequent narrative will show. Further, the monologist fashion of talk raises a question with regard to the interpersonal relations enacted in talk: to whom are practitioners directing their report? Excerpt 8.3 below depicts an aspect of the interpersonal dynamics, especially when questions or demands for information are sought.

Excerpt 8.3: Emphasising expertise

312b	*SENT*	*Okay, I worked with Bedour for a whole school day and her diagnosis was, well her points of strength are, umm Bedour can build the pink tower, Bedour can arrange the brown stairs,*	*initiating move: [give-statement]*

		Bedour is capable of unzipping and zipping bottoms … [continue with an extended list]	
313b	*SENCO*	*Aha*	*engaging move: [indicating-listening*
314b	*SENT*	*Umm Bedour can pour the sand, Bedour can clean the window, Bedour is able to use small and big forceps, Bedour can follow classroom instructions, Bedor can open and close the door, walking in the class and carrying the chair. Areas of need, Bedour must learn the skills to complete activates in the auditory box, Bedour must learn how to sort red and blue blocks, Bedour has to learn pouring skills, Bedour has to learn how to control the zipper ….*	*sustaining move: [prolong-extend]*
315b	*SPLT*	*May you kindly explain a few things that I do not understand?*	*demand-information: [apprize-explain]*
316b	*SENCO*	*Now?*	*monitoring move*
317b	*SPLT*	*Yes, why not? Ain't we supposed to know what is this brown stairs and pink tower*	*react - continued from turn [315b]*
318b	*SENT*	*these are things that we have==*	*overlapping answer*

319b	*LSA*	*these are lessons*	*overlapping answer*
320b	*SENT*	*in our Montessori programme*	*Answered continued from turn [318b]*
321b	*SENCO*	*I was about to ask you but Ms. Samar/ well just explain to them the meanings of the things that she can do and things that she needs, what does a pink tower mean? Not all of them know it*	*monitoring move*

Typical to every time a practitioner begins her report, the Special-Needs teacher (SENT) provided an extended list of outcomes, stating every skill that Bedour could or could not do in the Montessori evaluation she had conducted [312b-314b]. The nature of the report suggests one of two things: either that the teacher assumes her colleagues know what she is talking about, or that she is merely reporting these outcomes to her senior leader, that is the SENCO chairing the meeting. The way the conversation progressed suggested the latter, especially when the teacher attempted to address the question posed by her colleague [315b]. Indeed, even on the very few occasions when questions tap into the interdisciplinary nature of the conference-meeting (for example, asking a question which relates to a specific area of expertise), the SENCO exercised control by monitoring the discussion [316b]. Here, the speech-therapist voiced her right to be involved, and to understand the content of the information provided [317b]. Both Bedour's teacher and her learning support assistant answered the question in a manner that emphasised their professional identity and expertise "*things that we - these are lessons in our Montessori programme*" [318-320b].

Unless a question or a concern was raised, reports from other practitioners at Bedour's CCM echoed those given by the social-worker and SENT; a monologist fashion where *much ado about almost everything* a practitioner gathered or arrived at was passed on to colleagues. Furthermore, and as demonstrated in Figure 8-2 above, only a few members of the team engaged in the question-answer exchanges, most of which were either initiated or controlled by the SENCO. Remaining excerpts in this section disclose the dynamics of engagement in question-answer exchanges. Despite being distant (that is, where or at which point they were uttered in the 39-minute-long meeting), the excerpts I will share are related to one another, and most importantly, they reveal how the challenging moves, despite being the lowest in frequency, have had more impact on the unfolding of discursive events. Excerpt 8.4 below depicts the instance in talk when all challenges began.

Excerpt 8.4: When all the challenges began

226b	*SENCO*	*Okay Mrs. Sana, just to give us a conclusion, does she have an organic dysfunction, I mean does she have a problem in her speech organs —*	*demand-confirmation: [enquire-ask]*
227b	*SPLT*	*Umm "WAllah"* [swearing to God in Arabic gives emphasis] *I cannot tell ==*	*challenging move: response-unresolved.*
228b	*SENCO*	*Or is it cognitive*	*continuing the question [see 226b above]*
229b	*SPLT*	*The umm the problem with speech organs is not activating them, she hardly moves her jaws*	*engaging move: [reply-answer]*
230b	*SENCO*	*Umm*	*registering move: [indicating-listening]*

231b SPLT	*And in fact, it is a brain-speech disconnection. "Subhan-Allah* [an expression to emphasise God's Will], *these are fixed abilities, you see*	*expanding the answer: enhance [reasoning]*
232b SENCO	*Well this is why I asked you if it was organic or cognitive?*	*demand-confirmation: [verify-probe]*
233b SPLT	*A cognitive problem. Well, I did not measure her mental abilities, but the outcomes that Ms. Rana got suggest all is good. Her intellectual disability is mild; people like her should be able to speak just fine*	*engaging move: [reply-answer]*
234b SENCO	*No, it is not mild*	*disagree*
235b SPLT	*Ms. Rana said it is mild but from what we see_*	*challenging move: [response-unresolved]*
236b GROUP	[? low volume due to noise]	*undefined*
237b SENCO	*According to Binet, 55 is moderate*	*engaging move: [develop-enhance] - specifying conditions of assessment]*

Excerpt 8.4 marks the beginning of all the challenges in Bedour's CCM. Rushed to move forward with the report, the SENCO asked the speech-therapist to give a conclusion that states the origin of Bedour's speech problems; the manner in

which the question was posed is captured more strongly in Arabic, where the SENCO said “just to conclude” {بس تعطينا الخلاصة}. Based on my cross-analysis of discourses and questions initiated by the SENCO, the question posed in turn [226b] sought to determine if things would improve or not, or if there is a possibility to remediate Bedour’s speech and communication problems. Although the speech-therapist did not have enough evidence to confirm, she provided explanations that await confirmation [229b-231b]. The SENCO did not receive the confirmation she wanted, and so repeated her question [turn 232b] to invite a precise answer.

Whilst specifying the problem as a ‘cognitive’ one, the speech-therapist was reluctant to confirm whether things would change or not, especially since the outcomes of assessment arrived at by her colleague (psychologist) suggest that Bedour is only mildly disabled, which is in conflict with the speech-therapist's own views [233b and 235b]. The SENCO disagrees on the grounds of the score Bedour obtained in the Stanford Binet Scale [237b]. Reasoning with IQ scores is very common to the discursive assessment practices at the school. Indeed, these scores often carry the final word when it comes to planning and decision making (that is, placing the girl in either the educable or trainable section and classroom). Excerpt 8.5 communicates the powerful position that IQ scores held in the discussion.

Excerpt 8.5: Institutional identity as determined by IQs

422b	*SW*	*Are you trying to say she is trainable and not educable?*	*demand-confirmation: [enquire-check]*
423b	*SENCO*	*they are all related==*	*engaging-move: [reply-answer]*
424b	*ICTT*	*I think she would with time==*	*initiating move: [giving a*

			personal opinion]
425b	*SPLT*	*Didn't the results say umm suggest that_*	*interrupted*
426b	*SW*	*So, she is trainable, not educable?*	*demand-confirmation: [verify-probe]*
427b	*SENCO*	*Yes, trainable*	*engaging-move: [reply-answer]*
428b	*SW*	*So she won't learn anything at all?!*	*demand-confirmation: [verify-probe]*
429b	*SENCO*	*No, she will not*	*engaging-move: [reply-answer]*
430b	*SPLT*	*Wait, how come, you were saying mild intellectual disability, this means she is educable*	*challenging move: [response-re-challenge]*
431b	*SENCO*	*She is trainable. She is moderately disabled*	*challenging move: [challenge-counter]*
432b	*SPLT*	*Explain it to me, I can't understand?*	*demand-information: [apprize-explain]*
433b	*PSY*	*She has, umm she has a mild intellectual disability but she is closer to moderate. What did we say was her IQ score?*	*engaging-move: [track-clarify] and seek a reminder*

434b	*SENCO*	*She is 55*	*engaging-move: [reply-answer]*
435b	*PSY*	*55, so if she went down to 54 she would be in the –*	*engaging move: [track-clarify]*
436b	*SENCO*	*Her score is in a borderline really*	*engaging move: [develop-elaborate]*
437b	*SPLT*	*But logically speaking, a 55 is educable*	*challenging move: [response-re-challenge]*
438b	*SW*	*Her age does not help*	*engaging move: [develop-enhance: reasoning]*
439b	*SENCO*	*Her age, do not forget her age*	*engaging move: [reply-acknowledge]*
440b	*LSA*	*She is trainable*	*initiating move: [give a professional opinion]*
441b	*SENCO*	*There is a big gap between her mental age and chronological age*	*engaging-move: [develop-enhance: reasoning] - repeated for emphasis*

442b	*SW*	*You know, she reminds me of Mona when she first came. We all recognised the gap between her age and mental abilities, and it turned out to be the case after all. Mona has been with us for almost a year now, and she still cannot learn. It takes too much effort to teach her anything at all.*	*engaging-move: [develop-elaborate: comparing Bedour's outcome with another girl at the school]*
443b	*SENCO*	*Why then do we keep including girls like them in our literacy classes?! Let us not start any academic related classes with Bedour*	*initiating move: [giving a personal opinion]*

Asking whether a girl is *trainable* or *educable* [422b] is common to nearly all the conference-meetings analysed, although not always stated in an explicit way. The answer to this question is often determined by the IQ score a girl obtains. Since none of the answers specify one of two choices (that is, trainable versus educable), the social-worker repeated her question with a raised intonation, prompting a more specific answer [426b]. When the SENCO confirmed that Bedour is trainable, the social-worker demanded yet another confirmation in regard to her future potential. The SENCO's answer confused the speech-therapist and reinvented the earlier discussion they had (see Excerpt 8.4, above).

The answers of both the psychologist and SENCO did not move beyond the score itself, they only stated that 55 is a borderline score, which places Bedour somewhere between a mild and a moderate intellectual disability. The speech-therapist remained puzzled, so the social-worker highlighted the discrepancy between Bedour's mental and chronological age, and the SENCO confirmed its relevance to the interpretation of outcomes. To emphasise the implications of such a gap, the social-worker compared Bedour with another student who had shown the same discrepancy when assessed in the previous academic year. This comparison led the SENCO to voice a rather ‘strong’ and rushed opinion, and a conclusive decision, one which denies Bedour and “*girls like her*” [433b] the opportunity to learn literacy-related skills.

By limiting the discussion - and the reasoning about the girl - to scores alone, and without reconsidering, for example, how Bedour performed in different domains of the test itself, the decision taken ignored glimpses of hope that may have been evident in the discussion. For example, earlier in the conference-meeting, when the psychologist described Bedour’s performance in the test, she said:

“She did not want me to work with the manual all the time. She kept looking and asking “what are you doing, teach me”. She does want to learn, so she kept asking me to teach her, and she also asks “what should I put here?” (Psychologist, turn 200b).

There are two explanations as to why the psychologist’s narration was ignored. The first is linked to the 'what and to whom do practitioners speak' question, which I raised earlier. It is likely that the passing of so much information have put a stop to listening, following, digesting, and drawing links between the evidence. Only a few members seem to have engaged - at least to indicate listening - but the SENCO sharing the meeting more than anyone else. Indeed, even when the question concerned the psychologist, the SENCO was the one who gave answers, and the psychologist joined later, and with minimum input. The second explanation relates to the nature of the statement, or more accurately, the narrative. When assessment is perceived as a product rather than a social practice (see Filer, 2000), it is unlikely that the dynamic between the psychologist and Bedour would be given the priority or attention deserved. By asking questions such as *“what are you doing, teach me.”*, and *“what should I put here?”* Bedour shows, I believe, a great potential for learning, and even more importantly, a motivation to learn, all of which were put aside by a single score that placed her in the non-educable end, and accordingly ‘lowered’ professionals’ expectations of her academic potential.

This potential for learning, or the very notion of learning is another point to highlight with regard to the discussion that took place. Notice, in Excerpt 8.5, turn 428b, the social-worker asked “*So, she won’t learn anything at all*?” Besides lowering expectations, the ‘trainable versus educable' dichotomy resulted in a discussion that is too general to be of value or to contribute to a fruitful discussion or a decision. This takes me to the last two excerpts from Bedour’s CCM, which, when considered together, reveal the competing agendas of speakers when it comes to final decisions. The first of these is given below:

Excerpt 8.6: Competing agendas when making decisions

392b	*SPLT*	*Okay. I will speak for myself here. Having discussed all that, I still have a question to which no answer is clear yet, would she really fit to our school or not, aside from whether we _*	*demand-confirmation: [enquire-ask]*
393b	*LSA*	*I think that she_*	*interrupted*
394b	*SPLT*	*The girl is not young anymore, but her cognitive abilities are similar to the girls in Miss Mawada’s class, there is a gap_*	*sustaining move: [prolong-enhance]*
395b	*SENCO*	*No come on, not to that extent*	*disagree*
396b	*SPLT*	*Well, you were just saying that she is _*	*interrupted [but see turn 234b in Excerpt 7-4 above]*

397b	*SW*	*Her abilities are really basic*	*Engaging move: develop-elaborate [see turn 349b]*
398b	*SPLT*	*To be honest, from what I see, she_*	*Attempting to give an opinion [interrupted]*
399b	*SW*	*SHE IS A BEGINNER ==*	*Repeating to emphasise*
400b	*SPLT*	*I feel there is something ambiguous here, something that is not quite clear yet. You did observe her and took notes; do you think you have done a fair assessment?*	*demand-confirmation: [verify-probe] - repeated [see turn 392b]*
401b	*SENCO*	*We covered everything here, what else should we do? Should we wait for another whole month?*	*monitoring practice: control over the period permitted for assessment*
402b	*SPLT*	*How her brain works really // it is not a question of a month or two. It is about the outcomes we got. As for me, until now I can't tell what her cognitive abilities are like, it is a mystery to me, does she understand well or not, I do not know.*	*challenging move: [response-re-challenge]*
403b	*SENCO*	*Now in the end, what is important for us are the behaviours, do you think she has any behaviour that is harmful to the other girls at the school?*	*demand-confirmation: [enquire-ask]*

Excerpt 8.7: Expressing agendas and interests explicitly

476b	*SENCO*	*Okay teachers, let's just remember one thing here, we are in a special school*	*initiating move: [give a statement]*
477b	*SPLT*	*that's right*	*engaging move: [indicating-listening]*
478b	*SENCO*	*The girls come to our school so that we help them*	*sustaining move: [prolong-enhance: stating the means and conditions of acceptance and services]*
479b	*SW*	*Umm umm*	*engaging move: [indicating-listening]*
480b	*SENCO*	*We are not here to accept girls who are educable only, or those with fairly mild or average cognitive abilities*	*sustaining move: [prolong-elaborate]*
481b	*SW*	*umm right*	*engaging move: [indicating-listening and accepting]*
482b	*SENCO*	*We want to help everybody. Why else do we have a special school?*	*sustaining move: [prolong-elaborate]*

When voicing her concerns, the speech-therapist visited the issue regarding placement, although in actuality, she has no say on whether a girl will be accepted in the school or not. Again, at the heart of her concern was the gap between Bedour's cognitive abilities, which are more compatible with the younger students in Ms. Mawada's class and her age, being a 24-year-old girl who should join girls in the vocational section of the school. Here, the SENCO disagreed, despite being the one who confirmed that Bedour is moderately rather than mildly disabled, and indeed the speech-therapist attempted to remind her of her own views [395b-396b]. Then, when the speech-therapist restated her concerns, she prompted a reconsideration of the overall assessment [400b].

Besides putting a limit to the time allowed to give a decision in regards to placement, the SENCO's response shows that covering everything and passing enough information is what matters most, otherwise they would carry on with the evaluation for another month or more. The speech-therapist clarified by stating that what really matters is to know how Bedour's brain works, and to unlock the barriers to her participation [402b].

The SENCO responded with a question, which was stated in a collective voice "*what is important for us*" to suggest that her opinion is shared with other members of the team; if they cannot confirm that Bedour has behaviour that is harmful for herself or others, then there is no need to reject her. Clearly, this agenda was not shared, especially as the confusion continued to the very end of Bedour's CCM. Both the social-worker and speech-therapist were facing difficulties in deciding the right group for her, or the types of activities in which she could fully participate. Having spent enough time to argue which group in the school is more fit for Bedour, the SENCO stated the school's agenda more explicitly (see Excerpt 8.7). To the best of my knowledge, this agenda is motivated by, and linked to, funding opportunities; the more severe cases the school accepts (particularly for girls who were rejected from most special schools in the city), the more financial aid from the Ministry they could claim. This agenda confirms, rather strongly, a charity-based model of disability in GCCC (see Hadidi and Al-Khateeb, 2015; Gaad, 2010).

Summary and insights from Bedour's CCM

The excerpts from Bedour's conference-meeting show how the conversational moves and speech functions unfolded, and how they contributed to the discursive construction of her identity as '*the girl who belonged nowhere'*. Also, in moving from numbers to words, the conversational moves - and the speech functions they fulfilled - revealed the key ideational and interpersonal aspects of assessment as a joint discursive activity and a 'spoken' action genre for case presentation.

Although statements overrode opinions and personal reflections, when the latter were expressed, they were strong, profound, and conclusive. From a cultural and sociolinguistic perspective, such strong opinions are common to Arabs' socio-cognitive and affective styles of communication (Abdennur, 2008). However, extremity and irremedity have been reported in other studies that investigate conference-meetings in the UK (Hester and Hester, 2015).[12] It is perhaps not too strong a statement to say that such strong positions (especially negative ones) are constitutive to the genre of conference-meetings or child-study team meetings, particularly when the objective is limited to the description of deviance, rather than talk being in reference to, for example, a girl's response to certain aspects of participation or to curricular activities. In the absence of a curriculum or any structured educational path for girls identified with disability in the Gulf-region, this *referentiality* is unlikely to reveal itself, risking 'lowering' already low expectations.

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[12] *Irremedity* is a term used by Hester and Hester (2015) to describe conference-meetings as spaces where professionals emphasise 'deviance' and/or disability as irremediable or incurable.

The *'much ado about everything'* narrative is a reflection of the monologist fashion in which information, facts or statements were represented. This monologist fashion discloses two key aspects of the spoken 'action' genre of conference-meetings; a representational and an interpersonal aspect. On the one hand, emphasis on passing '*much ado about almost everything*', especially regarding what goes wrong, concealed what may be relevant about Bedour, such as her willingness and motivation to learn, which is unsurprisingly masked by the adverse events in her life and the conditions of living in a charity home with minimum allowance to cover the necessity of living, and having being out of education for many years before she joined the school.

From an interpersonal perspective, it was evident in both Bedour's and other conference-meetings that practitioners are directing their report to their senior leader (that is, the SENCO) rather than to one another, which arguably lessens the advantages of being a member of a multidisciplinary team. Moreover, and similar to the outcomes of studies on pupil-welfare meetings in Sweden (Hjörne and Säljö, 2004, 2014a), when the diagnostic culture is strongly pronounced (that is, IQ scores and functional categories like 'educable'), alternative explanations and/or multiple interpretations are not given the attention deserved.

As the excerpts from Bedour's CCM revealed, the diagnostic culture was captured most in the questions that seek a confirmation, and when the person asking them insisted on a definite or a between two options answers (for example, 'educable' versus 'trainable'). Such findings suggest that administrative purposes dominate the conference-meeting, especially in respect of placement decisions. Determining the level of functionality in itself is not necessarily problematic. Yet, and in the absence of specific activities to participate in or a curriculum to respond to, the categories, classifications, and value judgements did nothing other than underscore 'disabling identities' and shaping 'not so great expectations' about the girls. I now turn to the second half of this chapter, where I compare the moves and speech functions depicted in Bedour’s CCM with the CCMs of Fadia and Hala.

8.2 Comparing three CCMs

This section compares the conversational features found in Bedour's CCM with the CCMs of Fadia and Hala. The aim is to examine the degree at which discursive practices of assessment are consistent with every girl and to describe the salient features of the professional 'action' genre. These three cases were selected for a systemic turn-by-turn linguistic analysis and comparison because they are shorter in duration (less than 40 minutes long), whereas the other two conference-meetings (that is, the CCMs of Amna and Shadia) are more than 70-minutes long. A systemic-functional-linguistic analysis of 'spoken' texts is rich and promising on the kind of insights it generates. Still, conducting a close analysis of talk, with the multiple layers involved in the TALK-TIES framework is challenging and time consuming, especially when conducted manually given the challenges of the Arabic language and the absence of SLF software that are compatible for spoken Arabic. I start this section with a summary table of the general features across the three CCMs. I then compare the extent of participation between members of the team. The third and final part compares the moves and speech functions.

Table 8.6: Comparing features in three CCMs

	Bedour		Fadia		Hala	
Meeting duration	39 mins		37:28 mins		36:39 mins	
Participants	8 speakers		11 speakers		11 speakers	
Moves %	*f*	%	*f*	%	*f*	%
Initiating moves	77	15%	33	12%	53	21%
Sustaining moves	70	13%	42	15%	44	18%
Engaging moves	249	47%	117	43%	100	40%
Challenging moves	43	8%	6	2%	8	3%
Monitoring moves	57	11%	47	17%	27	11%
Unintelligible	30	6%	30	11%	18	7%
Total turns	526		275		250	

8.2.1 The speakers: Frequency and quality of participation

The number of practitioners and the frequency of their participation at the CCMs of Fadia and Hala were a little different from what was depicted at Bedour's CCM. In both meetings, a total of 11 speakers participated. Although the extent of participation for each member of the team varied, the involvement and engagement of certain members over others remained fairly similar. Figure 8.8 and Figure 8.9 in the next two pages compare the distribution of speakers and highlight those who have participated in the question-answer exchanges.

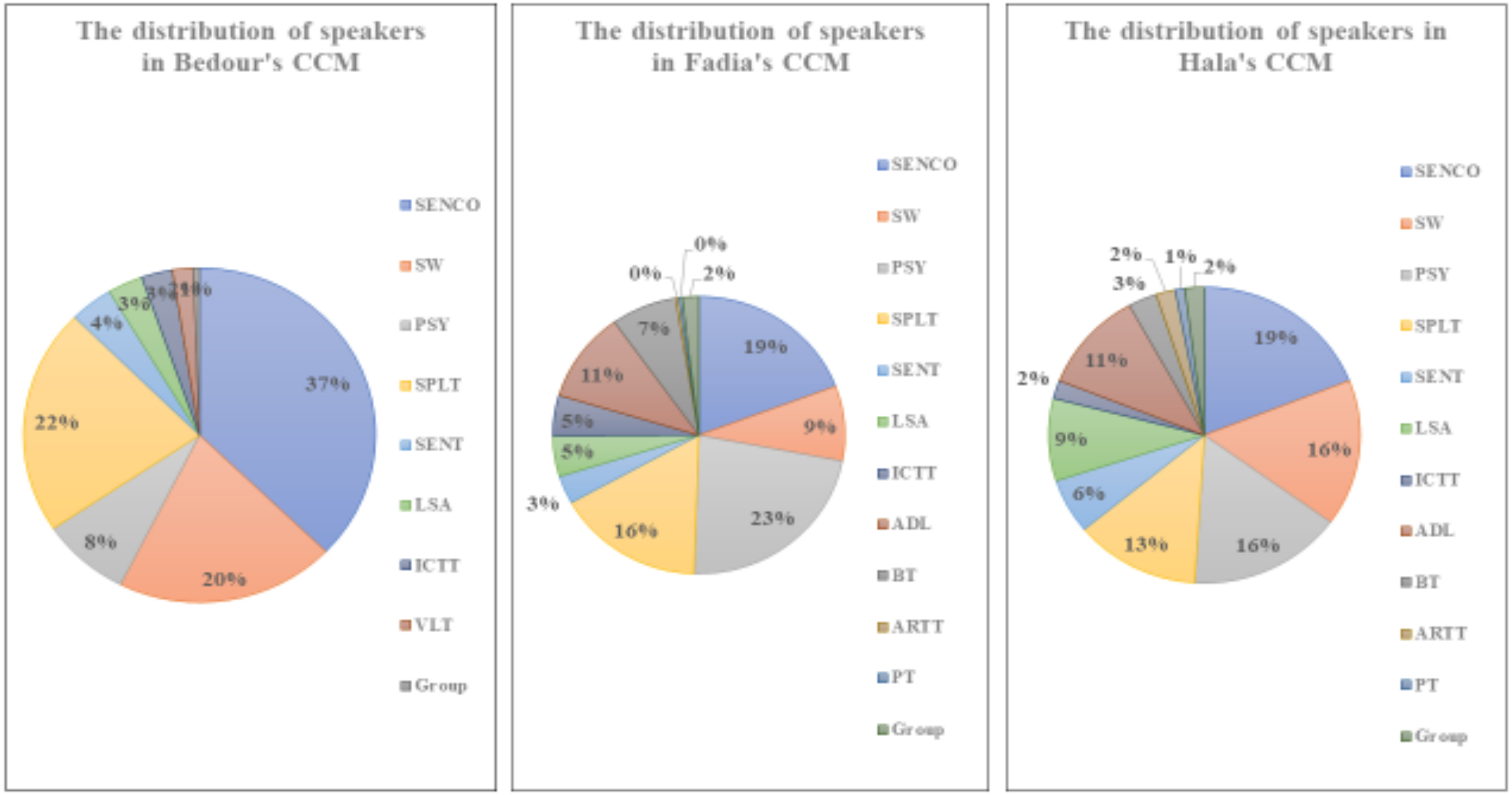
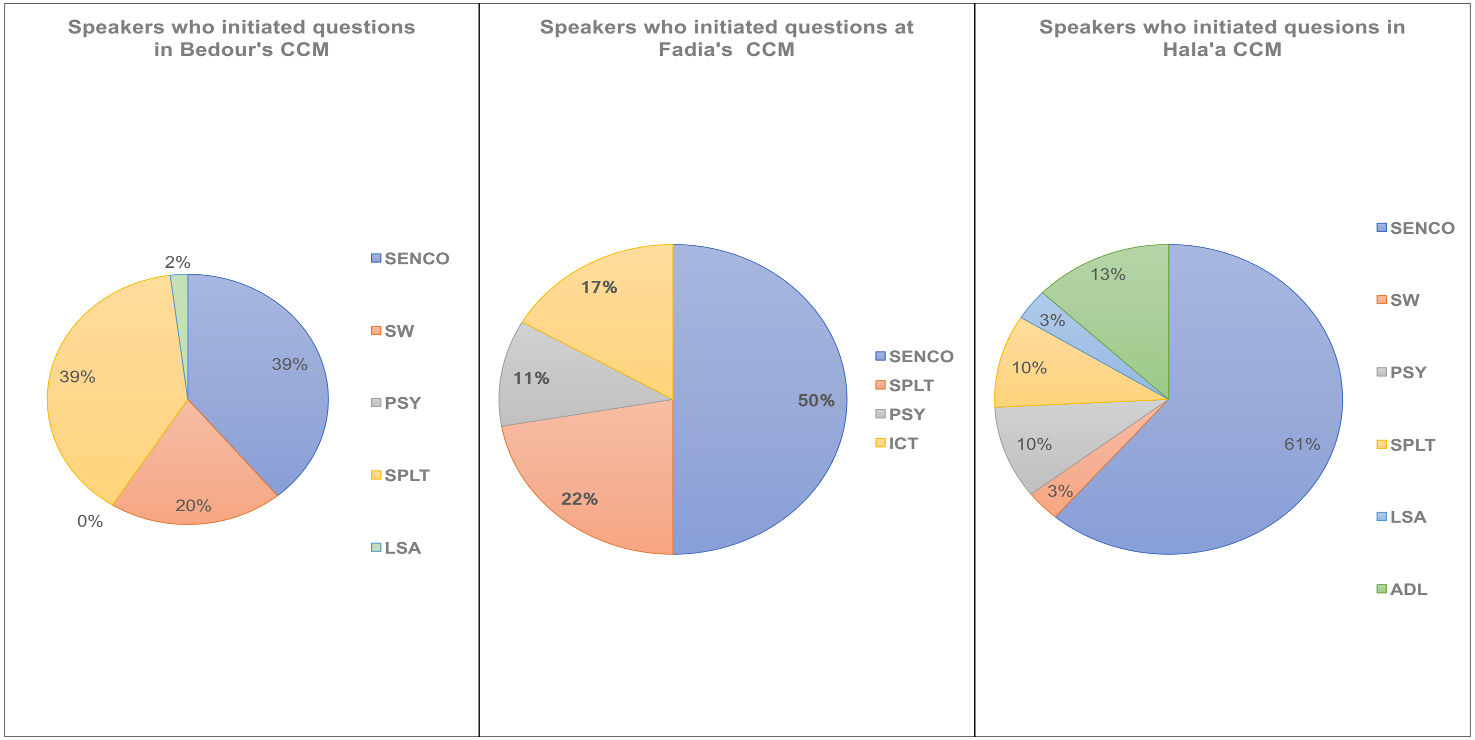


Figure 8.8: The distribution of speakers in three CCMs



Speakers who initiated questions in Bedour's CCM

Speakers who initiated questions at Fadia's CCM

Speakers who initiated quesions in Hala'a CCM

Figure 8.9: Comparing question engagement in three CCMs

The dominant role of the SENCO chairing the meeting was obvious across the three CCMs. Indeed, in the conference meetings of Fadia and Hala, she exercised more power, only inviting questions at the end of each designated turn, and asking half or more of the questions (50% in Fadia's CCM, and 61% in Hala's). As for members of the team themselves, the distribution differed, especially in Fadia's CCM; the psychologist occupied more turns than the SENCO, which was due to an extended report of her performance in the IQ test and the questions it generated.

A key aspect in determining the contribution of each practitioner was [sustaining moves]; how long a speaker holds the floor to pass on all that she has to say about the target girl. The second determiner was the participation of few members in the question-answer exchanges, which is depicted in Figure 8.9 above. Unlike the CCM of Bedour, the psychologist initiated questions rather than being on the receiving end only. On the other hand, the limited participation of the Special Needs teacher, and her absence from the question-answer exchanges were also noted in the CCMs of Fadia (3%) and Hala (6%). Similarly, the remaining members of the team barely engaged in the discussion beyond their designated turns. This limited participation could also be explained by the extent to which the first three practitioners (SW, PSY, and SPLT) sustained their turn or provided a prolonged report, hardly leaving any time for the remaining practitioners to engage in the discussion. This fixed order also emphasises the value the medically oriented information shared. In fact, all the practitioners before the Special Needs teacher, including the social-worker fall under the school's health department, and if girls have an accompanied physical disability, the physiotherapist, and occupational therapist would speak before the Special Needs teacher.

The order of speaking would not have been a barrier to the genre of conference-meetings if speakers synthesised the information they gathered and only reported outcomes that could be relevant to others, or key concerns that everyone involved with the girls should know. Assessing such relevance, however, is not straightforward, especially when the objective of the meeting is limited to, as stressed earlier, the very description of deviance and discussion of a girl's disabilities and limitations. Also, if talk is mainly directed to the SENCO rather than to colleagues from different disciplinary backgrounds, the chance is high that practitioners report all that they have done in the evaluation period so as to prove that one has done one’s job or what is expected by senior management.

Comparing the frequency of participation amongst speakers gives an idea of who comes to dominate talk, and perhaps also the knowledge fields or disciplines that are distributed. Little is known, however, as to how the conversation unfolded, or the types of moves and speech functions contributing to the discursive assessment activities. The following section compares the frequency of moves and speech functions across the three CCMs.

8.2.2 Conversational moves and speech functions

This section compares conversational moves and speech functions that each move fulfilled in three CCMs. A total of (=1051) turns were coded in the three transcripts. The apparent similarity in the distribution of moves and speech functions suggest a rather rigid and highly routinised practice. Figure 8.10 below depicts the average of conversational moves across all three CCMs.

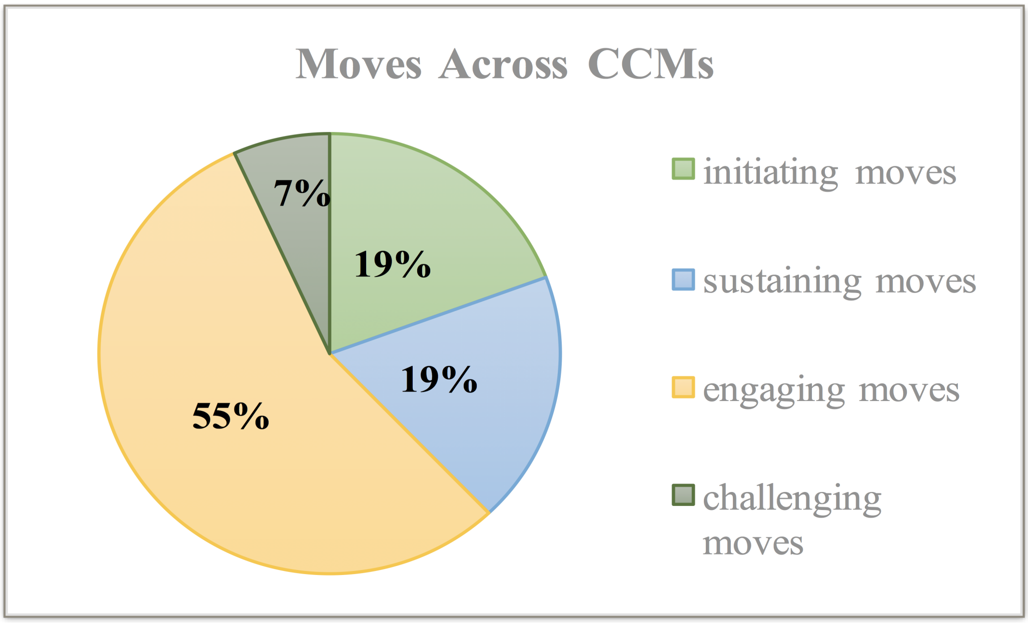


Figure 8.10: The average of moves in three CCMs

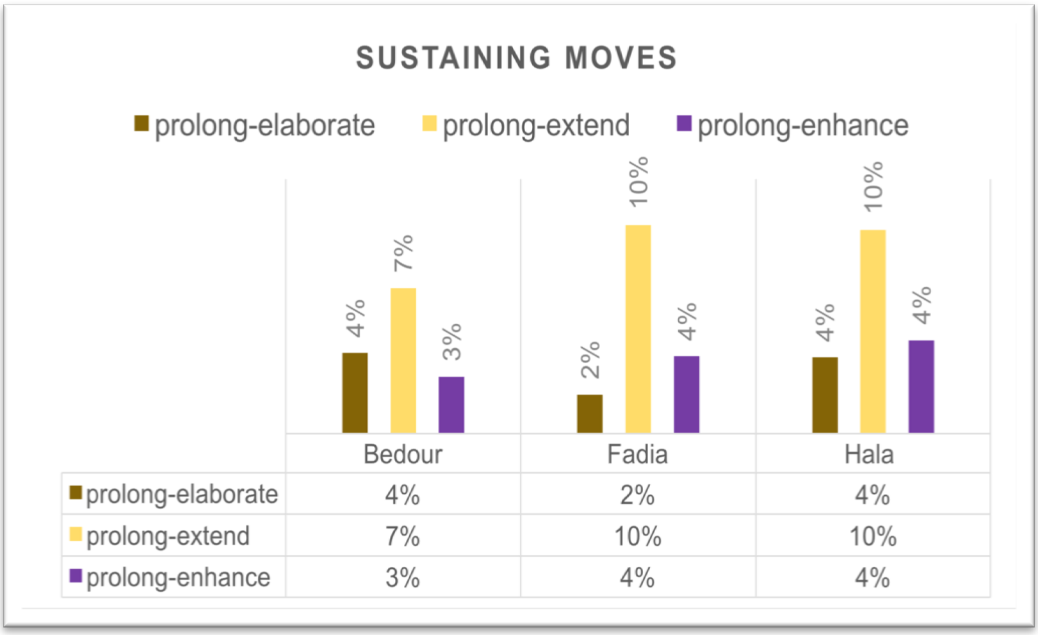
Engaging moves comprised (55%) of the turns. This, however, does not suggest that engaging moves contributed to the discursive practice taking place, especially when we exclude registering functions (for example, *aha, okay, umm, I see, what else*) and rejoinders (for example, *accept, repair, clarify*), which I argued earlier are integral to any conversation, and not specific to the genre of conference-meetings in special schools. The average of initiating and sustaining moves is (19%). Finally, challenging moves were the lowest across all three CCMs, but only disruptive to the course of discursive events at Bedour's. In the subsequent sections, I compare and discuss initiating and sustaining moves and then follow with engaging and challenging moves, beginning with depictions in Table 8.7 below:

Table 8.7: Comparing initiating moves in three CCMs

	Bedour		Fadia		Hala	
	f	%	*f*	%	*f*	%
Giving statements	16	3%	11	4%	13	5%
Giving opinions	12	2%	4	1%	9	4%
Total turns	**526**		**275**		**250**	

Initiating moves: Statements, opinions and prolonged turns

As Table 8.7 above shows, there are more statements than opinions across the three CCMs. When coded per move or turn, the difference between statements and opinions is only notable in Fadia's CCM (1% to 4%). However, when one accounts for sustaining moves, especially the [prolong-extend] speech-function, the difference between statements and opinions become more salient across all three CCMs. Similar to Bedour's CCM, the majority of practitioners presented the case and the outcomes of evaluation in a monologic fashion, reporting more than five or seven facts about a girl in single turns. Again, here, when holding the floor to pass on information, practitioners tend to [prolong-extend] by adding more facts or information, than they would [prolong-elaborate] by giving examples or clarifying, or [prolong-enhance], that is providing reasons, comparing cases and specifying dimensions of space and time, or conditions and contingencies influencing the outcomes. Figure 8.11 below compares the three speech functions associated with sustaining moves.



	Bedour	Fadia	Hala
prolong-elaborate	4%	2%	4%
prolong-extend	7%	10%	10%
prolong-enhance	3%	4%	4%

Figure 8.11: Comparing sustaining moves in three CCMs

More than any other feature or conversational dynamic, the [sustaining] move and its associated speech functions accounted for the '*much ado about everything'* narrative captured in the title of this chapter. It was clear from the flow of events in all three CCMs that passing on as much information gathered about a girl is what the SENCO expects from her team. This was especially encouraged by the way she monitored the conversation and passed turns, and how she perceived "saying everything" as enough to predict events or to make placement decisions. I now turn to the questions or demands, and compare their frequency in the three conference-meetings.

Initiating questions: Comparing demands in three CCMs

As both the Figure and the Table on the next page show, there were more [demands for confirmation] than [demands for information] in the CCMs of Bedour, Fadia and Hala, but the difference between both types was not as notable in Hala's conference meeting. As I argued when discussing questions initiated at Bedour's CCM, it may be misleading to classify these questions as closed versus open, because on some occasions, though rare in my data, demands for confirmation, especially the speech function [verify-probe], opened the space for discussion and co-construction of knowledge about the girls. The impact of the [verify-probe] question to the unfolding of events, and to the discursive practice of assessment was most evident in Fadia's CCM, although not all of the questions were answered or attended to. The percentage of questions that practitioners engaged with is depicted in Table 8-9, page 203.

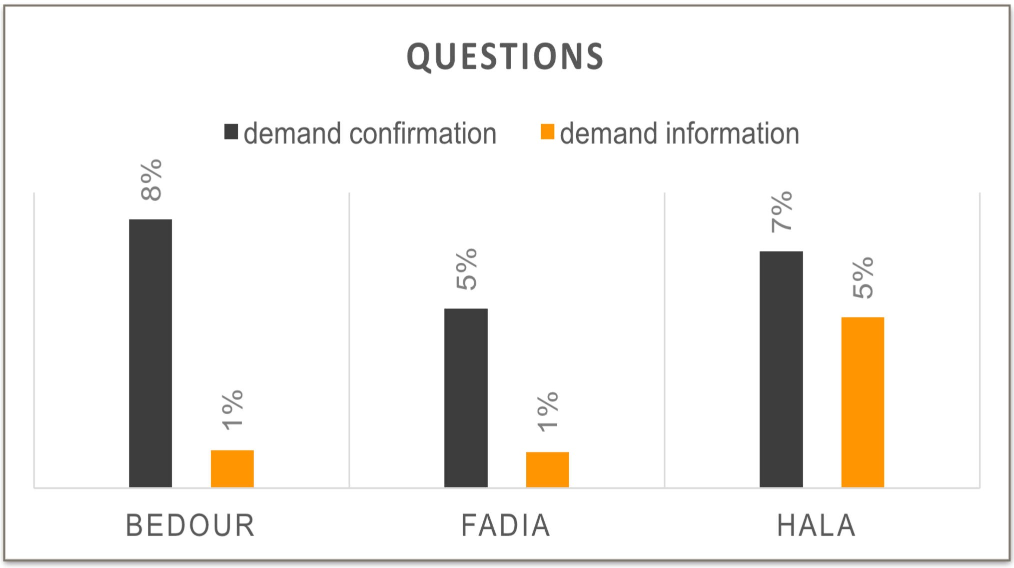


Figure 8.12: Types of Demands in three CCMs

Table 8.8: The frequency of demands in three CCMs

	Bedour	**Fadia**	**Hala**
Demand confirmation	43	15	18
Demand information	6	3	13
Total	**49**	**18**	**31**

Table 8.9: The percentage of response to questions

	Bedour	Fadia	Hala
Demand confirmation	43	15	18
Demand information	6	3	13
Direct answers to questions	39	12	14
Total %	**80%**	**67%**	**45%**

Practitioners did not engage with all of the questions or demands raised by their colleagues. On average, only (66%) of the questions were attended to across the three CCMs, which was most notable in Hala's CCM where more than half the questions remained unanswered. There are, of course, different reasons why members of the team did not answer each other's questions, and only one of these has to do with the nature or content of the question; this I label as a discursive reason. As Excerpt 8.4 from Bedour's CCM revealed, the speech-therapist may simply have no answer to the question, or is hesitant to give a definite answer; it could simply be too early to tell if Bedour will respond to language-based interventions, or perhaps the family lacks the financial means to visit a speech-pathologist to confirm an organic dysfunction. The other two reasons are not necessarily related to the question itself, and may apply to any of the ignored attempts depicted in the three transcripts; I have labelled these as institutional and cultural, respectively.

Institutional reasons are related to the degree of control exercised by the SENCO, especially where she restricted questions to the end of each designated turn, or interrupted questions to move forward with the report. This conversational behaviour was particularly evident in Hala's CCM, where the SENCO initiated (61%) of the questions, most of which were of the [apprize-specify] type, coded for (32%) of the questions (see Table 8.8, above). Hala has two brothers, both of whom are identified with a disability. All (=10) questions of the [apprize-specify] type sought a specification of the history of diagnosis for both brothers, and to name the different schools and services they received. Furthermore, the ground rules of talk, though implicit, accounted for the relatively low questions of the [apprize-explain] type, that is seeking from a colleague to fill a gap in knowledge or to explain the outcomes obtained in more detail. As Figure 8.12 p. 202 depicts, demands for explanation were the lowest in frequency. Sharing as much information as possible about the girl, again, seemed to be the main objective for the SENCO but not for members of the team themselves. For members of the multidisciplinary team, however, the reluctance to demand information or seek an explanation has more to do with cultural patterns of communication in the Arab world (Appendix C summarises general patterns of communication in Arabic).

Indirectness and face-saving are two patterns of communication that are common to many but not all Arabs (Feghali, 1997). Both communicative behaviours were evident in talk amongst members of the team, accounting for the lack of engagement with questions, as well as the few attempts to seek explanations or to demand information that fills gaps in one's knowledge. Though depicted in a few instances across all five meetings, it is not common to say *"I do not know";* speakers tend to skip the question, or change the topic altogether by revisiting another aspect of the girl, and highlighting what they see as more important. In other words, avoiding answering questions, or initiating them in the first place is a strategy to save face, or to protect their identities as 'knowledgeable' others, who are experts in the field, and are thus expected to have answers to such questions, especially in the presence of the SENCO. The final section in this chapter compares and discusses 'engaging' and 'challenging' moves across the three conference meetings.

Discussing assessment: Engaging and challenging moves

Table 8.10 p.208 gives a summary of engaging moves across the three CCMs compared in this chapter. The colours in the table differentiate the sub-types within engaging moves: *developing moves*; *registering moves* that indicate listening (for example, *aha, okay, what else, umm*, and *I see*); *supporting moves*; and rejoinders. As I stated earlier, amongst these, the 'developing' sub-type is more reflective of the joint discursive practices of assessment between members of the team. As a reminder, developing speech functions are based on the same logico-semantic framework in SFL, but it is a colleague who extends, elaborates, or enhances their colleague’s statements and opinions. On average, the developing sub-type comprised (32%) of all CCMs. The second two groups tell us something about interpersonal dynamics between members of the team, but are not necessarily ‘supportive’ of the discursive events or the goals it seems to be fulfilling. Thus, in this section, I only compare the developing speech functions.

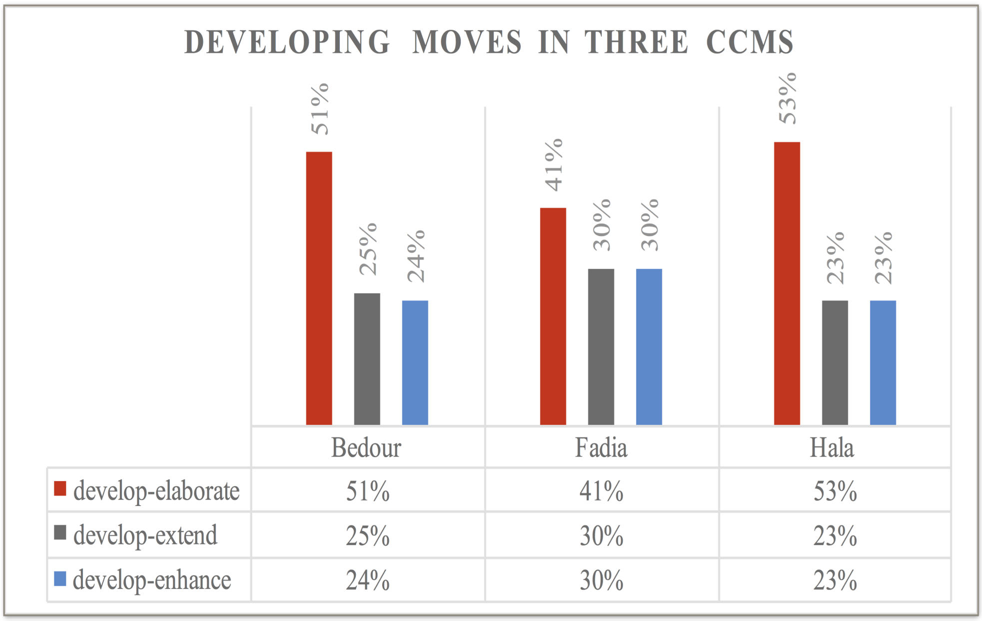


Figure 8.13: comparing developing moves in three CCMs

As described earlier, developing moves are coded for turns where a speaker [develops] the statements, facts, or opinions put forward by colleagues. The relative frequency of speech functions associated with [developing moves] was fairly similar across the three CCMs. As Figure 8.13 shows, practitioners show more tendency to elaborate on the content of statements or arguments than they extend by giving more information, or enhance by reasoning and drawing casual links between factors.

From a discursive sociolinguistic perspective, elaborateness - even by the same speaker - is a common verbal style of communication amongst Arabs, serving as it does two rhetorical functions, which are essential for establishing credibility; exaggeration {مبالغة} and assertion or emphasis {توكيد} (Feghali, 1997). By repeating the same information, or narrating similar incidents, practitioners are not only agreeing with their colleagues, but are also emphasising and strengthening the essence of the message. I have intentionally chosen the word ‘message’, here, over the words ‘argument’ or ‘reason’, although the latter are more common if one is talking about cases, assessment or evaluation. My choice is informed by yet another communicative style, that is ‘affectiveness’ or emotional vibration. Amongst the majority of Arabic-speaking populations, the power of the message and the emotional feelings it instils is more important than the content of the message or its accuracy (Zaharana, 1995).

These socio-culturally specific patterns of communication have practical implications for the discursive practice of assessment and evaluation, and to joint understanding of the case. It is noteworthy to mention here that the majority of studies of Arabs’ styles of communication take a cross-cultural perspective, comparing patterns of communication between Arabs and Anglo-Saxons, especially in business meetings. My concern in this study is different. The focus is on how language as a sociocultural artefact, influences joint assessment practices between members of the team. Developing moves are indirect ways of saying “*I strongly agree with you, and here are my reasons*”, but instead of providing facts they would repeat, re-specify, or exaggerate to increase credibility. For example, in Excerpt 8.5 the psychologist and SENCO agree that Bedour’s score in the IQ test is borderline between mild and moderate, so they kept [elaborating] without saying something new, but rather repeating the score in different ways; the IQ was the fact, the reason, the cause, and the effect. In other words, statements about the IQ score were tautological, speaking for themselves and conveying an existent truth that is independent from any other factor about the girl.

The degree of consensus between members of the interdisciplinary team was evident in the data, especially when adding up the frequency of both developing and supporting moves, such as agree, accept, acknowledge, affirm, and confirm. Hjörne and Säljö (2014a) report similar outcomes in their analysis of school welfare team meetings in Sweden. They also argue that such ’collegial nature’ is one of the reasons why the multidisciplinary composition of members does not necessarily pay off at meetings. The low frequency of challenging moves relative to supporting and developing ones, especially in the conference-meetings of Fadia and Hala suggest a similar conclusion. I now turn to these challenging moves, compare their frequency, and discuss their impact on the unfolding of discursive practices of assessment at the CCMs of Bedour, Fadia and Hala.

Table 8.10: Comparing engaging moves in three CCMs

	Bedour	**Fadia**	**Hala**	Total	% per move
develop-elaborate	39	18	16	73	
develop-extend	19	13	7	39	
develop-enhance	18	13	7	38	
Total	**76**	**44**	**30**	**150**	32%
indicating following	74	34	19	127	27%
reply-answer	39	12	14	65	
reply-acknowledge	3	2	0	5	
reply-affirm	4	3	5	12	
reply accept	3	0	0	3	
reply-agree	10	6	5	21	
Total	**59**	**23**	**24**	**106**	23%
track- clarify	10	5	10	25	
track-confirm	22	6	13	41	
response-resolve	3	1	0	4	
response-repair	5	4	4	13	
Total	**40**	**16**	**27**	**83**	18%

Challenging moves

Challenging moves were the lowest in frequency, constituting no more than (5%) across all three CCMs. One needs to notice, however, that this percentage is especially affected by the figures in Bedour's CCM. The [respond – unresolved], [re-challenge] and [disagree] speech functions were only evident in Bedour's conference-meeting, but not in Fadia or Hala's. Moreover, and as excerpts from Bedour's meeting revealed, most of these challenges were enacted by the speech-therapist, rendering the outcomes specific to the incidents in this single meeting, but not as a subtle feature of the genre of a conference-meeting. Indeed, the absence of challenging moves, at least from a sociolinguistic perspective, is expected. As emphasised earlier, indirectness is common amongst Arab speakers. Thus, it is unlikely to depict instances where a speaker challenges a colleague explicitly; they would instead provide a counter statement or introduce an entirely new topic, which is an indirect way of saying "*I do not agree, and this is what I think*". Indirectness and implicit talk, however, are unquantifiable features of communication. For this reason, I made a distinction between speech functions where speakers challenge a colleague, and challenges to the course of events at the meeting. Table 8.11 below depicts challenging moves in three CCMs.

Table 8.11: Comparing challenging moves in three CCMs

	Bedour		**Fadia**		**Hala**	
	f	% moves	*f*	% moves	*f*	% moves
rebound	1	0%	0	0%	0	0%
counter	2	0%	2	1%	2	1%
unresolved	14	3%	0	0%	0	0%
rechallenge	9	2%	0	0%	2	1%
disagree	8	2%	0	0%	2	1%
withhold	3	1%	1	0%	2	1%
disavow	3	1%	1	0%	0	0%
contradict	3	1%	2	1%	0	0%
Total	**8%**		**2%**		**3%**	

If one moves beyond the linguistic speech function, the absence of challenging moves could be interpreted in relation to all other features of the genre; who are the speakers and how they contributed and engaged; the ratio of statements to personal and professional opinions or reflections; the relative absence of questions that seek explanation, and the monologist fashion of talk. Taken together, those features hardly leave space for colleagues to engage in constructive dialogues or to challenge one another in ways that generate new and alternative insights. Challenging moves are not necessarily negative. On the contrary, it is their notable absence that raises a question regarding the very communicative purpose of the genre. The combined features of the genre, and the interpersonal dynamics enacted suggest that the multidisciplinary composition of team members generated, more than anything, multi-monologues. I conclude this section with a multimodal schematic illustration of the monologues as compared to the potential dialogue that could have taken place given the nature of the team and the distributed knowledge and expertise of members (see Figure 8.14 and Figure 8.15 below).

Figure 8.14: A schematic representation of multi-monologues

Figure 8.15: A schematic representation of dialogic engagement in conference-meetings

Chapter summary and insights

Quantifying moves and speech functions allowed me to work with the data closely and systematically, and to unpack the interpersonal dynamics of engagement between members of the team. The SENCO exercised obvious power, especially where she rushed the discussion and restricted questions to the end of each designated turn. The contribution of team members was affected by the prolonged turns they held, especially at first, when the social worker sustained her report for an extended period of time, passing on more information about a target girl than one could possibly process or digest. Also, beyond her, only the psychologist and speech-and language-therapist engaged in the question-answer exchanges. The contribution of the remaining members was notably limited; they passed on all that they had to say about girls in a single or maximum three turns, and in so doing met the three main objectives that conference-meetings seemed to be fulfilling. These are:

1. Representing the developmental trajectory of a girl, with a particular focus on disability diagnosis.
2. Reporting the outcomes of assessment and/or evaluation in different domains, especially highlighting scores or evaluative measures such as ‘moderate, severe, educable’ and so on.
3. Recommending areas for intervention as lists of tasks or skills a girl ‘needs’ to master.

In fulfilling all three objectives in single, or maximum three turns, talk at meetings suggest a multi-monologue rather than an interdisciplinary dialogue. It was only when questions were asked that a genuine dialogue took place, and doors for joint understanding and co-construction of knowledge and identities were opened.

Findings in this and the previous chapter narrated the stories meetings tell, as well as the semantic and pragmatic aspects of conversations, and how they, together, captured the objects and goals of talk. *The relevant thing about us* narrative revealed the value and position of medically-oriented knowledge, especially with respect to classification systems and diagnosis. The *much ado about everything* narrative suggested that the goal of talk is to pass on information rather than discuss and negotiate its relevance to girls, to the daily-practices at school, or to the activities girls are likely to participate in. This, however, is not surprising, especially given the fact that opportunities to engage in meaningful community projects and activities for girls with disabilities in GCCC are limited, being the most vulnerable groups in a patriarchal society. I now turn to my third findings chapter, which looks into the material and relational outcomes of talk, reflecting as they do '*not so great expectations*'.

Chapter 9: Not so great expectations

This chapter sought to answer my third question, which asks:

How do discursive practices of assessment and figured worlds of disability influence the construction of girls' identities?

My analysis in this chapter draws on sociocultural interpretations of discourse and identity production to reveal the material and relational consequences of the spoken action genre. Material consequences refer to the technologies, tools, and semiotic artefacts (for example, categories, scores in tests, and evaluation outcomes) informing and mediating assessment practices. Relational consequences, in turn, refer to the relationships enacted in talk, and to the figured world of disability as experienced and understood by practitioners. A close analysis and interpretation of these consequences generated four discursive narratives, divided into two groups:[13]

1. **Material consequences:**

My scores speak for me
I am what I can do today

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[13] This chapter includes a few extracts that were reproduced from the preceding two findings chapters, but the focus here is directed to assessment as a product that affords certain ways of perceiving the girls, and hence construing their identities in specific ways.

2. **Relational consequences**

Fitting me to what you know

Not everything about me is compromised

My scores speak for me: Amna's conference-meeting as an example

Amna’s conference-meeting included multiple examples that reflect the value of objectified measures, especially for determining the extent to which a girl is affected by her disability. In the first part of Amna’s CCM (Day 1), scores in a range of tests were missing and only outcomes from the Vinland Adaptive Behavioural Scale were reported. As a result, the activities of daily living teacher (ADLT) explicitly stated the value of one specific test for Amna (Excerpt 9.1 below):

Excerpt 9.1: Stating the value of quantifiable measures

645a	*ADLT*	*We do have the CARS*
646a	*SENCO*	*No one did the – [?*
647a	*ADLT*	*Did anyone apply the – [?*
648a	*PSY*	*I am going to do it on Saturday*
649a	*SENCO*	*She is planning to conduct it, yes*
650a	*ADLT*	*What is really good about the CARS is giving you a percentage within the spectrum, for each of the symptoms*
651a	*SENCO*	*Exactly*
652a	*ADLT*	*Why is that important? because you could classify the degree of her autism between mild, moderate and severe*

653a	*SENCO*	*Exactly*
654a	*ADLT*	*The other advantage is, it specifies for each symptom, the extent to which she is affected*

Excerpt 9.1 reveals, quite explicitly, the value practitioners weigh on measures that specify the degree to which a girl is affected by her disability (that is, mild, moderate or severe). The ADLT, who joined the meeting at a later stage, asked why CARS [referring here to the Child Autism Rating Scale] was not conducted, especially that the school holds a copy of this assessment tool. When both the psychologist and SENCO confirmed that the assessment will be conducted the following week, the ADLT emphasised its importance for individuals identified with autism. Although CARS is particularly useful for targeting behaviours and guiding intervention, the emphasis in this instance of the meeting was given to measures that assess the degree of autism and to specify, for each domain, the extent to which a girl is affected. Such emphasis does nothing more than lowering already low expectations, and it gives rise to a typological mode of reasoning.

When Amna's scores were reported, they were more often than not directed to the SENCO to fulfil administrative purposes, as the schematic illustration of meetings at the end of the previous chapter has shown. Furthermore, the exchange did not move beyond the scores themselves, similar to the conversation around Bedour's IQ score in Chapter 8. Excerpt 9.2 below depicts the kind of talk surrounding numbers and evaluative measures such as mild, moderate or severe.

Excerpt 9.2: Scores speak for themselves

1047a	*PSY*	*Of course, her chronological age is 15-years old and 4 months, her social age is 11 years and 2 months. Umm Okay the overall score is 77, a mild delay. Umm as for the ADHD rating scale, the attention score is 12, impulsivity is 6, the inattention disorder is*

		18 and hyperactivity is 15, behavioural conduct is 12 and inattention with hyperactivity is 37
1048a	*SPLT*	*Okay, am sorry but just so we understand, this 12 is out of what?*
1049a	*SENCO*	*Explain it to them please, is it mild or severe? just tell them what these scores mean*
1050a	*PSY*	*Inattention and hyperactivity is 37. This is a high score, 37 is a very high score*
1051a	*SPLT*	*Hyperactivity is high?*
1052a	*PSY*	*Yes*
1053a	*SPLT*	*What about the rest?*
1054a	*PSY*	*Inattention is also high; these are the highest two scores she obtained.*
1055a	*SPLT*	*Okay and socially? what did you say about her communication skills*
1056a	*PSY*	*The verbal skills were discussed earlier*
1057a	*SPLT*	*Aha?*
1058a	*PSY*	*So, the verbal skills / well so in regards to the CARS test that rates autism, relating to people is 2, imitation is 2*

1059a	*SPLT*	*What I have written down here, scores are either 2 or 3, but what does relating to others mean?*
1060a	*PSY*	*It is high*
1061a	*SPLT*	*So, relating to others is good?*
1062a	*SENCO*	*The degree of autism, this is CARS for diagnosing autism*
1063a	*SW*	*Two means_*
1064a	*SENCO*	*It is the same scores Mrs. Amani got*
1065a	*SW*	*Moderate*
1066a	*SPLT*	*Relating to others is moderate?*
1067a	*SW*	*Moderate*

Since talk was mostly directed to the SENCO chairing the conference-meeting, the psychologist began by announcing the scores that Amna obtained in some evaluation measure, without specifying the assessment tool. The speech-therapist demanded an explanation of these scores, at least to specify the reference point to which these numbers compare. Not only did the SENCO give permission to the psychologist to speak, but she also guided - and perhaps constrained - the expected response, telling her to specify what these scores suggest about the degree of Amna’s autism [1049a]. Accordingly, the psychologist announced the score, which she might have thought was the most significant, but did not say more than the fact that it was *high*. Since multiple scores were reported together, the speech-therapist, again, demanded information about the remaining scores, and then asked about one specific domain which relates to her professional interests (that is, communication/verbal skills). Instead of answering her question, the psychologist stated that she had mentioned it earlier and moved on with her report.

The psychologist then reported the outcomes Amna obtained in CARS. Here, again, the discussion did not move beyond the scores themselves. The speech-therapist who seemed to be referring to a document before her, shows her understanding of the scoring system, and then asked about the meaning of a specific construct (that is, relating to others). Instead of explaining the meaning, the psychologist, again, specified its scale as *high*, perhaps guided by the SENCO's earlier advice. The answer, however did not indicate if a high score was negative or positive, and so the speech-therapist demanded a clearer answer [1059a-1063a] The SENCO joined the discussion to explain that this score specifies the degree of autism, and the social-worker specified that in CARS, the [score 2] suggests that Amna's autism is moderate. Sounding doubtful and confused, the speech-therapist may have had a different opinion, perhaps that these difficulties are mild or severe.

The confusion expressed is not surprising though. Saying that a particular score was "mentioned earlier" suggests that the psychologist is only expected to report the scores and not explain them. Also, constraining the answer to either *mild* or *severe* leaves no space to make clear what *relating to others* means or the language domain it measures. The speech-therapist may have in her mind a different definition of the construct; is *relating to others* a sub-skill of expressive language for example, is it communication skills, or pragmatic-language abilities? What may have sounded as 'common-sense' by one speaker is not necessarily shared by other participants.

A third example from Amna's conference-meeting was more explicit in pronouncing her institutional identity based on the scores she obtained. But again, numbers spoke for themselves and without reference to what they entailed, resulting as they did in disputational talk (Littleton and Mercer, 2013), where the exchange included a lot of *"she is so and so"* or *"she is this and not that"* but nothing more (Excerpt 9.3 below).

Excerpt 9.3: The ultimate question for establishing an institutional identity

1108a	*PSY*	*Of course, she has autism disorder with a mild degree*
1109a	*SPLT*	*So, do you see now why the mother keeps saying she does not have autism*
1110a	*PSY*	*A mild score, that is why the mother says/ she says she is not / she is not moderately autistic, she is mildly abnormal, even less than mild*
1111a	*SPLT*	*These are the mother's words*
1112a	*PSY*	*Amna is autistic. Okay. So according to Binet, her overall score is 55*
1113a	*SENCO*	*Tell them what it means*
1114a	*PSY*	*A mild disability, a learning delay or a mild disability*
1115a	*SENCO*	*What else?*
1116a	*SPLT*	*A mild delay means she is responsive to what?*
1117a	*SENCO*	*Responsive to training*
1118a	*SENT*	*Responsive to vocational learning*

1119a	*SENCO*	*No, 'it is mild, she wrote that it is mild down here?!* *[Referring to a submitted report]*
1120s	*PSY*	*Yes, it is mild, a mild delay*
1121a	*SPLT*	*She is trainable*
1122a	*SENCO*	*She is educable*

Amna's conference-meeting closed with the ultimate question that conference-meetings seek: 'Is the girl trainable or educable?' This question is perceived as important because it fulfils placement purposes and it shapes the institutional identity of girls. However, and despite perceiving the score 55 itself as objective, the entities generated in talk were not unanimously considered as either mild, moderate or severe by these practitioners. As a result, the conference-meeting closed with polarised opinions and no agreement. This tendency to avoid conflict or to challenge speakers is common to the genre, as the findings in Chapter 8 revealed. Hence, the conference-meeting ended with neither recommendations nor interpretation of the pedagogical/therapeutic implications of Amna's overall evaluation. Besides *speaking for themselves*, the scores or outcomes a girl obtains were considered fixed and not changing. The second narrative shows how girls' outcomes, or what they did during assessment were believed to be their ultimate or maximum potential.

I am what I can do today: Discursive assessment practices that block future learning

Besides speaking for themselves and standing as self-fulfilling prophesies, the outcomes girls obtain, or the skills and abilities they show during the assessment period are perceived as predictors of their future performance. Explicit examples from the conference-meetings of Amna, Bedour, Fadia, and Hala reflect a belief on the fixity of assessment outcomes. Excerpt 9.4 below illustrates this point with respect to Amna:

Excerpt 9.4: If I cannot do it today, I won't do it tomorrow

933a	*SPLT*	*Okay, umm of course, she could take both, but you said geometric shapes are more important than learning how to add and subtract? okay umm but what would be the use of geometric shapes in our daily lives, but with addition and subtraction she could learn how to buy stuff, how to do _*
934a	*SENCO*	*No. As for Amna no, for Amna addition and subtraction would not be of much benefit to her because she won't reach a stage where she would go buy stuff for herself*
935a	*SENT*	*She has no understanding of the meaning of addition and subtraction*
936a	*SENCO*	*She will not be able to do it. She tried teaching her how to add and subtract, she could repeat after her, only repeat them, but as for the meaning of a number, or what it means to add to it / well it is something that she would not comprehend*

937a	*SPLT*	*But as for the geometric shapes _*
938a	*SENT2*	*When I asked her mother and her teacher, because I spent some time with her teacher, she said that Amna is very capable of doing mathematical operations with beads and objects*
939a	*SENCO*	*Something tangible*
940a	*SENT*	*With objects and stuff like that, yes, she can _*
941a	*SENT2*	*But _*
942a	*SENT*	*But to write them for example, no she cannot*
943a	*SENCO*	*Then stick to concrete objects*
944a	*SENT*	*Okay*
945a	*SENCO*	*Do not move to the abstract level with Amna*
[redacted]	[redacted]	[redacted]
1041a	*SENCO*	*Within numbers, and you keep on working with concrete objects, so every objective you set for her IEP should be tangible and concrete, using picture cards because Amna will not grasp any abstract concepts*

The exchange in Excerpt 9.4 began with a disagreement between the speech-therapist and the SENCO on the content of numeracy lessons suitable for Amna. For the speech-therapist, skills such as addition and subtraction are more useful because they would help her buy things for herself. The SENCO denied the importance of these numeric skills, perhaps based on a cultural belief that individuals identified with a disability - and especially girls - would not be left alone or sent to do their shopping without the supervision of an adult [934a].

Although the conference-meeting only took place a month following registration, both the SENCO and the Special Needs teacher concluded that Amna would not be able to grasp or comprehend mathematical concepts. Yet, when another teacher confirmed her ability to do mathematics with the aid of concrete objects, the SENCO suggested continuing along these lines and not moving to the abstract level. Then, near the end of the conference-meeting, the SENCO blocked any opportunity to advance Amna's skills by confirming that she would never move to the abstract level. Except for the use of beads and objects, the exchange in Excerpt 9.4 did not move beyond restating the scores and outcomes; practitioners did not discuss, for example, alternative pedagogical approaches for teaching mathematics.

Similar instances were depicted in the conference-meetings of Bedour, Fadia, and Hala. After announcing the outcomes obtained in any battery of tests, the practitioners follow this with a statement that suggests the fixity of these abilities. I start with a quotation extracted from Bedour's narrative in Chapter 8 and then follow with examples from the conference-meetings of Fadia and Hala.

My IQ is my past and future

So why do we keep trying to place students like her in the academic programme, there is not a need to set academic objectives for them. Let us not start any literacy sessions with Bedour (SENCO, Bedour's CCM, turn 442b).

The way disability affected me … forever

So, the tool used is Portage. The way disability affected the case, since she has a mental delay, a speech problem and inattention, so this will impact on her ability to learn cognitively demanding skills such as reading, writing and maths ... (Special Needs teacher, Fadia's CCM, turn 250f).

Umm, her points of strength, Hala recognised all different shapes of the letters in the alphabet, Hala counted until 100 and wrote numbers in a very neat handwriting, umm and she also discriminates geometrical shapes, and she reads a few words but her reading, because she has learning difficulties, she will not read fluently (Learning support assistant, Hala's CCM, turn 241h).

Similar to the outcomes of the referral meetings reviewed in Chapter 4, discursive assessment practices generated an individualised understanding of disability, where problems are placed "beneath the skin and between the ears" of a student (Mehan, 1993, p. 241), and without a discussion of pedagogical practices on maths, reading or any other subject; there is something about the girls independent from and exterior to school practices and interactions in the classroom (Hjörne and Säljö, 2004b). Static approaches to assessment objectify the girls, and stripped from professionals and/or teachers the agency and responsibility to act and intervene (Sfard, 2009). As a result, practitioners tend to teach simple and superficial content/material and easy tasks, which eventually restrict future opportunities and career pathways for girls, all of which are limited for girls identified with an intellectual or developmental disability in GCCC. I now move to the relational consequences of discursive assessment practices, starting with discussions of common genetic/developmental disabilities.

Fitting me to what you know: The case of Autism and Down Syndrome

Categories to which girls belong are taken as the key to interpret their care, developmental, and educational trajectories. As I stressed in Chapter 7, categories were the subject of talk, the object of discussion, and a reasoning tool. The tendency to reason with categories is more evident, of course, in situations where practitioners are familiar with the genetic or developmental disorder a girl is said to have, such as the case with Down Syndrome and Autism. Yet, when a girl is identified with a rare genetic disorder, practitioners resort to general conceptualisation of disability and to the IQ score a girl has obtained, which did not tell them more than where a girl falls in the mild-moderate/severe ends of intellectual disability. Moreover, because IQ is the only assessment tool from which referrals by the Ministry of Social Welfare are made, they mistakenly fit girls and identify them as intellectually disabled; this is particularly true in the case of Shadia.

When a disability classification is familiar to practitioners, a key discursive outcome is fitting all narratives and encounters - even those which are in contrast with one's observations - to girls' diagnosis, believing in its absolute objectivity. Although this discursive behaviour is not uncommon in other regions of the world, the socio-cognitive characteristics of the Arab-mind intensifies its visibility in the talk analysed in this study. Especially relevant here is Arabs polarised view of the individual (Abdennur, 2008); the girl is either disabled or normal, educable or trainable and so on. This section gives two examples of fitting narratives to an existing SEN category. The first example is reproduced from Fadia's narrative (Excerpt 9.5 below), '*my maximum potential as a Down'*, and the second is extracted from Amna's conference-meeting (Excerpt 9.6).

Excerpt 9.5: Revisiting an example from Fadia's story

216f	*ADLT*	*As for me, my recommendations, the most important thing really is the chromosome blood test to make sure she is Down Syndrome. It won't help much in training though because the girl has grown up now, she has received training and has developed good skills*
217f	*BT*	*Yes*
218f	*ADLT*	*But just so that we know, when working with her, who are we dealing with really*
219f	*PSY*	*Her maximum abilities from the start*
220f	*ADL*	*Her maximum abilities as a Down*
221f	*PSY*	*As Down, yes.*

Excerpt 9.5 is extracted from the story narrated in Fadia's conference-meeting. The conversation mirrors a contrast between static and dynamic approaches to assessment, where the former is associated with fixed-mind-sets and the latter with beliefs on the potential for change when and if adequate support and mediation is provided. Whilst declaring that a chromosomal test would not help in planning intervention or training, the ADLT asserts its importance for shaping expectations "*who are we dealing with really*" [218f]. Two cultural aspects of the Arab society are likely to explain an extreme fixed-mind set, both of which have been reported in the Arab special education literature: fatalism and lack of confidence in locally produced knowledge (Al-Dababneh et al., 2017; Bazna, 2009). A discussion of these two key sociocultural aspects of society are given considerable attention in my discussion of findings in Chapter 10.

Excerpt 9.6: Fitting Amna’s response to her Autism

452a	*SPLT*	*… sometimes she memorises talk as chunks. I once showed her the picture of The Ka’ba and she said “Alka’aba, The House of God”.*
453a	*SENCO*	*Umm* [indicating listening and following]
454a	*SPLT*	*I do not know / well I do not think the house of God is a description here. She must have seen it once and was told this is the Ka’ba, so she is just repeating it with a similar tone*
455a	*SENIOR*	*This is typical autism*
456a	*SPLT*	*Well she is classic {ايوه ما هي كلاسيك}*
457a	*SENIOR*	*Aha*
458a	*SPLT*	*I asked her home-tutor and she told me that she has classic autism {هي توحد كلاسيك}*

Excerpt 9.6 above exemplifies the fitting of any dynamic encounter between a girl and her teacher or therapist to a disability classification. The speech-therapist was describing Amna’s response to a language activity, focusing particularly on her spatial and temporal awareness. Having reported her poor awareness of time and space in a preceding turn, the speech-therapist interprets Amna’s correct response to one of the picture naming tasks as mere repetition or echolalia; Amna must be repeating a phrase she listened to before, imitating the same tone in which she heard it. According to one of the senior staff, this narrative conforms well with autism. To confirm her observations, the speech-therapist informed members of the team that Amna’s home-tutor told her that she falls at the classic end of the spectrum [456a-458a]. In fact, and as reflected in the story her meeting tells ‘*Much Ado About my autism’,* the SENCO

responded to examples from teachers who described the repetition of whatever Amna hears, by saying *“she must be repeating everything because she is autistic.”* {*احتمال ان هي تكرر لأن هي توحد يعني*} (SENCO, Amna’s CCM, turn 341a).

Besides reinforcing a reductionist mode of reasoning and typological thinking, the excerpts from the conference-meetings of Fadia and Amna bring to the fore some of the questions raised in the literature regarding the role aetiology plays in both special and inclusive settings (Hodapp and Ricci, 2002; Kershner, 2005; Reilly, 2012), as well as the generalist versus individual position inherent in category-based knowledge (Norwich and Lewis, 2007). The answer to any of these debates is not straightforward. On the one hand, the examples in this section suggest that knowledge of these categories afford no more than lowering already low expectations, and reducing everything about a girl to her diagnosis or disability classification. Then again, as my re-narration of Shadia’s story in the forthcoming section will reveal, some knowledge about the cognitive or behavioural phenotype, especially with less common genetic disorders, could have eliminated the negative consequences of a general understanding of disability, one that immediately translates into low expectations, and sole reliance on IQ as a reasoning tool, even for aspects that had nothing to do with the girls’ so-called intelligence.

The following section presents an alternative view of 'categories as containers' to which everything must fit, to a view of categories as objects of knowledge, that is only in the condition that a 'probabilistic’ (Dykens, 1995) rather than a 'distinctive' (Flint and Yule, 1994) definition of behavioural phenotypes is embraced alongside other knowledge domains and perspectives, including teachers’ personal knowledge of the girl, the relationships they form with them, and the dynamics of everyday encounters.

Not everything about me is compromised

Unlike the diagnostic categories discussed in the previous sections, the disability categories assigned to Hala and Shadia were less common to members of the team (if known at all), which caused doubt and uncertainty when interpreting the outcomes they obtained in the IQ test. In the absence of knowledge about *Cornelia de Lange Syndrome* in Hala's case and *Turner Syndrome* in Shadia's, members of the team found no option but to resort to the outcomes of IQ tests as sole determiners of abilities, traits, and potentials, which are not only ecologically invalid when applied cross-culturally (Greenfield, 1997; see also Rogoff, 2003), but also misleading in capturing the girls' abilities and insufficient for gathering information or disclosing all that one needs to know and make sense of for practical/pedagogical reasons. Knowledge about the genetic phenotype of these two disorders, I believe, could have been useful in making sense of the outcomes obtained and eliminating the surprise and amazement expressed, which reflect '*Not so great expectations'* and pre-determined assumptions of girls' limited abilities, simply because they were referred to as having an intellectual disability. This section takes the case of Shadia as a representative example of aetiology as a boundary object for knowledge and sense-making.

A recap from Shadia's story

Finding an accurate diagnosis for Shadia had been a struggle since she was born, and when she started school, confusion and uncertainty extended to assessment and evaluation. Shadia went in and out of the education system many times, and was assigned many labels, including autism and intellectual disability. With the IQ test being a key assessment tool for all referrals, every time Shadia was excluded, a new referral was made and another IQ test was conducted, resulting in multiple scores, more confusion and a lot of uncertainty. At the heart of Shadia's problems, as narrated by both the behavioural-therapist and psychologist, was her self-image issues, which she compensated for by being immensely social and eloquent (Excerpt 9.7 below):

Excerpt 9.7: Eloquence as a mask for low self-esteem

She is a good communicator of course, and it is joyful to talk to her. She often puts on a good argument and gives you proofs and evidences. She always wants to show the listener that she has a rich vocabulary. Of course, she has a very low self-esteem, so she tries not to show it to you and conceal it this way, so she uses these expressions as a defence mechanism really. Even the books she reads are quite advanced for her age, so are the programmes she follows on TV (Behavioural-therapist, turn 10s)

Unlike the behavioural-therapist in Excerpt 9.7 above, Shadia's speech-therapist emphasised her excellent verbal abilities and language and communication skills. Knowing very little, if anything at all, about Turner Syndrome, the speech-therapist did not recognise such strength as typical of the cognitive profile of girls identified with this genetic syndrome. She did however, highlight quite strongly the gap between her observed abilities and her failure to pass one item of the evaluation. Excerpt 9.8 is taken from a prolonged turn, where the speech-therapist shared the outcomes of her evaluation of Shadia.

Excerpt 9.8: Discrepancy in Shadia's profile - first instance of confusion

So, she does not have a / she does not have a problem at all. Her communication skills are advanced, her receptive language is very good, she can explain any abstract concept really, and she has delicate emotions and an ability to express herself through writing. She writes poetry and prose, well not poetry poetry really, but she knows how to umm…. She can express herself pretty well, good enough that she could write in a magazine or something, like we could find a channel for her to express [herself]. She has a wild imagination and she can craft a story umm umm, she has no language problems at all, not even a minor one, but we must really take an advantage of those strengths…. DESPITE ALL HER ABILITIES, she can't tell

> *you her phone number or give directions to her home address* (Speech-therapist, turns 42s-50s).

In Excerpt 9.8, the speech-therapist printed a very positive picture of Shadia, highlighting her strength and wild imagination, which qualifies her to write in a magazine for example. The speech-therapist rightfully recommended taking advantage of her strength. Nonetheless, according to her, every aspect of assessment revealed a strength, except her failure to pass one item of the evaluation, where she was asked to recall her phone number and to give directions for her home address. The speech-therapist expressed this discrepancy with surprise, raising her tone to highlight her confusion about this gap, despite being extremely articulate. It is noteworthy to highlight at this point that giving directions requires visuospatial working memory, which is reported as specifically impaired in girls identified with Turner Syndrome (Cornoldi, Marconi and Vecchi, 2001).

The example above is similar to the story told in Hala's conference-meeting, especially with reference to the operation to remove the skin between her fingers and the amazement of the psychologist at her ability to do craft work or thread a needle. Clinical observations of individuals identified with *Cornelia de Lange* confirm that their fine motor skills are untacked compared to their gross motor skills, even for individuals with severe limb reduction; it is in fact recommended that families delay decisions to perform surgery or to design artificial limbs until evidence of a child's development suggests otherwise (see Ireland, 1996).

Returning to Shadia's story, as the meeting progressed, and more facts about Shadia were disclosed, the speech-therapist unfortunately doubted what she first observed as a strength, *"and we should double-check on the things she has written, is it really her own writing?"* [121s]. Similarly, before the meeting closed, the psychologist said: *"May I add one more thing that we should look into, it would be preferable if we get Shadia to write something in the school ...*

because until now, all we have got are pieces that she brought from home" [282s-284s]. A general 'one-size-fits-all' understanding of disability, and polarised positioning (that is, either disabled or not), I argue, were behind casting doubt on Shadia's abilities. These, again, were coupled with a strong belief about the objectivity of the IQ test and the outcomes it generated (see for example the discussion surrounding Shadia's IQ in Excerpt 9.9 below):

Excerpt 9.9: Uncertainty - from an IQ to a personality disorder

165s	*PSY*	*It is kind of an escape really, I told you earlier, this girl uses so many defence mechanisms, and this is why I asked for a personality disorder test, because as long as she started using these defence mechanisms and in such ways then we are facing what here? Umm a mental problem, a psychotic one, since she can use these mechanisms, especially given her umm her*
166s	*BT*	*Her intellectual disabilities*
167s	*SENCO*	*This is what I am trying to say here. With an IQ score of 58, do you think she would have such abilities*
168s	*BT*	*Of course not*
169s	*SENCO*	*Your opinions as experts?*
170s	*BT*	*No*
171s	*SENCO*	*With a score of 58, do you think she would have umm / I see it as a sign of intelligence to be honest*
172s	*BT*	*Yes*
173s	*Group*	*[? Unintelligible overlapping talk and record noise]*
174s	*BT*	*Like a psychopathic person, one who knows how to plan*
175s	*PSY*	*Yes, she may be psychopathic*

176s	*BT*	*Might be a psychopathic person who is planning something*

The Excerpt above gives an example of where and when uncertainty is evident in a girl, the IQ score becomes the only tool to reason with. After a prolonged conversation about Shadia's sleeping routine, especially her lengthy hours of sleep to escape from her brothers, who continually bully her about attending a special needs school, the psychologist reaffirmed her earlier concerns regarding the existence of a mental problem, for which a personality disorder test is recommended [165s]. Having prompted a contradiction between Shadia's ability to use defence mechanisms and her limited cognitive abilities (with reference to the IQ test), the psychologist, with the support of both the behavioural-therapist and the SENCO revealed strong reliance on the IQ as a tool for reasoning about the girls, especially for assigning a fixed narrative of disabilities and limitations. Based on my knowledge and follow up discussions with members of the team, most of Shadia's problems, as stated in the introduction to this narrative, are related to her image issues, particularly with respect to the comparisons she constantly makes between her body and that of her peers or girls in her family, rendering her genetic disorder (that is, Turner Syndrome) a more suitable object for reasoning about the social and cultural implications of being identified with a sexually related genetic disorder, and how it would impact her development into a young woman, as the exchange in Excerpt 9.10 below illustrates:

Excerpt 9.10: Gender aetiology and culture

178s	*PSY*	*... and the girls in her family who are close to her age always make fun of her and say things like "you look like a child" and things like these. They never made her feel like she belongs or as one of them, and that she has become a young lady just like them. She actually told me about an incident where she defended them and protected them at the shopping mall when boys flirted and stuff. She was like the bodyguard protecting*

		them. I mean even when / well these are like defence mechanisms she developed to get the attention of umm umm
179s	*BT*	*The opposite sex ==*
180s	*LSA*	*Opposite sex?*
181s	*PSY*	*No no the girls ==*
182s	*SPLT*	*The other girls ==*
183s	*PSY*	*The other girls in her family, yes perhaps hoping they would respect her and give her some attention. If you noticed, she keeps saying I love perfume and umm / well you may have noticed, of all the daily living activities, she only cares for accessories, perfume and fashion ...*

In following the discussion around Shadia's low IQ score, and her personality disorder, the psychologist expanded with an incident that Shadia herself narrated [178s], which foregrounded a profound problem with her female identity, and which links to self-image issues for girls identified with Turner Syndrome. These incidents, as the story of her meeting tell, were *scattered around the room* and were merely represented as *much ado facts* about her, since members of the team knew little about her genetic aetiology.

By highlighting the examples above, I by no means suggest that knowing Shadia's genetic aetiology is the answer to all the confusion, doubt, and uncertainty expressed by both her parents and members of the team. After all, such knowledge runs the risk of generating the same *material* and *relational* consequences presented in previous sections, that is, where knowledge of a girl's classification or disability category result in fitting narratives into a 'distinct' behavioural phenotype. What I wish to highlight, however, is the relevance of such information for pedagogical/intervention purposes.

A knowledge of the cognitive profile of girls identified with Turner Syndrome could have been useful for generating a programme that focuses on her strength in literacy, and for building a trusting relationship, one which is based on a belief on competence rather than predetermined assumptions of limitations in all areas of learning or development. Having said that, however, and in spite of knowledge, or its lack, participation in a meaningful activity was a better predictor of Shadia's true potential. Excerpt 9.11 below depicts an instance where Shadia expressed her willingness to learn and revealed competence which were contrary to the outcomes generated from testing her IQ in a formal setting.

Excerpt 9.11: Participation as a better predictor of abilities

391s	*SENCO*	*Okay but why do you want to teach her these library skills?*
392s	*BT*	*When we were at the library the other day, I was telling her / she saw Maha doing everything and she told me "Maha knows everything". So, I told her "I will teach you and you will learn everything yourself, how to use the library, how to help others borrow books and how to arrange books in order". Mashallah* [a common Arabic term to express praise and remove evil eye], *she was able to // I actually invited Miss Amani to the workshop to see for herself how she did it and how she and Eman* [another student] *know the referencing system, like which books come before which, although in the psychological test, they both did not know how to umm umm*
393s	*PSY*	*Count in a descend order*

394s BT	*Count backwards yes. Yet/ well I saw it myself, how they organised books in the right order, which means she knows where a book falls between this number and that, and when you come to think about it, we do have above one hundred books!*

Based on the score Shadia obtained in the IQ test, and the evaluation of her scholastic skills (that is, literacy and numeracy) both of which highlighted severe difficulties with mathematics, the SENCO asked the behavioural-therapist why she recommended Shadia to join the library workshop. To answer her question, the behavioural-therapist narrated an incident where Shadia compared herself to Maha, a girl who is known to members of the team as more competent than her peers, and who, besides being a student, was working as a part-time library assistant at the school. In narrating these events, the behavioural-therapist revealed abilities that are contrary to the outcomes Shadia and her classmate Eman obtained in the psychological test, and positioned them as capable and competent girls, who can classify books and follow the reference-number, which exceeded one hundred books.

It is safe to argue, from the example above, that building a trusting relationship, believing in girls' competence and abilities, and suspending judgements and expectations should be prioritised. Connecting with girls and trusting their competence to learn would encourage practitioners to create opportunities for learning and the space to participate and engage in meaningful activities, but above all, it transfers fixity on girls' incompetence into a growth mind-set that is always eager to know what lies beneath a name, a diagnosis, or a genetic aetiology.

Chapter summary and insights

My analysis of the *material* and *relational* consequences generated four narratives. Material consequences disclosed the kind of talk and reasoning when practitioners focus on the scores themselves; numbers spoke for themselves and stood as self-fulfilling prophesies (Sfard, 2008, 2009; Weinstein, 2002). Moreover, by addressing their report to the SENCO alone rather than to colleagues from different disciplinary knowledge fields, and emphasising the extent or degree of a girl's disability, only the administrative purposes of assessment were fulfilled. Further, the meaning of evaluative words such as *mild, moderate*, and *severe* - though generated from assessment technologies that practitioners trust - were not necessarily shared. Thus, dichotomous and value positions were manifested in talk but neither negotiated nor problematised.

The second material consequence of assessment practices is the belief concerning the fixity of the girls' abilities, which seem to have blocked their future potential and denied them the opportunity to participate in meaningful learning activities. As I stressed, amongst the cultural factors influencing such outcomes are blind trust of knowledge and tools developed in the west; lack of confidence on locally-produced knowledge, and the notion of fatalism, all of which I discuss in the forthcoming chapter.

The third and fourth discursive narratives, which I labelled *relational*, depict the expectations practitioners hold of the girls. Evident in talk is the tension between category-based knowledge that results in a reductionist mode of reasoning (for example, *fitting me to what you know*), and knowledge that discloses something positive about the girls (for example, *not everything about me is compromised*). A re-reading of Shadia's story disclosed the potential of knowledge about girls' genetic disorders, amongst which is the necessity of focusing on areas of strength, and to build on these for planning objectives for intervention or constructing IEPs, as well as an understanding of other knowledge objects and sources from which to understand the nature of a girl's specific problems, whether cognitive based (that is, number and space), or psychology-related (that is, self-image). To avoid penetrating the same reductionist mode of reasoning, however, caution should be taken not to perceive such knowledge as absolute; knowledge about a girl’s genetic disorder is only one component in a chain of interrelated biological, social, psychological, and cultural factors. Finally, the re-reading of Shadia’s story highlighted the key to better relations. Embracing an ideology of trust about girls’ competence, and creating meaningful experiences and conditions are more likely to reveal girls’ motivation to learn and their true potential.

I now move to the fifth and final part of my dissertation (Chapters 10 and 11), where I discuss the general implications of my study, reflect on the key issues concerning discursive assessment practices for girls identified with a disability in Arabian-Gulf contexts, and then I conclude with a summary of my findings, challenges I have faced, contributions to knowledge, suggested directions for the future, and personal reflections on my PhD journey.

Chapter 10: Discussion

In this chapter, I discuss the conceptual, methodological, and practical implications of my study. In the introduction to my dissertation, I positioned myself as a practitioner, a researcher, and an advocate for girls identified with a disability in the Gulf-Arabian region. My study is driven by the scarcity of research on the institutional experiences of girls identified with a disability in Gulf Cooperation Council Countries (GCCC) and the need to generate knowledge about assessment practices that influence the very construction of girls' identities. Multi-disciplinary team meetings have been perceived as spaces for constructing identities, for education and care planning, and for decisions that will impact on the future of students identified with a disability. For this reason, in the past three decades, researchers in the field of special education drew attention to the discourses that take place at referral meetings or child-study teams. Remarkably, this line of inquiry has been generating the same key outcomes despite being researched in diverse contexts and through the lens of competing discourse methods; the psycho-medical knowledge embedded in the classification systems practitioners rely on dominates talk, shaping as it does the so-called disabled, troubled, fidgety, or atypical student. This finding applies to both previous empirical investigations of referral meetings and my own study.

I conceptualised conference-meetings as professional 'action' genres employed in this study to discuss why the diagnostic culture persists, and I raised the overarching question:

What is the nature of discursive practices of assessment taking place in a special school for girls identified with a disability in GCCC?

To address my research question, I developed the TALK-TIES framework, which draws on three theories: systemic-functional linguistics, critical genre analysis, and sociocultural/cultural-historical analysis of discourse and identity production. The complementary contribution of these three theories enabled me to expand the context of professional talk, and to include professional activities and disciplinary cultures as key factors in interpreting the practices of assessment (see Chapter 5). In doing so, my analysis revealed the goals that practitioners seem to be fulfilling, the knowledge driving discursive assessment practices, and the outcomes that these discursive events generate.

As I clarified in Chapter 5, the analytic framework TALK-TIES, which I developed to analyse conference-meetings, serves as an acronym for talk that is ‘tied to’ a discursive action within a specific context of situation and a defined context of culture. It is important to remember that ‘tied to’ here does not mean that talk is *ancillary* to the discursive practice of assessment taking place, but rather a *substantive* element of it (Halliday, 1978). Thus, the *objects of talk,* the *goals of assessment,* and *the outcomes* are discussed in relation to the three main features which characterise an activity within a sociocultural framework: collectivity, objectivity, and mediation, respectively (Hiruma, Wells and Ball, 2007). Collectivity is directly linked to the ‘goal’ of talk, and especially to the multidisciplinary composition of team members. Mediation and objectivity, on the other hand, are intertwined in the ‘stories meetings tell’ and the identities that categories and classification systems produce; these are the *objects* and *outcomes* of talk.

This chapter is divided into four main sections. The first section gives a brief lesson in history, whose purpose is to ‘remember’, better yet to tell, for the first time, the history of discursive practices taking place at schools’ conference-meetings. This lesson then serves as a backdrop from which to understand why conference-meetings have been generating the same deficit discourses, to appreciate the complex and demanding roles practitioners enact at these events, and to demystify the *why* behind the goals, objects and outcomes of talk. Accordingly, in the second section, I focus on *the goals of talk,* revisiting the *'Much Ado About Everything'* narrative. In the third section I problematise *the object of talk*, by which I mean the assessment categories generated in practice and the knowledge underpinning them, reflecting on '*The Relevant Thing About Us*' narrative. Then, in the third and final section, I problematise *the outcomes of talk*, which altogether reflect *'Not So Great Expectations*'.

10.1 Historicising the genre of conference meetings

As a field of both inquiry and practice, special education did not only borrow the categories or classification systems from medicine, but also the very discursive activity from which these categories are executed. At the core of this discursive practice or diagnostic activity is to objectify the individual into a cluster of symptoms, using a diagnostic manual such as the ICD or DMS. What such manuals force one to do, Cummings and Valentino (2015) insisted, is to decide the presence or absence of symptoms rather than perceiving the symptoms and placing the person along a continuum. In a similar vein, deciding whether a person is *trainable* or *educable* is the outcome of assessment practices in the field of intellectual disability. For the medical physician and allied health professionals alike, however, objectifying patients is legitimate and self-serving, for it meets the goal of 'diagnose to cure' (Rapley, 2004). A question then arises: 'What has objectifying practices afforded when it travelled to education generally, and to special and inclusive education in particular?' An extended answer to this question will be generated in the third and fourth sections of this chapter.

A second feature to note or disclose about the history of this practice is its multidisciplinary nature. Once the concept 'multidisciplinary team' is invoked, Ovretveit (1993) maintained, two features should be strongly emphasised. The first is the importance of the relationship to the very purpose of the team and its activity (for example, construction of an IEP or a plan for intervention), and the second is the assumed 'the whole is greater than the sum of its parts'. According to Ovretveit (ibid), the relationship between members is not secondary to the goals of the team but it is what differentiates it from other relationships in other teams. Thus, having conducted a systemic-functional analysis of talk, one of the first questions I asked was: 'What makes the 'multidisciplinary team' of practitioners in a special school for girls who are identified with disabilities in an Arabian-Gulf country, different?' To answer my question, however, I needed to ask yet another set of questions that were different from 'what' and different from 'how'? It was then, when I imposed these questions that I embarked on a cultural historical analysis of multidisciplinary teams, as generated in their 'home' discipline.

As a discourse community, multidisciplinary teams began in the field of medicine, and generated a very specific interest that translated into scholarly journals such as *The Journal of Inter-professional Care*, and *The Journal of Research in Inter-professional Practice and Education*. Remembering the history of this discourse community, I argue, is key in analysing and interpreting case-conference meetings as a specialised type of 'spoken' professional genre in education. 'Historicising' the genre in this way teaches us three key lessons, and better yet, it provides answers to three key questions:

1. Why do multidisciplinary teams formed at schools fail to benefit from the composition of its team members?
2. Is there something wrong with the disability 'categories' or boundary-objects mediating the discursive activities?
3. If so, can something be done about it?

Answers to the first two questions are generated in this part of my discussion, and then the third question is answered in the third part.

The first question that results from ‘historicising’ multidisciplinary meetings concerns the failed attempts to benefit from the distributed knowledge and expertise of team members. On the one hand, Mehan (2001) emphasised power issues, especially regarding the authoritative voice of the psychologist compared to the voices of the Special Needs teacher and the mother of the student in question. On the other, Hjörne and Säljö (2014a) reported a high consensus between members of the team, to the extent that collaboration did not seem to offer alternatives or diverse perspectives. In both studies, whether an authoritative voice prevailed, or a high-consensus between members of the team was confirmed, a priority is delineated to the intersubjective ‘who’ over the pragmatic ‘why’. The critical analysis of the professional genre adopted in my study demystified this ‘why’ as part of the professional and disciplinary culture of special education. A conscious, reflective and meta-pragmatic ‘why’, I argue, has been overlooked by researchers investigating talk at conference-meetings, and more emphasis has been given to the notion of collaboration, members’ reasoning, or the lip-service of inter-professionality as an end in itself.

In organisational science, like in medicine, there seems to be a preoccupation with the idiom, ‘the more the better’. More information is better, more facts are better, and more knowledge to share on a topic of some sort is better (Carlile, 2002; Timmermans and Buchbinder, 2013). This ‘more’, however, suggests a difference in degree [additional information] rather than a difference in kind [alternative interpretation] of meanings attached to the very problems identified (Carlile, 2002). The *Much Ado About Everything* narrative (see Chapter 8) is an empirical example of differences in degree, that is especially caught in prolonged turns which focused on extending (that is, adding information) rather than enhancing (that is, reasoning and justifying) information. In short, the goal of talk seems to be sharing more information. Hence, multidisciplinary teams generated multi-monologues.

10.2 The goal of talk

In Chapter 8, I asked one of three questions to describe conference-meetings as spoken 'action' genres in a special school setting:

What is the nature of talk between members of the multidisciplinary team, and how do they engage with one another to share and/or transfer knowledge?

Although my question tapped into interpersonal relations between members of the team, my aim in disclosing these relations differed from ethnomethodological studies. Instead of focusing on the internal properties of the conversation, the sequential organisation of turns, or members' methods and categories, I focused on the pragmatic aspects of talk. The sociocultural layer in my framework TALK-TIES shifted the focus from the *intersubjective* (that is, speakers-as-inter-actors) to the *referential-pragmatic* (that is, speakers-as-actors). This shift was motivated by an appreciation of the meaning-making potential with reference to the goal of the activity (R.Engeström, 1995). As an analytic lens, *referentiality* ties talk to the 'why' of joint practices or activities. Thus, in reading the transcripts, I asked: 'Why is this utterance here?' and 'What purposes is it fulfilling and what ends is it trying to achieve?'

In proposing a 'pragmatic view' of knowledge in the boundary between disciplines, Carlile (2004) differentiated three types of boundaries:

- A syntactic or information-processing boundary: Transferring knowledge;
- A semantic or interpretive boundary: Translating knowledge, and,
- A pragmatic or political boundary: Transforming knowledge.

The goals of talk in this section are discussed with reference to these three boundaries in light of the disability categories assigned to the five girls whose trajectories were discussed at case-conference meetings.

10.2.1 A disability category as a syntactic information-processing boundary

The description and classification of students into categories are as old as the schools themselves. On the one hand, they provide an economic way of communicating and obtaining access to the knowledge and reasoning of colleagues (Nikander, 2003). On the other hand, categorisation depersonalises the so-called 'client' or the student; instead of dealing with them as individuals, the student becomes recognised as a particular kind of person in a given context (Anderson, 2017; Gee, 2000). Between the 'gains' and 'pitfalls' of classification, one needs to ask: 'What purposes do categories of disability serve in the context of a multidisciplinary team in special schools?' Also, 'Do different categories or classification systems generate different types of talk?'

Except for the contested label assigned to Bedour (that is, in the zone between a mild moderate intellectual disability), evidence from my study suggests an overwhelmingly reductionist mode of reasoning, where case description and sense-making is reduced to a girl's diagnosis, captured in the titles of '*Stories Meetings Tell'* in Chapter 7. This mode of reasoning was true to both categories that are familiar to practitioners (for example, Autism and Down Syndrome), and categories that are less common (for example, Cornelia de Lange and Turner Syndrome). This mode of reasoning mirrors a definition of behavioural phenotypes that has been strongly challenged in the literature, that which assumes *distinct* characteristics for an identified group (Flint and Yule, 1994, p.666), rather than a *probabilistic* definition, which highlights the 'heightened probability' of exhibiting certain behaviours and a developmental path (Dykens, 1995, p.524). By embracing a 'distinct' definition, disability categories became the one kind of knowledge that matters most, and not merely a 'filter' to other types of knowledge such as curriculum and pedagogy, or the psychology of learning (see Lewis and Norwich, 2005; Norwich and Lewis, 2007).

In what follows, I pose and discuss the following question: '*What type of boundary is a disability category when perceived as the most relevant thing about the girls?'* With reference to Carlile's (2002, 2004) Theory of Knowledge at the boundary between disciplines, a disability category is a *syntactic* boundary; it serves as a 'common syntax' or common language between members of a multidisciplinary team.

As a syntactic boundary, disability categories afford the transfer, but not translation or transformation, of knowledge. The *Much Ado About Everything* narrative, I argue, is a typical depiction of such a transfer. Implicit in this type of boundary is an assumption that everyone shares the same meaning of a category, hence, the 'transfer' of information is straightforward. The challenge in this type of boundary, Carlile (2004) asserted, is related to the capacity of receivers to process the information shared, hence the alternative label 'information-processing' boundary. As the analysis of conversational moves revealed, two speech-functions caused information-overload: prolonged turns that *extend* rather than *enhance*, and the ratio of facts relative to opinions and professional reflections. Passing on as many facts one has gathered about a girl governed the conversation, and generated a combination of cumulative and disputational talk (Mercer, 2008). *Cumulative* talk was evident in instances where practitioners repeated, elaborated, extended, and accepted claims at face-value, and *disputational,* but not necessarily competitive talk, was reflected in demands for confirmations, which produced "yes, it is" or "no it is not" type answers to questions, as well as "she has" or "she has not this problem" kind of statements.

Furthermore, the cumulative facts which produced the '*Much Ado About Everything*' narrative, functioned as both facts and evidence to support claims. As I highlighted in Chapter 8, it is a common communicative behaviour for the majority of Arabs to repeat information on the assumption that it would stand as evidence and strengthen one's argument. Still, this interplay between facts and opinions is a common discursive element in the medical and social-work genres of case presentations, a notion referred to as ‘extreme case formulation’ (see Pomerantz, 1986 p. 219). The discursive construction of clients’ categories, Sarangi (1998) maintains, is linked quite strongly to the handling of information or facts, and to the ‘evidential status of their reportability’ (p. 241). Sarangi (1998) problematised this notion of facts. He distinguished between *facts in issue* and *facts relevant to the issue*. An example of *facts in issue* is the passing of more information to support one’s claims of girls’ deviance from the norm. *Facts relevant to the issue,* on the other hand, were missing from the data; there needs to be a purpose beyond mere description of deviance or classification that fulfils administrative purposes. Again, here I deliberately emphasise the *purposes* of discursive activities over the personal or subjective aspects of talk.

Too much focus on the communicative style of team members, or patterns of discourse evident in talk risks framing a false picture of the speakers or practitioners as ‘incompetent’ professionals. For instance, some three decades ago, Pithouse and Atkinson (1988) distinguished, though implicitly, competent from less competent social-workers when they ‘tell the case’. According to them, a competent social-worker incorporates the ‘right’ sort of information in the ‘right’ quantity. In the defence of the speakers in my own study, deciding on the ‘right’ information background in the ‘right’ amount is not without challenges, especially when the purpose of talk is to describe deviance or to report problems independent from the context or circumstances that brought them about. In contexts where the goal is merely to describe deviance or highlight problems it seems, the more one reports the better they can backup claims.

Besides painting a full picture of the case and proving ‘sufficient’ evidence to support claims and decisions, passing on as many facts about cases is a discursive strategy for dealing with uncertainty, especially as far as genetic disorders are concerned. With uncertainty being recognised as a key challenge in medicine, especially because it reveals lack of knowledge, investing on information as a strategy and an ideology to reduce uncertainty is not uncommon (Timmermans and Buchbinder, 2013). This widespread ideology, the researchers contended, ignores the fact that knowledge is situated on the circumstances of a given case, for both common and uncertain cases. In other words, even a common genetic disorder, say Down Syndrome, with a clear profile of physical, behavioural, and cognitive phenotypes, needs to prove its 'evidential' status for the case at hand; a conclusion which supports the 'heightened probability' over the 'distinct' characteristics definitions cited above.

As the 'stories' in Chapter 7 tell, practitioners passed on *'Much Ado About Everything'* for categories they are familiar with, and suspended actions and decisions until a medical report proves that a girl has, or not, the diagnosis that they are not quite certain about; a reductionist mode of reasoning is mirrored mostly in the '*Much Ado About my autism*' and '*My maximum potential as a Down*' narratives.

Awaiting medical evidence to confirm or deny the existence of a disability falls short of grasping the opportunity or potential to move from a pure reductionist mode of reasoning to an abductive one, which Timmermans and Buchbinder (2013) argued, invites creativity, innovation, and knowledge creation. Grasping such a potential, however, requires being comfortable with uncertainty, which may be particularly challenging for Arabs who are known to be radical; *an all or nothing* mind-set (I will revisit the implications of such mind-set later in this chapter). Also, in contexts that hold strongly onto the doctrine of fatalism, a question raises itself on the value of the *'much ado facts'* and what to do with them, especially from a bio-ontological perspective.

Further, blind rent of western cultures, beliefs, ideologies, practices, and policies preoccupied Arab governments and prevented them from asking the essential ‘why’ questions, ones which fit their own values and ideologies. Also, in cultures where knowledge and learning falls at the acquisition end, rather than the dialogic, a focus on the ‘more’ is expected. Suffice to say that the ‘more’, here concerns content but not representation. Semantic and pragmatic boundaries move disability categories from the zone of information-processing to knowledge representation. However, since both types of boundaries were hardly evident in my data, I discuss them in brief, comparing and contrasting between findings in my study and similar conference/referral meetings in the literature.

10.2.2 Disability category as a semantic interpretive boundary

When uncertainty, tension, contradiction, or a novelty arises, a common language or a syntactic boundary no longer serves its communicative purposes. A shift from a syntactic to a semantic boundary becomes necessary. *Rare genetic disorders* encountered for the first time (for example, Turner Syndrome); *cases of comorbidity* (for example, ADHD and autism*); contested SEN categories* (for example, mild, moderate, severe, and slow learners), and *categories that are too general* (for example, educable, disabled, normal), are all examples of ‘semantic’ or interpretive boundary objects. Unless an operational definition is put in place, or the knowledge embedded in these categories is made explicit, the likelihood is high that members of the team will embrace diverse meanings or interpret the categories and their material consequences differently. Although my data included examples of such categories, the shift from a syntactic to a semantic boundary did not take place. Again, awaiting ‘more’ information prevailed.

The shift from a *syntactic* to a *semantic* boundary failed to occur due to cultural and institutional reasons. Culturally, and as I explained in Chapter 8, indirectness and face-saving are common communicative behaviours amongst Arabs, which arguably reduces the likelihood to be direct or to express personal perspectives explicitly. Institutionally, or more accurately, professionally, it is very likely that the knowledge and perspectives of practitioners with regard to these categories are tacitly held (Eraut, 2007; also see Currie and White, 2012), rendering the translation of knowledge to be challenging but not impossible. Here as well, the translation of category-based knowledge at a semantic or interpretive boundary necessitates acknowledging, besides the interpersonal subjective relation between members of the team, the goals, purposes or objectives of the activity itself. When the interpersonal is considered in reference to, or in association with, the goal of the activity, the challenge shifts from one of processing *much ado facts* to presenting *relevant information*. In other words, the challenge becomes one of knowledge representation. I now illustrate with empirical examples from the literature.

As I mentioned above, categories that are too general, such as 'disabled', 'normal', 'troubled' to name a few, are examples of categories at a semantic boundary. Nonetheless, accomplishing 'generality' is the main outcome of meetings whose purpose is to describe students' deviance (Hester, 1991, 2015, 2016). Hester (2015) vigorously compared discursive events that took place at such conference-meetings and criminal trials or police interrogations, where a specific action or decision is at the core, for instance, when a verdict of innocence or guilt is called for. In conference-meetings, however, the key point is to produce descriptions or categories of deviance, without having to tie them to specific events; these descriptions are part of the mundane everyday reasoning of professionals (I challenge this notion in the second part of this chapter). In a relatively recent study of a school meeting that produces a contested category such as ADHD, Tegtmejer, Hjörne and Säljö (2017) challenged Hester's generality, or meetings where mere description is the only outcome, having recognised three modes of representation, depending on the person producing the category and the motive to be recognised: descriptive, explanatory, and pragmatic modes justify alternative purposes. Along similar lines, and remarkably for the same diagnostic category, Brinkmann (2014) differentiated three functional representations of the diagnostic category, ADHD. As a semiotic mediator, the ADHD category explains the experience of adults identified, self-affirms the diagnosis through a description of symptoms, and disclaims responsibility and reduces self-blame. From a critical genre perspective, however, the findings arrived at by Hester are not perceived as contradictory from those reported in more recent studies. Although findings were presented in relatively similar conference-meetings or focus-group meetings, the spoken 'action' genre is different. Once the combination of people, their perspectives, motives, and purposes of gathering together changes, so does the genre.

Where differences in perspectives, purposes, or motives demanded a move from a *syntactic* to a *semantic* boundary, a conflict in values and ideologies demanded a further step, that is, a move into a pragmatic/political boundary. I start the next section with a description of a pragmatic boundary and then follow it with an example depicted from talk which took place at Bedour's conference-meeting.

10.2.3 A disability category as a pragmatic political boundary

The need to move from a *semantic* to a *pragmatic* boundary arises in two situation types: 1) when uncertainty, tension or contradiction disclose difference in interests or agendas, and 2) when knowledge developed in one discipline generates negative consequences in another. The *political boundary* located in Bedour's conference-meeting is an example of the first type, albeit conflict in interest was not observed between practitioners from different disciplinary fields, but between a practitioner and the SENCO chairing the meeting.

Obtaining a score of 55 in the IQ test placed Bedour in a borderline zone, and resulted in disagreement as to whether she should be identified with *mild* or *moderate* intellectual disability. As Excerpt 8.5, p. 180 and Excerpt 8.6, p. 185 and the insights they yield have shown, the psychologist, speech-therapist, and the SENCO continually repeated the score and altered the condition's severity between *mild* and *moderate* until a challenging move presented itself. This occurred when the SENCO changed her words to justify her decision to accept Bedour in the school, despite having problems that, according to her team, do not make her a good fit in any of the classrooms or intervention groups. If interpreted as a *political* boundary, the issue at stake is power-related, for it is the SENCO who has the final word or decision when it comes to placement. If interpreted as a *pragmatic* boundary, the categories *mild* and *moderate*, and the discussion they generated only served administrative purposes, and afforded nothing practical beyond that; the meeting closed with a handful of unresolved moves and unanswered questions, and hardly any knowledge was built that would be equally utilised by members of the team.

According to Carlile (2002) even if power was exercised, negative consequences would only generate if the ability to use knowledge was not equal amongst all parties involved, or the knowledge generated does not represent practical implications for all members involved. This perhaps explains, at least partially, the limited participation of the Special Needs teacher, not only at Bedour's meeting but in all the conference-meetings analysed. Generally, this finding supports the conclusions that Lewis and Norwich (2005) arrived at in respect of specialist pedagogies for children identified with SEN, but more specifically those concerning students identified with contested categories, such as those with moderate learning difficulties (see also Norwich, Ylonen and Gwernan-Jones, 2014). This finding, however, only explains the inability of a member (that is, SEN teacher) to use a category or diagnosis to serve her practical/pedagogical purposes, but not in the context of multidisciplinary teams. As for the latter, fairly recent publications from the literature on inclusive education qualify as examples of a *pragmatic boundary* that generated negative consequences.

The first example concerns a collaboration between psychologists and psychopathologists. Hamre, Hedegaard-Sørensen and Langager (2017) examined the diagnostic language of assessment practices between psychologists and psychopathologists in Denmark, and found that the dominance of the psychiatric knowledge led to an emphasis on interpreting children's difficulties from a clinical perspective. The researchers thus concluded that inter-professional collaboration is not necessarily a positive step, and in contexts where the power of a field (for example, psychopathology) is obvious, there is a risk that collaboration would impede rather than support the objectives of inclusion. Along similar lines, Billington (2017) raised a question as to whether the disciplinary fields of education and neuroscience are 'friends or foes'? (p.866). The paper took a critical/philosophical review of the relationship, and articulated an overall negative consequence of reliance on the discourses of normalcy and deficiency as opposed to individual differences. Billington (ibid) concluded that over a hundred years of research and experimentation in the field suggests that neuroscience or psychology of the brain leads to oppression and social exclusion. In consideration of these reported outcomes - or negative consequences - one may fairly ask if the technologies and artefacts produced in the disciplinary fields of medicine, psychology, neuroscience, and psychopathology, including but not limited to SEN categories, are examples of a 'bad' boundary object. Is there such a thing?

Carlile (2002) asserted that a key question that has been largely ignored in the 'knowledge as boundary' literature is: "What is the difference between a *good* and a *bad* boundary object?" (p.4). Even more perplexing, he adds, 'a method or object [disability categories] that worked as a boundary in one setting [say a hospital] can become a boundary roadblock when taken to another setting [a school] (p.451, *emphasis added in brackets*). Avoiding such roadblocks entails, I argue, asking questions such as: Why are we collaborating?"; "What do we hope to achieve?", and "How can we accommodate our differences in ways that serve the joint discursive activity in which we are engaged in so that our joint efforts are not greater but different from our individual contributions?". The 'error' in collaboration, Edwards (2011) contended, is to aim for it before negotiating the relational 'why'? In other words, collaboration for collaboration's sake. Edwards (2011) affirmed, 'meetings which give time to revealing the 'why' of practices, are a prerequisite to relational work across boundaries within and between organisations' (p.37). In the work of Edwards and colleagues, this *why* was introduced to teams through an intervention programme.

Relational agency is an extension of a UK national research project entitled '*Learning in and for Inter-Agency Working*', which took place between the years 2004-2007. This project deployed a developmental work research design (DWR) based on the realm of cultural historical activity theory (Daniels et al., 2007; Leadbetter et al., 2007). The DWR involved a series of workshops with an external researcher trained on the methods of Activity Theory. Whilst acknowledging the benefits such a project has brought to the multitude of teams working on the welfare of children and vulnerable young adults in the education system, the costs of inviting external researchers with specialised training on an exclusive research method may hinder the sustainability beyond the intervention period or the cultural context in which it was implemented. For example, and as I have repeatedly stressed in my dissertation, being open about the categories, motives, and values of others is in conflict with the discursive communicative behaviours of the majority of Arabs, and, if we add to Arabs the slash Muslims, (that is, Arab-Muslims) the notion of fatalism may risk turning the 'why of practice' to 'why bother at all?'.

The third part of this chapter is a step towards addressing the 'why bother at all?' question. I take the disability categorises generated in the 'stories meetings tell' as a departure point. As *objects* of the discursive practice taking place in conference-meetings, disability categories have been 'affording' certain discursive outcomes but not others. Accepting the power of disability categories, and decades of research that prove them to be persistent and hard to change, the forthcoming discussion reviews and reflects on what they currently afford, and the one which follows interprets such power and resistance through the lens of an ecological and sociocultural affordance theory.

10.3 The object of talk

The *object* of talk refers to both the categories assigned to girls, and the knowledge underpinning their use in joint assessment practices. As reflected in the titles of 'stories meetings tell', the diagnostic culture is strong and persistent, and above all perceived to be *'the most relevant thing about the girls*'. Chapter 7 examined the spoken 'action' genre to demystify these joint activities. Four stories were narrated to disclose what happened in each conference-meeting and to address the following question:

What knowledge domains, perspectives, and understandings of disability do practitioners bring to - and share at - conference-meetings?

A rushed answer to this question, which applies to both my study and to the literature I reviewed in Chapter 4, is medical knowledge or, as put by researchers who preceded me in investigating meetings of a similar kind, a diagnostic cultural knowledge is what mediates assessment practices in special education (Mehan, 1993, 2001, 2014; Hjörne and Säljö, 2004a, 2004b, 2014b; Hjörne and Evaldsson, 2016). Emphasising this *diagnostic culture* brings us back, again, to the short lesson in history I imposed: “What has objectifying students afforded when it travelled to education generally, and to special and inclusive education in particular?”

A partial answer to this question has already been offered in the education literature. By drawing attention to metaphors that occupied the field, Sfard (2008, 2009) put forward a comprehensive analysis of the gains and pitfalls of objectifying. I will structure my forthcoming discussion in this section around the gains and pitfalls of objectifying in the light of findings from my study and related empirical literature, and then, in the following section, propose affordance theory as potentially useful for understanding the dominance of a 'diagnostic culture', for resolving unrealised gains, and for moving forward. Special attention will be given to the notion of fatalism, for it poses challenges that are specific to Arabs in their quest to disobjectify, and its relevance for the sociocultural context of my study in general.

10.3.1 The gains and pitfalls of objectifying

Sfard (2009) identified two gains and four pitfalls of objectifying or of turning discursive actions, practices, and activities (for example, diagnosing, assessing, labelling, identifying) into objective entities. Increasing the cost-effectiveness of communication, and organising information to make sense of it are two advantages of objectifying. It is hard to imagine, for example, how talk in referral meetings would look like in the absence of categories such as normal, curious, confident, troubled, delayed, inattentive or hyperactive, especially when the purpose or goal of the activity is to describe deviance and to make placement decisions. As repeatedly cited, institutions think and *act* in categories (Douglas, 1986, *emphasis added*). Through the course of history, certain categories took on specific meaning and become part of the collective-memory, common-sense, or common knowledge of a group, which is true to both casual and institutional interactions. Then, once the meaning of these categories was established and shared, communication is said to have improved, and sense-making between people became possible, otherwise, meanings would need to be re-invented every time one speaks. One needs to remember, however, that the gains of objectifying become questionable once notions such as multi-professionality or multi-disciplinary enter the equation.

As findings from my study and similar empirical literature reveal, and as stressed in the previous section, although multidisciplinary communication embraces three types of boundary objects, only the *syntactic* boundary seemed to be evident in referral-talk, based on the assumption that similar, if not identical, meanings of categories are shared amongst speakers. Two key points are worth highlighting: the different types of categories or SEN-groups themselves, and the method of researching them (I discuss the second point in a forthcoming section). With respect to disability categories, the 'stories meetings tell', differentiated three types, each generating a certain narrative or outcome:

1. The contested mild/moderate label assigned to Bedour, whose conference-meeting produced an identity of *'the girl who belonged nowhere'*;
2. The common genetic or developmental disorders (for example, Autism and Down Syndrome), which resulted in a reductionist mode of reasoning and limited expectations, captured in the *'Much Ado About my autism'* and *'My maximum potential as a Down'* narratives, and,
3. The less common genetic disorders, which caused confusion and uncertainty, raised questions like *'Is Hala disabled, gifted, or both?'*, and failed to make sense of the *'scattered facts about Shadia in the conference room'*.

What is common among the three category groups, however, is a held belief that they are objective, real, and independent from the practices that generated them in the first place, and as such need not be challenged or negotiated. The absence of challenges or alternative interpretations, one may argue, has created an illusion that a 'semantic' boundary has been crossed, knowledge has been translated, and some gains were achieved beyond fulfilling administrative purposes.

Despite not having recognised the gains of objectifying, especially given the multidisciplinary makeup of the team and its associated challenges, all four pitfalls Sfard (2009) identified were true to the outcomes of my study, and to the broader cultural context of research in the Arab-Muslim world. I first list these pitfalls, reflect on them using examples from my data, and then discuss their implications against the backdrop of fatalism. The four pitfalls Sfard (ibid) identified are:

- Over-generalisations;
- Logical entailments;
- Normative influence, and,
- Self-fulfilling prophesies.

Over-generalisations

The first amongst the pitfalls of objectifying is *over-generalisation*. Over-generalisation is the result of replacing talk about processes with talk about objects (reification), and presenting facts or information in a depersonalised way (alienation). A detailed systemic-functional analysis of talk allowed me to depict how over-generalisation is manifested in talk, or how talk about 'objects' was achieved. This takes me back to some of the main findings from Chapter 8, but instead of discussing them with reference to interpersonal relations between members of the team, I shall focus on the language of the statements and questions themselves. As I argued in Chapter 8, multi-monologues were mostly the outcome of sustaining moves that emphasised adding more facts, and of questions that demanded confirmation over explanation. As a result, too many statements in the meetings read as follows: *"she is …"*, *"she has …"*, and *"she needs …"*. In systemic-functional terms, and based on Halliday's (2014) transitivity framework, these statements are of the (relational) process type. Relational processes serve two functions in discourse, they either establish a strong unquestionable relationship between two entities (relational-identification), or they assign and attribute (relational-attribution). Allow me to illustrate with examples from my data.

1. Bedour **is** shy.

Bedour [carrier] is [relational-<u>attributive-</u>intensive] shy [the attribute].

2. Fadia **has** Down Syndrome.

Fadia [token] has [relational-identifying-<u>possessive</u>] Down syndrome [value].

Whether they be opinions (for example, she ***is*** shy) or facts (for example, she ***has*** Down Syndrome) these statements were produced following diagnosis or individualised assessment sessions and dynamic actions and engagements with the target girls; they were arrived at having completed the diagnosis or the assessment, and having reflected on what they mean to the person producing them before joining the conference-meeting to share these outcomes. Consequently, the analytic question underpinning them reads: “Is the addressee able to share the process of text creation as it unfolds, or does the addressee come to the text when it is a finished product?” (Hasan, 1989, p.58). This question suggests a continuum in the degree of 'process-sharing', from the most active to the most passive. In addressing this continuum, Hasan (ibid) drew a distinction between what happens in a genuine conversation (dialogue), as opposed to what happens in, for example, a formal lecture (monologue); she suggested the former as more active and the latter as more passive, which is also applicable to comparing spoken and written texts.

Though assumed as active, the conversation that took place at these conference-meetings suggest a semiotic distance despite the physical proximity of interlocutors (that is, face-to-face meetings). This suggests that the degree of 'process-sharing', or better yet, the potential for a meaningful dialogue to occur, is not only governed by casual versus formal talk, or spoken versus written texts, but it also relates to the ground-rules of talk (see Littleton and Mercer, 2013); power relations between speakers, like the authoritative voice of the SENCO, and the professional culture in which talk has taken place. I now move to the second pitfall.

Logical entailments

Logical entailments follow after the process of *reification* (that is, turning actions to objects), and *alienation* (that is, presenting facts in depersonalised ways). Once we objectify our actions and interactions, such as making a diagnosis or producing a category, Sfard (2009) implied that we forget that they have been discursively constructed by us, and hence we treat them as real things in the world, which exist independent of our prior actions. This 'ontological collapse' to use Sfard's (ibid) words, generates two types of complication: 1) *tautological statements disguised as casual explanations*, and 2) *low resolution discourse*. An example of a 'tautological statement' is saying *"Amna must be repeating everything she hears because she is autistic"*, or *"she solves puzzles because people with autism are strangely abled in this way."* Following Sfard's (ibid) argument, the 'autism' explanation did not add value, and is only induced by properties of her actions, that is echolalia and rapid puzzle solving. 'Low resolution' discourse is manifested where diverse form of activities, actions, and interactions are reduced to the same objectifying description. For instance, limiting descriptions as to whether girls are 'trainable' or 'educable', and making their diagnosis *'the most relevant thing about them'* appear to have masked what is different and unique about Amna, Bedour, Fadia, Hala, and Shadia.

Normative influence

The third pitfall of objectifying is what Sfard (2009) referred to as *normative influences,* by which she captures, and criticises, the metaphor of learning as acquisition. Whilst true to the broader sociocultural context of Arabian-Gulf educational institutions, and to the beliefs that practitioners hold of girls' abilities, examples of *normative influences* in their broader sense were more implicit than explicit in my data. The more explicit examples are depicted in [prolonged-turns] where girls' scores and outcome measures are announced, such as saying *"she can do…"; "she* was able to …"; "she recognised ….''; and *"she was not able to identify …"* These statements mirror learning as a personal possession. Moreover, and as depicted in the conference-meetings of Amna and Bedour, constructs such as teaching and learning were referred to generally, and girls were judged as either responsive or not to teaching and learning. From a sociocultural perspective, the way learning is perceived influences assessment practices (Gipps, 2002). Thus, if learning is associated with acquiring more information, it is no surprise then that practitioners pass *much ado about what girls can or cannot do*, but nothing more.

A further note to add with respect to *normative influences* in the context of psycho-educational assessment in Arabian-Gulf contexts, is the ecological validity of measures deployed by practitioners, especially but not limited to IQ tests. Although this topic is beyond the scope of my study, highlighting its impact is essential to the appreciation and interpretation of outcomes. In Chapters 2 and 3 of my dissertation, I discussed the notion of a rent-culture, and mentioned that psychological tests are adapted based on western values and norms, most of which were standardised to children in neighbouring Arab countries (for example, Egypt and Jordan) who do not necessarily share the cultural values and norms of GCCC. False assumptions of lower intelligence and deteriorated cognitive functions are two outcomes which result from borrowing psycho-educational measures that are not standardised to the population or group in question.

For example, in a relatively recent cross-cultural study of Mali children's performance on Ravens, Dramé and Ferguson (2017) found that the use of tests underestimated their intelligence, and advised against using IQ measures that are not locally developed for the children, or assuming that tests developed in other African countries would apply to Mali children. Fairly similar outcomes were reported in respect of pupils with Down Syndrome in an Arabic-speaking country. Abdelhameed and Porter (2010) tested the verbal short-term memory span of Egyptian children, and found that they did not only perform poorly compared to typically developing children, but their outcome measures were lower than scores of children with Down Syndrome in western countries. Abdelhameed and Porter (2010) attributed these outcomes beyond cross-cultural performance. A more reasonable explanation, they argue - and I agree - is drawing attention to the role the environment plays in development, including cultural and educational experiences, and I would add, values.

Remember, for example, the disagreement between the SENCO and Speech-therapist (who happen to come from different Arab countries) regarding the content of numeracy lessons, where the former suggested that addition and subtraction are not important because Amna will never be left to do her shopping on her own. I conclude this section with the fourth and final pitfall of objectifying.

Self-fulfilling prophesies

Objectified descriptions of ability, for example, ‘she can/cannot’, tend to function, Sfard (2009) asserted, as self-fulfilling prophesies, namely what practitioners see, observe or measure are perceived as a reality or fact that is independent from the evaluation process, as well as from girls’ prior experiences. A statement like *"she is a 55"* stands as the truth, which keeps repeating itself as both the object of talk, and the tool from which to reason about the girl; a score of 55 has become Bedour's truth rather than being an arbitrary score of some artificial category (Greenspan, 2006, *emphasis added*). Findings presented in Chapter 9 strongly depict self-fulfilling prophesies. Amongst the material and relational consequences of the discursive assessment practice were the following narratives: *'my scores speak for me'*, *'fitting me to what you already know'*, and *'I am what I can do today'*. In respect of the third narrative, Sfard (2009) indeed affirmed that the most harmful outcome of self-fulfilling prophesies or statements is the fact that they could be interpreted as determiners or predictors of one's future. Another harmful outcome, she added, is depriving persons (practitioners in this study) of their sense of agency and restricting responsibility; there is nothing that could be done so why bother at all? Two statements that strongly captured the 'why bother at all' were depicted in the transcripts of Amna *"So every objective you set for her IEP should be tangible and concrete… because Amna will not grasp any abstract concept"* (turn 1041a), and Bedour, *"Let us not start any literacy sessions with Bedour"* (turn 442b). These are coupled with awaiting a medical report to confirm the existence of a genetic disorder, which more often than not reduced the girls to their categories, and shaped *not so great expectations* of them, such as the case with Fadia, whose teacher, behavioural therapist, and psychologist wanted to know, despite of her advanced abilities and skills, about *"her maximum potential as a Down"*.

The pitfalls of objectifying are serious and alarming, especially since decades of research in special education have proven that SEN categories or classification systems that generate such pitfalls are resistant to change (Hollenweger, 2008; Weinstein, 2002). Having said that, however, the past few years have witnessed some efforts from researchers who challenged the 'resistance to change' objectification. For example, and through interactive sessions with scholars from the disability in education field, teachers were given the space *to interrupt the midicus* (Harwood and Allan, 2014) and *to pause and think* so as to resist deficit thinking (Humphry, 2014). Such efforts exemplify what Sfard (2008) referred to as *dialogic* approaches to research, which she argued are successful attempts to overcome the pitfalls of objectification. The forthcoming section examines the extent to which such efforts apply to the context of research in Arab-Muslim countries.

10.3.2 Overcoming the pitfalls of objectification: a challenging task for Arab-Muslims

In her notion of 'commognition', Sfard (2008) distinguished two historical attempts to overcome the pitfalls of objectification: *monologic* and *dialogic* research, and argued that the former is immune to disobjectification. I wish to extend these attempts beyond research, here, and apply them to professional discursive practices. As findings presented in Chapter 7 confirmed, multidisciplinary meetings generated multi-monologues, where few if any attempts were taken to negotiate the assessment outcomes that girls obtained. The absence of meaningful dialogues, however, is not unique to my study, but has been interpreted differently by researchers. Hester (1991) for example, attributed such absence to the mundane reasoning of team members, and their held assumption that deviance is self-evident and hence not open to interpretation. Mehan (2001) on the other hand, stressed power issues, especially *technical* (that is, psychologist) over the *vernacular* (that is, teacher and parent) voices. Mehan (2014) further added, psycho-medical representations are strong and hard to resist because they are supported by sophisticated measurement techniques, especially the IQ test. The discourses embedded in these technologies gain their credibility by being rigorous, abstract and neutral, and maybe even inaccessible to the so-called lay person. Finally, Hjörne and Säljö (2014a) emphasised the diagnostic culture, as well as the 'high' consensus between members of welfare child-study teams. All three interpretations are true to my study to a large extent, except for power issues; the authoritative voice of the SENCO overrode that of the psychologist. Added to these, or more accurately, a special combination of these institutional realities poses challenges that are specific to practitioners in Muslim-Arab countries who, if aware of the pitfalls of objectifying, would take every effort to overcome them. Especially alarming here, is the notion of fatalism, to which I shortly return.

The combination of institutional realities that pose additional challenges goes as follows: there is a tension inherent in a double-culture: the epistemic culture of special education and related disciplines (for example, psychology), and the sociocultural, sociolinguistic, and socio-cognitive mind of Arabs. The remaining discussion in this section will unpack this double culture and its implications in the effort to eliminate the pitfalls of objectifying.

The first component (disciplinary culture) has been discussed above. The psycho-medical knowledge embedded in disability classifications, and the assessment tools which maintained their power have been imported from the west, thus lacking ecological validity, and risking handicapping the handicapped even further. As repeatedly stressed, for Arabs such psycho-medical knowledge is taken-for-granted, considered as 'better' and is always sought out. The closing statements from Fadia's narrative is a classic illustration. The ADLT recommended a chromosomal test to confirm that Fadia has Down Syndrome, despite the fact that "*It won't help much ... because the girl ... has grown up ... and has actually developed some advanced skills*". Yet it was considered important for shaping the relationship they have with her "*just so that we know, when working with her, who are we dealing with…*", and pre-determining *"her maximum potential as a Down"* (Excerpt 9.5, turns 214f to 219f, page 229).

Absolute trust on psycho-medical knowledge and assessment artefacts meet a lack of confidence in locally produced knowledge. A similar finding was reported with respect to teacher assistants working with children identified with learning disabilities in an international school in Kuwait (Bazna and Reid, 2009). When interviewed by the researcher, the teacher assistants recognised some of the cultural tensions between western models and Islamic values (for example, individual gains versus community/tribe spirit) but still considered the former as objective and scientific, which for the majority of Arabs, when put together means 'better'; this is particularly true for special education research in the region, that is marked by a lack of appreciation for qualitative, dialogic, and interpretive research endeavours (see Chapter 2). To this end, the forthcoming discussion challenges the 'gains of objectifying' from a research methods perspective.

A key finding depicted by the analysis of 'stories meetings tell', and their material and relational consequences (Chapters 7 and 9) was practitioners' reductionist mode of reasoning, where girls' behaviours, characteristics, personalities and above all, their abilities had to fit, or else were forcefully fitted to some named category. In ethnomethodological terms, this tendency to reduce the narrative, so to speak, to girls' identified disabilities, is part of members' mundane reasoning (Hester, 1991). I politely disagree, for it is important to remember again, the history of these discursive assessment practices, and how they were blindly and uncritically transferred from medicine to education on the premise that they would fit-for-purpose. History renders 'reductionist' reasoning to be enforced by the categories themselves; they afford certain ways of perceiving things and events in the world rather than being the mundane reasoning of teachers, or all practitioners for that matter. I revisit and expand this notion of perceiving the SEN categories and classification systems and what they afford in the fourth and final section of this chapter.

Whilst I agree with the aims of membership categorisation analysis to study the situated nature of category ascription and identity production, I hold reservations against studying members' categorising practices in their own right. I argue that such a focus has had two unhelpful consequences; reproducing, or more accurately emphasising, the negative consequences of categories through the analytic-research exercise itself, and placing the blame on the practitioners, or so-called "members". In other words, doing justice to teachers and other practitioners is being compromised by too strong a commitment to the 'rigour' of unquestionable and taken-for-granted transcribing codes in Conversation Analysis and related methods (Billig, 1999), through simply asking: *"Those "members" doing the categorisation are members of what?"* As suggested above, albeit implicitly, they are members of two cultures. Practitioners are mediators of both the values, beliefs and the ideologies of a society to which they belong (community-culture), and the goals and objectives of a discipline and an institution that call upon them to assess, teach, counsel, cure, act, and interact in certain ways (disciplinary-culture).

This disciplinary-culture of special education has been largely overlooked by both critical-oriented discourse analysts and ethno-methodologists, and may explain, I argue, why studies on conference-meetings have been generating relatively similar outcomes. Critical discourse analysts, albeit with the best of intentions, place more emphasis on the larger social structures of society, with limited implications beyond academia, unless an active and sustaining relationship had been put in place between researchers and teachers at schools. Ethno-methodologists in turn eschew any interpretation that is not 'achieved' in interaction or 'relevant to the members', again, I stress, without asking either "*Members of what?" or "Relevant in which ways?"* I now turn to the community-culture aspect as a further challenge for Arabs in the quest of overcoming the pitfalls of objectifying.

At the start of this section, I expressed my wishes to extend Sfard's (2008) distinction between monologic and dialogic attempts to overcome the pitfalls of objectifying, from researchers to practitioners acting and interacting at conference-meetings. Sfard (ibid) argues that monologic discourses are immune to disobjectification. To echo monologic discourses, Sfard explained how researchers (or speakers at conference-meetings) see themselves as 'mere ventriloquists of external, superhuman forces' (p.66), and quoted Bakhtin who emphasised monologists' beliefs that through their endless and impersonal monologues one can hear 'the voice of life itself, the voice of nature, the voice of God, and so forth' (Bakhtin, 1986, p.163). Bakhtin's quotation strikingly captures the essence of fatalism, which is arguably one of the biggest challenges facing special education in the Arab-Muslim world (Brown, 2005). Indeed, a relatively recent survey on the beliefs of Jordanian parents about the causes of disabilities, reports that 'fatalism' was the one aspect to which all parents agree; disability is God's will, and is on top of illness, genetic inheritance, and/or environmental factors (Al-Dababneh, Al-Zboon and Baibers, 2017).

The material, relational, and practical costs of *fatalism* become even more serious when coupled with knowledge about the Arab mind being essentially global and radical. The quest for *primal causes and radical solutions* to problems, Abdennur (2008) warned, have had, or may continue to result in *inactivity* (p.61). Waiting for a medical report to confirm that Shadia has Turner Syndrome, Hala has Cornelia de Lange, or for a chromosomal test to prove that, despite missing physical features, Fadia has Down Syndrome, are examples of the drawbacks of a radical "all-or-nothing" mind-set.

Thus, whilst highly appreciating the efforts taken to interrupt deficit discourses, I argue that *fatalism* (that is, submission to fate or subjugation of what life brings to destiny) is likely to impede such interruptions from taking place, and may even cause harm if not treated carefully. People take comfort in concepts such as *qadar* (fate), *nasib* (destiny), and *maktoob* (written in stone). For many Arab-Muslims, such concepts disclaim responsibility, reduce guilt, stop self-blame or assumed punishment from *Allah*, or at the opposite end, embrace it as a gift to which they will be rewarded in the afterlife. In Islam, however, and especially with reference to the *Qur'an*, none of these concepts are meant to be or are implied for people with disabilities, bearing in mind the absence of the disability concept altogether from the Holy text of Muslims (see Chapter 2). Does this mean, however, that Arab-Muslim nations cannot avoid the pitfalls of objectifying? The third and final section of this chapter puts forward an argument for an ecological, cultural-historical, action-based theory of affordance as an analytic and pragmatic lens from which to understand the problem of objectifying and hopefully, move beyond it.

10.4 The outcomes of talk

In Chapter 9, I presented the *material* (that is, the type of talk that assessment artefacts generate) and *relational* (that is, the relationships enacted in talk and the figured world of disability manifested in practice) consequences of discursive assessment practices, which together reflect the *'Not So Great Expectations'* held by practitioners towards girls identified with a disability. Four discursive narratives exemplified these expectations:

1. ‘My scores speak for me’.
2. ‘I am what I can do today’.
3. ‘Fitting me to what you know’, and,

4. ‘Not everything about me is compromised’.

These discursive outcomes were the product of passing *much ado about everything* without discussing and reflecting on what they mean or the implications they hold for the girls in question, as well as making diagnosis *the most relevant thing about the girls*. Thus far, one may argue that failure to translate tacit meanings embedded in disability categories into the explicit, tensions that resulted from competing agendas, as well as the pitfalls of objectification discussed in the previous section, tell us there is something wrong with disability categories or classification systems mediating assessment practices. The purpose of this section is to ask: “*Can we do something about disability categories mediating assessment practices?”*

The first step I will take to answer this question is to situate the genre of conference-meetings - and the outcomes it generated - in relation to an ecological sociocultural theory of affordances as defined and described by Gibson (1979):

> The affordances of the environment are what it offers the [person], what it provides or furnishes, either for good or ill. The verb to afford is found in the dictionary, but the noun affordance is not. I have made it up. I mean by it something that refers to both the [environment: the object] and the [person: the subject] in a way that no existing term does. It implies the complementarity of the [person] and the environment… (p.127, *emphasis added in brackets*).

The first point to highlight with respect to the definition relates to whether we should objectify students and fit them into distinct categories or not, but more importantly, what is it that we hope to gain from such practices; *what it provides or furnishes either for good or ill.* Both the special education literature and disability in education studies are replete with discussions of disability categories *furnishing the ill*, amongst which are low expectations, stigma, bullying, exclusion, to name but a few (Ferri and Connor, 2005; Reid and Knight, 2006). The least one could say about these scholarly efforts is they are righteous, honourable, highly justified and timely, but above all, they moved policy and legislation in many developed countries forward, and brought into being interactional and multidimensional frameworks for conceptualising disability beyond the deficit model.

The realisation of such efforts has been nonetheless slow with respect to assessment practices (for exceptions see the recent collected articles in Castro and Palikara, 2018). Despite decades of critique, objectifying students and fitting them into categories persists, and more so in developing countries leading to, as the discussion in the previous section highlighted, *handicapping the handicapped* further. Indeed, even in developed countries, classification systems are hard to resist (Hollenweger, 2008). Having said that, one may rightfully argue that the question to whether disability categories are positive or negative will not suffice to address the problem, or worse, reproduce binary, typified, and dichotomous thinking.

Ascribing value judgements or qualifiers (that is, good or ill), Michaels (2003) asserted, requires an intrinsic criterion (for example, classification systems), whereas an embracement of affordances as actions sidesteps this problem. For example, speaking with reference to a specific activity in which a girl participated, like the library workshop mentioned in Shadia's conference-meeting (Excerpt 9.11, p.238), afforded an interpretation that is situated in context, and not only contradicted the outcomes she obtained in a battery of tests, but also gave a better picture of her true potential.

This takes me to a question I posed having *historicised* the genre of case-conference meetings, which I believe to be better situated to address objectification: *"What did objectifying practices afford when they travelled* *from medicine to education?"* Notice however, the question I am asking here brings us back to (the verb 'afford') and eschews (the noun 'affordance'), which Gibson took pride in having coined, so as to eliminate the subject-object dualism *in a way that no existing term does*. With that being said, it is important to stress that an ecological and cultural-historical analysis of categories and what they *afford* appreciates the relational theory of meaning put forward by Gibson (Schmidt, 2007), and by no means wishes to reproduce the subject-object Cartesian. On the contrary, the intent is to extend this relation further. By retaining the verb '*to afford'* in my question, I wish to emphasise the yet to be realised and the future-oriented, which open doors beyond transferring knowledge (syntactic boundary), to translating tacitly held meanings of categories (semantic boundaries), but above all transforms practices to something pragmatic to team members and meaningful for the girls in question (pragmatic boundary).

One way to stress the importance of the verb '*to afford'* as opposed to the noun '*affordance'*, is to place it in a parallel position with the verb '*to know'* and the noun '*knowledge'*, especially in the context of education for individuals identified with disability in Arab-Muslim cultures. Besides knowledge being blindly consumed and uncritically borrowed from western thought and philosophy, the Arab world embraces an acquisitionist model of knowledge and information (Hafez, 2014). Knowledge is something out there waiting to be noticed or perceived; it is an absolute truth, be it girls' scores in IQ tests; symptoms of some disability classification; or deviance from the so-called norm. In other words, it mirrors the voice of life, the voice of nature and the voice of God in the Bakhtanian terms referred to above. Thus, foregrounding *perceiving* (the known) over *acting* (the yet to be discovered), Costall (2012) affirmed, places 'the epistemological cart before the ontological horse', referring here to values and meanings (Costall 2012, p.89), but I would add: "*Whose values and meanings*?"

Asking "Whose values and meanings?" takes us back to two key points I raised in this chapter. The first relates to the brief history lesson (section one in this chapter) where I emphasised that special education did not only borrow categories from medicine but also the very genre of a case-conference meeting executing them. The second, which follows from the first, is the notion of a pragmatic-political boundary, which manifested in situations of tension or when conflict in values arise, such as that between the agenda of inclusion and the science of medicine, neurology, psychopathology, and the like. Again here, emphasising *the ill* or negative alone will not suffice to address the pitfalls of objectifying. I intentionally use the phrase to address rather than solve the problem of objectifying for the latter necessitates something beyond critiquing or placing the blame within disciplinary fields which are strongly tied to the history of special education, especially with the latter being described as something of "an epistemic jungle" (Thomas and Loxley, 2007, p.17). Thus, I argue that accepting objectification as a fact rather than a fallacy of educational institutions is a good place to begin, especially in contexts that adhere to the doctrine of fatalism, where the agency to intervene or to take action and responsibility are at higher risk.

It is only when we accept objectification as the current institutional reality for students identified with a disability that we can move beyond the *good* versus *ill*, and ask: "*What meanings do they invite?"; "What outcomes do they produce?",* and *"What realities do they project*?" In other words, what did they afford when they transferred from medicine to education? It is important to distinguish here between *canonical affordances* and the *general affordances* of an object or an artefact, be it material or semiotic (Costall, 2012). *Canonical affordances* refer to "things as they are" or to put this in Gibsonian terms, what they were *furnished to do* in the first place, that is, their normative and conventional meaning as understood and deployed in routine practice (for example, to objectify, to describe deviance, and to cure if necessary). This concept of *canonical affordance,* Costall (ibid) contended, 'alters us to those important cases where the affordances of something are not simply shared between people but also normatively predefined' (p.91). SEN categories that travelled from medicine to education, I argue, are classic examples of artefacts that only afforded its *canonical* meaning or intentions embodied at the outset, hence fulfilling administrative purposes only.

To fully appreciate the importance of distinguishing canonical affordances from affordances in general, Costall (ibid) added:

> Canonical affordances will not be achieved by fixation upon the object in isolation, nor the individual-object dyad. [Classification systems] need to be understood within a network of relations not only among different people [i.e. members of a multidisciplinary team], but also a constellation of other objects [e.g. literacy lessons, vocational curriculum] drawn into a shared practice (Costall, 2012, p. 92).

From an activity theory perspective, the constellation in the quotation above refers to the field, arena, or setting in which discursive activities take place (Keller and Keller, 1996; Lave, 1988; Engeström, Engeström and Kerosuo, 2003). Thus, it is no surprise that educational institutions failed to perceive something other than the normative canonical, or conventional meaning embedded in classification systems and knowledge informing their use, having borrowed both the artefacts themselves and the practice from which to discuss students. This, however, is not an excuse to blame medicine, or any other field that draws strongly, if not exclusively, on categories so as to carry out its daily tasks and roles; the canonical meaning that categories afford not only meets their needs, but also satisfies their motives, goals, objectives, intentions, and agendas. In fact, some have placed blame on education (Billington, 2017; McLaughlin, Coleman-Fountain and Clavering, 2016; Rose, 1990) for sharing, at least implicitly, similar motives, goals, objectives, and agendas. At the heart of such arguments is the notion of '*the potential citizen*'.

In reference to children diagnosed with ADHD, for example, Cohen and Morley (2009) argued that practices of assessment, normalising and surveillance, feed the assumptions of the child as a *potential citizen* who would maintain rather than disrupt the social order of school and society. Along similar lines, Horwood and Allan (2014) spoke of the *temporal positioning* of children as adults to be (p.161). The notion of a good citizen ties to two ideas I raised earlier in this chapter, that is, practitioners being mediators of both *community* and *disciplinary* cultures, and to the inability of categories produced in educational contexts (that is, conference-meetings) to cross pragmatic boundaries so as to transform knowledge into something practical. To such end, I seek to argue that the *thing* that objectifying practices afforded when they travelled from medicine to education, besides the *canonical* meanings of categories, is their social utility rather than usability. According to Keller (2005):

> The difference between utility and usability is between aspects of one and the same practice that may be more or less contrasting [assessment at schools and diagnosis in medicine], and that require completely different conceptual perspectives for their explication. While utility is a principle essentially defined by functional formality and socio-economic quantity [e.g. allocating funds and resources for individuals in question], usability is an actual experience concerning the psychological and sociocultural qualities and strains of concrete practice [realising the pedagogical implications of category assignment or aetiology roles in classrooms]. (p.174, *emphasis added in brackets*).

To further illustrate, I take the formula of *affortdances* suggested by Keller (ibid) to demystify the difference between 'utility' and 'usability' or 'pragmatic boundary' with reference to objectifying practices. The formula reads:

Thing <usability< praxis<being

Medicine:

Disability classification < identifying symptoms < making a diagnosis < constructing the patient.

Education:

Disability classification < describing deviance < maintaining institutional and social order < constructing the disabled identity of a student.

Situating practices with reference to the formula above suggests that objectifying in education had failed to perceive something different or create new meanings; education only maintained that which has already been identified or diagnosed. Thus, it is only reasonable to accept Shotter's (1983) conclusion with respect to affordances and human actions and intentions. According to him 'an affordance is only completely specified as the affordance it is when the activity it affords is complete' (p.27). This reminds us of the first pitfall of objectifying, that is *over-generalisation*, where the interactions that took place between a student and a teacher were ratified and alienated; practitioners come to the conference-meetings to report a finished product, or to pass on the so-called truth in a monologic fashion.

It is therefore no surprise that it was only in situations of uncertainty and flux, where practitioners knew little about the genetic disorders of Hala and Shadia, that interaction afforded something new or at least allowed for new meanings to be realised. Indeed, this finding supports ethnographic studies in the context of paediatric genetics (McLaughlin and Clavering, 2012; Timmermans and Buchbinder, 2013). It was uncertainty which afforded both parents and clinicians the opportunity to form new relations or connect with children, and to escape the pitfalls of fixing them into a specified category.

McLaughlin and Clavering (2012) drew a useful distinction in respect of such findings, which according to them, have been overlooked in the literature. The researchers differentiated between the medical gaze having the power, or more accurately being structured to define children's characteristics/features as problematic, and between practices that position children themselves as problematic. The *temporal positioning* of children as ideal or at least as acceptable citizens who would benefit the socio-economy of society and maintain the social order is a key reason, I believe, why school-aged children are positioned as problematic.

If we accept arguments put forward by scholars who drew a connection between mechanisms of surveillance and the notion of citizenship, as I do, then, the question is no longer about the harmfulness of these tools when they cross disciplines, let alone cultures. The question lies in whether they afforded anything at all. It is perhaps not too strong a statement to claim at this point, that if students identified with a disability in developed countries are *temporarily positioned*, then girls identified with disabilities in Gulf-Arabian societies are *frozen citizens* for they are, according to Al-Thani (2007) and Nagata (2003), triply discriminated, for being girls; for having a disability, and for living in a patriarchal society.

The concept of *grand erasure* or *invisibility* of girls (see Chapter 2, section 3.1.3, page 36) applies not only to international discourses, but also to national and local reforms to advance the skills of underdeveloped youth in the Arab world (UNDP, 2014). In consideration of the foregoing, a culturally valid and contextually relevant *understanding and responding to the experience of disability* (Porter, 2015) is essential if practitioners wish to '*step into a flow of affordances'* (Costall and Richards, 2013, p.7, *emphasis added in original*) or to go beyond the conventional or canonical. The forthcoming discussion locates calls to embrace a 'cultural' understanding of disability within a historical, sociocultural and action-based lens of affordances.

What needs to be deconstructed: Disability categories or cultural values?

A cultural reading of narratives from the conference-meetings of Fadia and Shadia afforded new meanings and understandings of the relationship between gender and disability. For example, and despite being a common physical-psychological phenotype of Turner Syndrome, the extent of self-image problems in societies that place too much emphasis on looks and beauty tell us how *disability was imposed on top of Shadia's impairment* (Reindal, 2008) Should the same be said about Fadia? As the story from Fadia's conference-meeting tells, Fadia is in touch with her feminine side. Although both her psychologist and behavioural-therapist described the behaviour she exhibits as a defence mechanism, they could not but appreciate its strength. Her ability to dress properly and to draw attention to her beauty fits societies' expectations.

If disability is understood, and it should be, with reference to the cultural context, on what grounds then do we consider Fadia a disabled girl outside the classroom door? A poor and general understanding of the concept of disability by the public, and a confusion between disability and SEN by teachers and practitioners (Porter, 2015; see also Hollenweger, 2008 on the difference between priori and posteriori classification of disability in education), led to perceiving the same behaviour as both a strength and a psychological mechanism. This is also true for aspects of Shadia's story, who falls at the disability end (that is, self-image) and also for those aspects which impacted her educational needs (for example, her difficulties with mathematics and space), that are common to girls identified with Turner Syndrome.

An intriguing example from which to appreciate the culturally situated nature of disability in the context of Arab-Muslim cultures is hyperlexia and reciting the holy book (that is, Qur'an). Hyperlexia is a syndrome characterised by a superb ability to read, independent from understanding the text. Many children identified with autism who participate in competitions to recite the Qur'an become strongly featured in the media as competent and abled. In these competitions, participants are asked to recite a specific verse from a random section of the Qur'an, and are assessed for both their voice and vibration, as well as their ability to recall. Meanings and interpretations, on the other hand, are not part of the competition, for reciting the *Qur'an* is appreciated in its own right spiritually, and independent of meaning. In spite of celebrating such victories in a charitable way, and despite rote learning being unappreciated in western cultures, should we consider children who master a highly valuable skill, such as retaining verses from the Qur'an that are stored in one's long-term memory in Arab-Muslim communities, disabled?

The example above was the outcome of querying what a category or a classification affords, not only in respect of a conference-meeting, but also the very culture in which it manifests for a particular student. Yet, penetrating to, and insisting on, polarised positioning, "*Is this girl trainable or educable?"* afforded very little if anything at all. It stripped away agency and responsibility from practitioners and fed fatalistic beliefs even further. That being said, I wish to revisit a discursive narrative from Chapter 9, which I referred to as a relational consequence of the action genre, entitled, '*Not everything about me is compromised'.*

Although the question posed by the SENCO, "*Okay but why do you want to teach her these library skills?*" was voiced in a doubtful manner, especially given Shadia's severe problems with mathematics. It encouraged a dialogue which moved beyond binary or polarised positioning. Worthy of emphasis, here, is that difficulties in number, space, or mathematics in general were supported by both her scores in the IQ test, and the cognitive phenotype of girls identified with Turner Syndrome. Nevertheless, providing Shadia with the space and opportunity to engage in a meaningful activity, and suspending prior judgements of ability or predetermined assumptions of incompetence, afforded new meanings and disclosed Shadia's true potential.

The example from Shadia's narrative stands in sharp contrast with narratives mediated by material artefacts such as the '*I am what I can do today'* narrative. As findings in Chapter 9 revealed, Bedour was denied the opportunity to participate in literacy skills, "*let us not start any literacy sessions with Bedour,*" and Amna was fixated to what she was able to do during the evaluation period "*so every objective you set for her IEP should be tangible and concrete ...Amna will not grasp any abstract concepts.*" Again, penetrating to general conceptions of disability and fixation with constructs such as 'educable' versus 'trainable,' constrained meanings that could have been afforded otherwise, but more than this, it shaped girls' disabled identities and the not so great expectations held of their future potential. This takes me to the final question or point for discussion in this chapter: "*Is there a way for practitioners to step into a flow of affordances (potentials) beyond the normative, the conventional or canonical?"*

Overcoming the pitfalls of objectifying require moving beyond the *level of immediacy* (Pedersen and Bang, 2016) so as to capture the social, cultural, and historical character of affordances. With respect to disability-related categories, one needs to distinguish two types before moving forward with a discussion of what they can or cannot afford in assessment practices: Defined Classification Systems (for example, DMS) and general attributions (for example, 'normal', 'disabled', 'educable').

Cross-cultural studies in medicine and related fields succeeded in disclosing cultural variations in the manifestation of genetic and developmental disorders (for examples see Blacher and McIntyre, 2006; Daley, 2002; Ennis-Cole, Durodoye and Harris, 2013; Ghosh, Holman and Preen, 2017). Less attention has been paid, however, and quite understandably, to general categories such as *normal, educable, moderate* or *severe intellectual disabilities*. Can these categories cross cultures? Since they are generated by assessment tools and artefacts that did the crossing, they too did. A cross-cultural reading of assessment practices would tell that they did more harm than good. An ecological and sociocultural analysis in turn would suggest that they afforded nothing at all. Allow me to illustrate.

Take the category *educable* for example. On the one hand, being recognised as *educable* ties to the functional construct associated with the identification of intellectual disabilities as configured by IQ measures and Adaptive Behavioural Scales, both of which did the cultural crossing based on false assumptions of 'universality', 'neutrality' and 'objectivity'. Yet, the recognition and implications of being identified as *educable* - or not - rests in local, national, sociocultural, and historical understanding of what it means to be an *educated* Gulf-Arabian girl. Indeed, a relatively recent proposal for culture as an analytic tool in disability research perceived such terms as 'empty signifiers' (Waldschmidt, 2017, p.26) that have nothing in common other than being negative when assigned to people with disabilities, or positive with reference to so-called normal citizens. According to Waldschmidt (ibid):

> In any culture at any given moment these classifications are dependent on power structures and the historical situation; they are contingent upon and determined by hegemonic discourses. In short, the cultural model considers disability not as a given entity or fact, but describes it as a discourse or as a process, experience, situation, or event (p.24-25).

To extend Waldschmidt's metaphor, by blindly borrowing assessment tools and artefacts and trusting their neutrality and objectivity we, as Arab nations, have allowed opposing values and ideologies to be poured into an empty glass, and hence failed to realise anything other than the normative and canonical, but, again, I insist, *"Whose normative and whose canonical?"* I wish to argue at this point that is not only a matter of borrowing tools from another culture or community, but more so their disciplinary and epistemic cultures, especially given the notable absence of qualitative studies in the field, and poor production of sciences in general and social sciences in particular in the Arab world (UNDP, 2009).

The empty glass, here, refers to mere perception of the immediate and lack of action to construct locally relevant knowledge and to have the confidence to appreciate its value and significance, especially with respect to social institutions which, according to an ecological cultural theory of affordances, are the producers and maintainers of the human echo-niche; the 'ideal citizen' or the ‘frozen citizen’ in case of girls in Gulf-Arabian countries. Can we speak with - rather than of or about - frozen citizens? Better yet, can we speak for them with reference to the future? Hollonweger (2014) suggested, borrowing Dewey, that teachers who wish to embark on assessment for learning need to embrace uncertainty amongst other challenges, and that students are not *objects of knowledge*; their potential is yet to be known and realised. Along similar lines, Kershner (2014) highlighted the value of not knowing everything that there is to know about students identified with SEN, especially to avoid assumptions that may or may not hold for particular students. An ecological and sociocultural-historical theory of affordances is well situated to capture the yet to be known.

Kono (2009) suggested that a theory of affordance is better situated to understand and respond to deviance than abilities and traits - albeit referring to the domain of ethics and morality and drawing on examples of relationships between prisoners and supervisors in Foucault’s (1979) work in *Discipline and Punish.* Further, Kono (2009) extended Gibson’s ecological-affordance theory into linguistics to emphasise the *pragmatic* aspects of communication, and I wish to add, especially with reference to joint discursive assessment practices, the dialogic and future-oriented. Again, I insist, referring to a girl as *educable, trainable* or *severely disabled* would only feed fatalistic ideologies and would reinforce a monologist fashion of talk about the past, about what is already known and, according to such beliefs, what cannot change.

Fixation with *normative influences* and *over-generalisations* (Sfard, 2009) would not suffice to bring justice to the *frozen citizen*. On the other hand, encouraging participation in meaningful activities in order to understand the culturally situated nature of child development (Rogoff, 2003; Rogoff et al., 2017) would enable us to suspend value judgements and to eliminate false assumptions that there is only one measure of achievement (Porter, 2015) and would also afford alternative interpretations of ability, learning, and personal growth.

A question thus remains with respect to the potential of a multidisciplinary conference-meeting to invite open dialogues or to speak with reference to the future. A recent study on the notion of multidisciplinary collaboration (Clark et al., 2017) indeed affirmed that the question is no longer about crossing boundaries but experiencing them; observing girls in action or as they participate and engage in activities inside or outside classrooms, and communicating the process as it takes place is an example of experiencing a boundary. Experiencing boundaries, I argue, allows for dialogue about potentials to develop naturally and organically.

The methodological approach my study has taken allowed me to compare conference-meetings with other 'action' genres and assessment practices in special education, such as dynamic assessment, narrative assessment, and lesson studies. Take for example the contested category *moderate learning difficulties,* which requires clarity and understanding, especially if discussed with reference to inclusive pedagogies (Norwich et al., 2014). When discussed in the context of a lesson study which involved mathematics teachers and psychologists, an active dialogue as to which areas of knowledge in the field of psychology would benefit teachers took place, and some aspects of knowledge which were tacitly held were made more explicit during inter-professional discussions (Norwich et al., 2016).

Another genre is learning stories or credit-based narrative assessment in the context of early years in New Zealand (Dunn, 2004). As a special type of genre, a credit-based narrative assessment asks teachers to write learning stories and to narrate classroom events and situations in which children participated. These allowed them to engage with parents in conversations that go beyond the she/he can or cannot do, or respond to the curriculum, kind of statements. Learning stories or narratives such as these builds on sociocultural and dynamic approaches to assessment. They allow one to ask questions about the context of learning rather than children's abilities, and only refers to the latter as expressions afforded or constrained by the activities in which children participate (Collins, 2011a, 2011b, 2012). Embedded in these dynamic assessment practices is an assumption of competence and belief in human potential, as well as an emphasis on building trusting and long-lasting relationships with students, all of which mirror the values and ideologies of Arab-Muslim cultures (Bazna, 2009). Above all, and in comparison, with the monologic fashion depicted in 'stories meetings tell', the dialogic encounters in these practices 'evokes a continuous appreciation of the not-yet-seen, the yet to be storied - in short, the possible' (Rehner, Iversen, Gergen and Fairbanks, 2005, p.704).

In promoting dynamic approaches to assessment, I am not simply suggesting that Arabs should move from the static to the dynamic, especially given the potential challenges of sustaining dynamic assessment if not supported or encouraged at a macro-political level. Nor am I asking for them to eschew the medical in favour of the social and cultural. All assessment tools or diagnostic artefacts, including those which give priority to biology or aetiology are potentially useful and may afford a number of meanings, explanations, and possibilities if received with caution and not taken at face-value or as absolute.

What is at stake is to question or deconstruct not the assessment tools themselves, but the very values embedded in them. Taking after Cetina (2007), as well as highlighting the power of both the *disciplinary* and *community* cultures discussed above, what needs to be deconstructed in the Arab world, I believe, is the epistemic culture which warrants and creates the normal and ideal citizen, or the *frozen* in the case of girls in Arabian-Gulf countries. When we crossed cultures, and took ready-made assessment tools and artefacts, not only did we invite conflicting ideologies, but we also borrowed, by default, the notion of an ideal citizen who would benefit the economy in developed western countries. The values embedded for that citizen share very little - if anything at all - with the experience of a young lady with a disability living in a charity home in an Arabian-Gulf country. Thus, before we eVALUatE girls, we need to ask: "*What does being a girl with a disability in an Arabian-Gulf country mean, what values does it embrace, and what potentials does it afford*?"

'To make an end is to make a beginning. The end is where we start from' (T.S. Eliot: 'Little Giddings', 1942).

Chapter 11: Concluding Remarks

The aim of this study was to examine discursive assessment practices that shape the institutional identity of Arab-Muslim girls with disabilities, a noticeably absent group from the global discourse on disability. The inter-professional discussion at case-conference meetings was deemed significant, mirroring as it does the ideologies, meanings, and values attached to disability in an under researched sociocultural context, that is the Gulf-Arabian region. Conversations that took place at conference-meetings signified more than one aspect. On the one hand, they are events to share information gathered about a girl, as well as her assessment and evaluation outcomes, but on the other, they constitute a practice, an activity, and a space to produce and shape identities and school and career trajectories. In other words, a case-conference meeting is an institutional genre of doing, acting, being, and becoming.

Demystifying the *what, who* and *how* practitioners act and interact at conference-meetings was the second aim of my study. More specifically, I was keen to discuss the reasons why educational research on case-conference meetings produce relatively similar outcomes, despite being analysed with different and sometimes competing discourse methods, and being researched in diverse contexts. The dominance of a diagnostic culture was as true to my study, if not more so, as it is to fellow researchers in the field. To disclose the *why,* I had to develop a multi-layered analytic framework that explicated both descriptive and explanatory elements of the action genre. The methodological synergy of systemic-functional linguistics, critical genre analysis, and sociocultural discourse and identity theories gave life to both the descriptive *what* and the analytic *why*.

This final chapter of the dissertation is divided into five sections. I first summarise the main findings of my study. Then, I justify a few decisions I made with respect to some unavoidable shortcomings. After that, I highlight my contribution to knowledge at empirical, theoretical and practical levels. From there, I discuss implications, recommendations, and directions for the future. I conclude my dissertation with reflections and key lessons learned from my PhD research journey.

11.1 Summary of research finding

In my quest to demystify discursive practices of assessment through the medium of 'action' genre, I asked three research questions, and arrived at the following outcomes:

What knowledge domains, perspectives, and understandings of disability do practitioners bring to - and share at - conference-meetings?

The ‘stories meetings tell’ reflect a strong diagnostic culture and sole reliance on medical knowledge and information, one which is above and beyond the personal experiences and dynamic interactions between the girls and their teachers and therapists; there is always a demand to back up what is said with a medical report. Four findings could be highlighted from these stories:

1.Objectifying girls and placing them into specific disability categories is given high priority;
2. Objectifying practices are uncommon amongst teachers or practitioners who are less tied to knowledge about IQ scores, medical diagnosis, or specialised pedagogies (for example, Hala’s relationship with the Arts teacher, and the identity the latter assigned to her was a product of her art work and participation in the workshop);
3. There is a strong resistance to move beyond dichotomous thinking or polarised positioning (for example, is she ‘educable’ or ‘trainable’?), and,

4. Situations of flux and uncertainty (that is, absence of knowledge about the genetic disorder) opened doors to investigate new meanings and alternative explanations.

What is the nature of talk between members of the interdisciplinary team, and how do practitioners engage with one another to share and transfer knowledge?

The passing of *much ado about everything* practitioners gathered was the main communicative strategy for sharing information, which was mostly encouraged by the SENCO chairing the meeting. A key outcome of this communicative feature is generating multi-monologues rather than dialogues and discussions of assessment outcomes. These multi-monologues were the outcome of the following:

1. A high degree of control by the SENCO chairing the meeting;
2. The passing of more facts than opinions or personal and professional reflections, such as the pedagogical or therapeutic implications of shared information;
3. Questions that demanded confirmation overrode those which demanded explanation and reasoning;
4. Practitioners sustained the floor to pass on more facts [prolong-extend] rather than to reason, justify, explain, and interpret [prolong-enhance], and,
5. The absence of challenging moves limited the potential that could have been gained from the multidisciplinary knowledge and distributed expertise of team members.

How do discursive practices of assessment and figured worlds of disability influence the construction of girls' identities?

Based on the outcomes of the preceding two questions, the genre of a conference-meeting generated four discursive narratives, which were grouped into material and relational consequences of talk, with the former mediating the latter. Technologies of assessment that practitioners in the Arab world trust blindly and embrace at face-value (material consequences) mediated the assessment practices, the relationships between girls and practitioners, and the expectations held with respect to girls' future potential (relational consequences). Key findings to remember here are as follows:

1. Scores obtained in IQ tests and disability categories stood as self-fulfilling prophesies; they spoke for themselves as if they were the ultimate truth one should know about the girls;
2. A strong belief on the fixity of outcomes obscured positive and potentially 'relevant' information about the girls, and denied them the opportunity to participate in future activities;
3. A 'distinct' definition of behavioural phenotypes was evident in talk, and resulted in fitting narratives into what one knows about common genetic and developmental disorders, such as Down Syndrome and Autism;
4. Fitting narratives into an existing category of disability is mediated by - or is a product of - technologies that currently afford reductionist mode of reasoning;
5. The kind of talk that assessment technologies and semiotic/diagnostic artefacts currently produce may falsely suggest that medically-oriented knowledge is always a negative boundary object, and,
6. There is not a straightforward answer to questions like, "Does genetic aetiology matter in classrooms or education in general?" The potential to benefit from such knowledge is conditioned by adopting a 'probabilistic' definition of behavioural (or cognitive) phenotypes, and the ability to integrate such knowledge with other sources of information, including trust in personal intuition and locally produced knowledge.

11.2 Challenges with the research design

This section presents two challenges I faced with respect to the design of my study, the lessons I learned from the process, and the decisions I took accordingly. The first relates to discourse, language, and translation issues, and the second associates with coding and quantifying moves, and speech functions.

11.2.1 Lessons learned from translating the data

In Chapter 6, I discussed the challenges associated with cross-cultural discourse studies, especially with respect to transcribing and analysing the data in one language and presenting the outcomes in another. I also mentioned having shared the transcripts with two Arabic-speaking friends to check for accuracy. In this section, I share two key lessons I learned from the process:

1. Rating the accuracy of translation (literal semantic) and transparency of meaning (pragmatic) was not enough. The dialogue I had with my friends was fruitful and self-reflective; it disclosed some unconscious choices I had made during the translation process. For example, through asking me why I had chosen one word over the other, where the rater thought that my choice was not accurate or literal enough, I discovered that my translation was not only informed by my knowledge of both languages, but also the discourse and language of the field.

2. For confidential reasons, I only selected random excerpts from my data instead of asking my friends to check the translation of a complete discursive event (that is, an entire conference-meeting). Meaning, however, is a totality. My translation choices for one excerpt were not only informed by this excerpt in isolation, but also in relation to the entire conference-meeting, and from reading and listening to the conversations repeatedly and simultaneously. Future researchers, including myself, may seek permission from schools to introduce

another person to listen to the conversations and to engage with the data on a similar level. Indeed, this totality of meaning also affected some of the choices I made with respect to coding a turn with one speech function or move over the other, to which I will now turn.

11.2.2 Lessons learned from coding moves and speech functions

The systemic functional linguistic framework developed by Eggins and Slade (1997) provided fruitful insights and enabled me to work with the data closely and systematically. The functional nature of conversational categories (that is, what they do and what purposes they serve) allowed me to capture the moment-by-moment unfolding of discursive events and the *in-situ* construction of girls' institutional identities. With that said, one possible shortcoming is having to rely on an existing coding system rather than developing my own.

My decision to do so was informed by yet another set of challenges, some of which I highlighted above with respect to transcription and translation. Since systemic-functional linguistics is a new and emerging field in Arabic, and in the absence of a commercial coding SFL software that handles Arabic texts, especially spoken Arabic (I would have had to learn Java to do the analysis electronically), it was difficult to find a coder who is familiar with both the language and the methodology so as to cover issues of inter-rater reliability. Further, and as I stressed in Chapter 6, a sound analysis of semantic meanings in Arabic requires working with transcripts and audio-records simultaneously, which if I had done, would have breached confidentiality. To limit the impact of these challenges, I took the following decisions:

1.To rely on an existing framework whilst reflecting on possible difference in the language, cultural, and communicative patterns of spoken Arabic;
2.To work with a smaller set of data (the shortest three conference-meetings in duration) to minimise human error, having had no choice but to conduct the data manually using excel spreadsheets;

3. To re-code the data three months following the initial analysis;
4. To construct a narrative that translates codes and numbers into words (see Chapter 8 section 8.1.3, page 170 entitled '*from numbers to words'*), and,
5. To share the framework with the participants and engage in a discussion of the different functions and how they play out at meetings (see Chapter 6 section 6.4.3 on participant orientation).

Reflecting back on these decisions at the final stages of my research, I found the last two to be the most fruitful, and from which I learned three key lessons. First, we, as discourse analysts, are not yet free from what I call the 'proof' syndrome. When working with numerical language based-data, we still have to prove that our coding is correct, and that it yields the same outcomes across coders. I believe that constructing a narrative that translates numbers into words, and illustrating the process through excerpts, fits the ontological and epistemological foundations of discourse studies better. Second, sharing the outcomes of our analysis with participants is a better proof than the reliability standardisations followed in the natural sciences. Third, future researchers may even conduct, if they wish to do so, a participatory discourse analysis that enhances the 'participation orientation' criterion I described before (see Chapter 6 section 6.4.3, page 101) and ask speakers to listen, discuss, and reflect on their own discursive assessment practices.

11.3 Contribution of knowledge

My study contributes to existing knowledge on discursive practices of assessment in special education, and extends our understanding of the problems of categorising and objectifying students in general, but especially against the backdrop of fatalism. This section highlights the key contributions of my study, which were realised at empirical, methodical, and theoretical levels.

Empirical data

To the best of my knowledge, the genre of case-conference meetings and similar discursive assessment practices in schools have, so far, only been conducted in developed western countries. Although my study confirmed previous findings, especially the dominance of a diagnostic culture, it provided evidence that are specific to the context of my study, amongst which is the hierarchical position of the SENCO monitoring the conversation, and how it impacted on the extent of collaboration between members of the multidisciplinary team. Further, the actions and interactions enacted in talk revealed features of speaking about disability that are specific to the socio-cognitive and culturally-historical nature of Arabs in the Gulf-region. In all, but especially with respect to qualitative research on the experiences of girls with disabilities in GCCC being notably absent, my study narrated stories hidden behind numbers, statistics, and survey methods that has dominated the academic world of research on special education in the Arab region.

An analytic framework for investigating talk

The TALK-TIES framework I developed to analyse the spoken 'action' genre granted a 'dialectic' rather than a 'continuum' relation between the data and the context. Such a dialogue could help dissolving tensions between analytic methods that place too much restrictions on context (that is, conversation-analysis) and methods which place too much emphasis on broader social structures (that is, critical discourse analysis). Further, by embracing tools from systemic functional linguistics and critical genre analysis, especially *interdiscursivity* and the *context of culture*, the analysis revealed the key role of the disciplinary culture in talk, which has been overlooked in previous studies on conference-meetings, child-study teams, and the like. In fact, and as I stressed in my discussion, this disciplinary culture explains the generation of relatively similar outcomes in previous studies, especially with respect to the diagnostic culture. Historicising the genre illuminated the why. Most importantly, this analytic lens afforded a different interpretation to the mundane reasoning of so-called members. Placing the deficit 'beneath the skin and between the ears" of students is the outcome of a disciplinary culture and assessment tools and artefacts which afforded the *canonical* meaning of categories, and is not necessarily the mundane reasoning of practitioners or their personal and professional choices.

The specific contribution of systemic-functional linguistics

Despite the limitations of drawing on an existing coding scheme, and issues that associate with quantifying some aspects of the data, drawing on systemic-functional linguistics, and especially conversational moves and speech functions, proved to be a particularly valuable and systemic way of assessing the degree of engagement between members of the team. For example, the analysis in Chapter 8 specified the kinds of moves that contributed (for example, demands for clarification and explanation) or not (prolonged-extend), to the joint discursive practices of assessment. Further, a functional and pragmatic view of talk enabled me to ask questions such as: "Why this now?'; "What is this move, question, or example doing at this moment in the conversation?"

The specific contribution of critical genre analysis

As I stressed in Chapter 6, although critical genre analysis shares some premises with critical discourse analysis, criticality is more intended at demystifying professional practice-related issues rather than power structures. This, again brought into the spotlight the disciplinary culture of special education and the institutional practices that produce and maintain the products, tools, and artefacts we use to conduct our daily institutional roles. This specific contribution could be taken to encourage special attention to demystify other genres (both spoken and written) in education generally and special education in particular, including IEPs, assessment reports, curriculum guidelines, and so on.

Affordances as a solution-focused theory

A key contribution of my study lies in moving beyond the problem of objectifying through the lens of an action-based sociocultural and historical theory of affordances. This lens was generated at later phases of analysis and interpretation of the data, and was permitted, mostly by accepting objectification as a fact of institutional life and as a way of doing things rather than a fallacy that needs to be rejected *per se*. Again, asking, “Why this conversational move now?”; “What is it doing?”; “How is it contributing to the flow of discursive events?” or, on the contrary, “How is it disrupting the flow?”, motivated a solution-focused analysis which carries significant implications for future assessment practices.

Whilst the scope and practical implications of affordance theory are large, given the dominance of the diagnostic culture globally, it proved particularly useful, and even essential, to the sociocultural and historical context of my study, and to the doctrine of fatalism in particular. With respect to understanding and responding to the experience of disability, the notion of fatalism is serious in the Arab-Muslim world, and in need of considerable attention. If coupled with the socio-cognitive mind and character of Arabs being radical, inactivity and lack of production of locally produced knowledge may continue. This problem is especially true with respect to blind borrowing of assessment artefacts and tools for collecting disability-related data, which besides being culturally/ecologically invalid, are in serious conflict with the values and traditions of the society, resulting as they did in *freezing* the citizenship of girls identified with a disability in a patriarchal society. With that being said, the recommendations and actions that need to be taken from a policy level are vast. The following section presents the implications for policy first, being a necessary step for other recommendations to follow at the level of research and practice.

11.4 Directions for the future

In light of the questions my study sought to address, the outcomes it arrived at, and the discussion it generated, I present here directions for the future. *Stepping into a flow of affordances*, that is, potentials, possibilities, and spaces for participation in the realm of life, cannot be achieved without the support of policymakers in GCCC governments and Ministries of Education and/or Social Welfare. I thus start this section with key implications for policymakers, and then follow with recommendations for practitioners with respect to multidisciplinary conference-meetings. I conclude with a list of suggestions for future research.

Policy

1. There is an urgent need to expand the meaning of inclusion, so as to account for individuals identified with a disability when constructing youth development plans. Otherwise, girls would remain *frozen* citizens and would continue to be perceived as a burden to the economic growth and development of Gulf-Arabian countries.
2. A reform in special teacher education is required. A category-based route to teaching needs to be reconsidered for it may continue to feed fatalistic beliefs, and would lower expectations further. An equal investment on in-service teacher training is required.
3. A critical and reflective borrowing of educational policies and practices from the west is vital, especially with respect to assessment and identification. Revisiting the values and ideologies underpinning our education systems, and creating opportunities for participation are essential steps if we are to do justice to the girls in question.
4. Appreciation of the value of qualitative studies and locally produced knowledge, and investing financially on research projects that do not include numbers and statistics only.

Practice

1. School leaders need to respect, appreciate, and embrace locally produced knowledge, and not only information that is backed up with a medical report.
2. All voices, opinions, and contributions should be given equal value, and not only voices of practitioners from the allied health professions.
3. Encouraging questioning and reflecting as opposed to reporting and covering information is desirable.
4. Transferring conference-meetings from single events to an ongoing discursive practice and as a continuous activity.
5. Trusting human relations, intuition, and local knowledge, and having confidence in its value and relevance above and beyond what a disability category tells us.

Future research

1. Design longitudinal ethnographic-based studies to follow teams, to observe their practices, and to listen to, and engage in, informal conversations, which take place before and continue after a formal conference-meeting.
2. Analyse other discursive activities and spoken (and written) genres such as parent-teacher conference meetings, morning assemblies, annual review meetings, and the like.
3. Apply the TALK-TIES framework in other developing countries and with other languages so as to disclose the unique, dialectic, and interactive relationship between contexts of situation and contexts of culture.
4. Elicit the voices of parents, siblings, and the girls themselves through critical narrative and life-history research, especially in the context that research in the Arab world is overwhelmingly quantitative.
5. Conduct multidisciplinary research between psychologists, teachers, and genetic researchers to address not whether aetiology matters in classrooms, but how it matters, in which ways, and what specific aspects of genetic knowledge and/or information translate into pedagogical practices and how.

11.5 Personal reflections and lessons learned from my PhD journey

I applied for the PhD programme considering that it would be slightly longer than a Master's degree, and that my research should be original and should contribute to knowledge and scholarship in the field. I knew little about what I needed to accomplish to achieve a degree, and far less about what it would do to me. My four and half years' programme was not simply a research apprenticeship. It was a life-changing and identity-transforming experience. It challenged the linguist in me, enabled the academic researcher I once was, reassured the teacher educator I am about to be, and as I write this final section of my dissertation, I am welcoming the person I have become.

Challenging the linguist

When I graduated from high-school, there a special education programme at the public university was non-existent, and I could not secure the financial resources to study on a newly launched programme in a private higher education institution. I am grateful to my mother for having advised me to study English Literature at the public university instead. She believed it would open my eyes to the world and it did so. I must say, however, that although I always enjoyed reading I have never cared for Victorian novels or Shakespearean plays (my sincere apologies to readers who do); they never spoke to me or made sense to my background and history in the way Arabic literature has done. I found more joy in seminars in linguistics. I have always loved the word, how it sounds and feels, and so these seminars became my playing field. I knew very little, if anything at all, about discourse analysis then, or any research method.

Who ever said, "*You never forget your first love*" was correct. I did not. The moment I secured the finances and later a full-funding scholarship to study abroad, I applied for a joint diploma and master's programme in Special Education in London. Then, when I started attending seminars in research methods as a compulsory part of my programme, I learned about discourse analysis, and fell in love all over again. Yes, I am that kind of person who does everything for and out of love; it is part of my radical and affective Arab identity. Nevertheless, I believed I could have a love affair without feeling that I am cheating my first love, perhaps I could even arrange a *rendezvous* for the three of us through my research project, analysing special education related data with discourse-analytic tools. I did so for my MPhil degree. It satisfied the aims I had then, but this changed when I began my doctoral studies.

Words alone were not enough. In fact, they left me angry and frustrated, and even ashamed and apologetic at times, particularly when I started reading the transcript of each conference-meeting, especially since I wanted to conduct a critically-oriented discourse. This reminds me of a point I raised in the literature with respect to the *crisis in the sociology of special education,* and of conversations I had had with my colleagues who share a fairly similar background; we are reading, writing, thinking, and researching from the centre. Do not perceive me incorrectly. We felt and will always be very grateful and fortunate for such a privileged opportunity. Notwithstanding, the experience did change how we perceive the world, and more specifically, how we compare discourses and practices we are familiar with against those which we begin to read of - or learn about - from the so-called centre.

Like the practitioners who spoke at the conference-meetings, I too considered that things must be *better* in developed western countries, that is, until I learned that they are just *different.* This shift in perspective eased my anger and frustration with the words in the transcript, or the way girls with disabilities were spoken about at conference-meetings. Knowing *how* and *why* they are different necessitated tools beyond language and discourse. A historical and sociocultural analysis of disability-related discourses, practices, and ideologies in the Arab-Muslim world deemed essential to address the *why*. This cultural lens then opened my eyes to the notion of fatalism, which I had never questioned before, at least not critically, for it is a huge part of my identity as an Arab-Muslim researcher. Having said that, this very notion of criticality, and especially with reference to language and discourse, was challenged as well, for it has, I believe, intensified my anger, frustration, and apologetic reading and analysis of the transcripts for some time. I am no longer angry, frustrated, or apologetic. On the contrary, I feel liberated for having gained a better understanding of the impact of culture, and especially the role that fatalistic beliefs hold in practice, including epistemic and knowledge cultures. The cultural lens may have compromised the linguist in me a little, but I am in awe, for it has sharpened my analytic skills and transformed my identity into a more sympathetic and understanding socio-cultural discourse analyst.

Enabling the academic researcher

I was never comfortable with praise, especially for things that 'happened' to me. Having discussed the fascination of Gulf-Arabian nations with knowledge consumed in the west, one could possibly predict how people react when they ask about my background and I inform that I am completing my degree at the University of Cambridge. This is especially true for junior academic researchers in Arabic-speaking academic conferences, that, at the third conference I attended, I decided not to share this information to escape the "How did you get in?" question. Being extremely uncomfortable, I used to nod with a smile and change the topic. Today, I would reply by saying "I do not know, but I can tell you for sure how to stay in (and sane) through the programme, whether in Cambridge or any other university. Write everyday'. I wish I was given this advice, but again, I must say that writing was the biggest struggle I faced, especially being a female researcher who grew up in an Arabian-Gulf community, where issues of female voice and authorship are charged.

The struggle to write and create a scholarly voice is particularly challenging when one is engaged in a critical research endeavour. I may have had the critical mind before embarking on this PhD journey, but writing with a critical voice in a second language is a different experience altogether. It took me some time to practise reflexivity and write with confidence. I was reluctant to write what I thought, because until I started my PhD I was trained to write in the third voice and was told to remain objective and detached; it took me endless time to include the 'I' in a sentence. Further, growing up in a culture that places too much emphasis on *who said what*, I was preoccupied with backing up my work with relevant literature, and when the latter failed to serve me, especially given the limited, if not absent, scope of critical disability research in the Arab world, I had to trust my own voice. Here again, being introduced to sociocultural research was enabling. I am very grateful to my supervisor Ruth Kershner for introducing me to sociocultural theory, for giving me the confidence to write, the space to explore and err, and the tools and skills with which to create an authentic and culturally grounded voice.

Reassuring the teacher

I am not sure if it was coincidental that many of my colleagues did not enjoy teaching. It made me a little uncomfortable. I would hear them saying, "I would do anything but not teach again. I want to do more research". Being quite reserved in sharing my thoughts and emotions, only my inner voice replied, "I would pay anything to go back to my classroom". Another phrase that I often heard, and which caused self-doubt occasionally, was "A PhD is not for everyone". Where I come from, and perhaps in many other parts of the world, this second phrase is often coupled with a commitment to, or a desire for, an academic job in some higher-education institution. In fact, even with a Master's degree, one is 'over qualified' to work in a classroom, particularly in special schools that have minimum resources to pay a salary that matches one's qualifications. I remember struggling to find a school that would hire me, and only when I told them I would go for an undergraduate salary was I given a teaching position. Indeed, even my family and members from the community discouraged me by saying, "Then why did you do a Master's degree and why do you want to apply for a PhD if you are willing to become a special education teacher and be paid so little".

My colleagues' emotions towards research as opposed to teaching, and the questions people asked me were emotionally charging and caused self-doubt. I always loved teaching and was never satisfied, striving to do my best; I wanted to know more, learn more, and do more. I never understood this "over-qualified" idea either. I personally thought it was demeaning with respect to the girls in question; do they not deserve a qualified and knowledgeable teacher after all? My research experience may not have changed my love for teaching over research, but it has certainly transformed what I believe to be valuable knowledge and who I consider is a 'qualified-knowledgeable' teacher for girls identified with a disability.

Before I started my research, I believed that, as a teacher for girls identified with genetic and/or developmental disorders, I needed 'to know' everything about the physical, psychological, and cognitive profiles of every girl in my classroom. Little did 'I know' that I would never 'know' all that is there is 'to know'. In other words, I also, like the practitioners who spoke at the conference-meetings, was not so comfortable with uncertainty after all. I still value medicine and the technologies it affords, but I have learned now that even medically-oriented knowledge is culturally situated and needs to prove its utility to the person in question. Another key lesson I learned is that relations matter. I always knew that relationships are important and have always maintained a strong one with my students, but I never knew that it is a knowledge in its own right and part of the tools for teaching, which carries the same if not more weight than pedagogical knowledge about teaching or the psychology of learning. Having learned all these, I could not but accept a position I have been recently offered as a teacher educator. I cannot wait to tell future female Arab-Muslim teachers in the Gulf that what they think and feel about their students matter, even if it contradicts something I have taught them or they have read in a text-book introduction to special education.

Welcoming the person

A PhD is not only a degree. It is a training in adult life, and even if one chooses to pause or stop everything else, life still continues. Bills must be paid, urgent calls answered, friends are lost and others found, family members welcomed and bid farewell, and in my case, I must still take my thyroid medication every morning. With this being the last paragraph of my dissertation, I wish to take my readers back to my first. Being born with Congenital Hypothyroidism is a large part of who I am; it keeps me going, functioning, and surviving. Believe it or not, even this aspect of my identity has changed. I never accepted the associated metabolism and weight problems, and I struggled with self-image issues for as long as I can remember. Not anymore. If anything, an experience as profound, rewarding, challenging, and difficult as a PhD teaches one to be more patient, accepting and empathetic, and I believe it is only wise to start with oneself.

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Appendix A: Transcription conventions

Analytic emphasis:	[text in red]
Emphasis:	[MESSAGE in capital]
Interrupted talk:	[message _]
Overlapping speech:	[message ==]
Self-correction/changing message:	[message /]
Shifting topics by the same speaker:	[message //]
Transcriber commentary:	[comment in dark blue]
Unintelligible item:	[?]

Appendix B: Locating empirical studies

Empirical studies were located from the following databases: *Eric, PsycINFO,* and *Web of Knowledge.* I have typed different keywords and combinations of words/phrases to ensure that I have covered a large scope of studies available in the literature. Amongst these keywords and phrases are the following:

- ✓ Discourse, assessment, and special education.
- ✓ Special education assessment and decision-making.
- ✓ Referral meetings [and] special education.
- ✓ Pupil welfare meetings [or] child-study teams [or] case-conference meetings.
- ✓ Critical discourse analysis and special education.
- ✓ Talk [and/or] conversation in special education meetings.
- ✓ Discursive practices [and] special education.

Having gained confidence that a large scope has been reviewed, and knowledge of existing literature has been obtained, it was necessary to filter results by specifying my exclusion criteria. To such end, I have excluded the following:

- ✓ Studies that do not directly address disability and SEN in schools and other related institutions for the children and youth identified.
- ✓ Studies that do not use discourse-oriented approaches, unless combined with other methods such as ethnography, or mixed methods in general.
- ✓ Discourse-oriented studies in higher education institutions.
- ✓ Discourse-oriented studies on the identity of professionals working with the children and young people identified, rather than those focusing on discursive practices.

A final search technique I employed to ensure that up-to-date articles were within gathered material, was to check the content of key journals on discourse and professional practice in the past three years:

- ✓ *Discourse and Society.*
- ✓ *Disability and Discourse.*
- ✓ *Discourse: Studies in the Cultural Politics of Education.*
- ✓ *Linguistics and Education.*
- ✓ *Text and Talk.*

Appendix C: Arab Communication Styles

Repetition: Koch (1983) asserted that repetition is one of the major characteristics of Arabic discourse. Such repetition, according to him, occurs at the phonological, lexical, semantic, and syntactic levels. Words such as *Inshallah* (if God wills) and *Hamdellah* (thank God) are amongst the most repeated in discourse. Repetition at the semantic and syntactic levels (speakers stressing particular words or repeating several times), I argue, is significant to research on CCMs in Arabic-based educational settings. An important question to ask here is: *"Is repetition a mere figure of speech or does it have a pragmatic element; do speakers intentionally repeat to convey or emphasise a particular phenomenon under consideration, for example?"*

Indirectness: Gudykunst and Ting-Toomey (1988) declared that Arab speakers have a tendency to conceal their needs, goals, and desires. Being polite and diplomatic is more important for Arabs than being straightforward. Arab societies are categorised as high- context, to differentiate them from low-context societies such as in the West. For the latter, interlocutors are more likely to state their opinions, express their thoughts, and proclaim the truth, even if the consequences are uncomfortable. High-context communicators, on the other hand, convey less information and are more implicit in their accounts; they may agree or please to avoid distress. Face-saving and courtesy are more valued than truthfulness in high-context communication societies (Hall and Whyte, 1963). The figure of speech reflecting such tendency to indirectness is called *musayara.* Therefore, when analysing educational discourse in Arabic-speaking settings, it is important to consider the implications of indirectness on subsequent actions professionals undertake.

Elaborateness: Arabic speakers use more words to orally communicate than speakers of other languages, and they are characterised by richness and expressiveness in their language use. The two rhetorical linguistic patterns associated with elaboration are assertion *(tawkid)* and exaggeration (*mubalagha*). According to Suleiman (1973), when Arabs communicate together, they are expected to exaggerate and over-assert; these patterns serve a pivotal function for establishing integrity. To my knowledge, these features were never tested empirically. Therefore, ample questions are open for discussion and debate: "*How do exaggeration and assertion function in professional discourse at schools, and what functions do they serve*?", and so forth.

Affectiveness: Arabs, according to Koch (1983), use persuasion in which people are the source of influence rather than ideas, "Arabic argumentation is structured by the notion that it is the presentation of an idea.... That is persuasive not the logic structure of proof which westerns see behind words" (p.55). In the Western world, however, one's use of language or status is only relevant if claims and justifications are provided.