

**Agency in the darkness:**

**‘Fear of the unknown’, learning disability and teacher training for inclusion**

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**Abstract**

*This paper proposes inclusion phobia as a sharper and more operative definition of the ‘fear of the unknown’ often cited as an explanation for resistance to inclusive education. Using ‘severe and profound learning disability’ as the paradigm case, we situate the phobia surrounding this label in its social and historical context. Our hypothesis is that resistance to inclusion for this group is not rational but amounts to a thought disorder in a psychiatric sense. Using qualitative case studies of pre-service teachers on practicum and head teachers engaged in decisions about admissions, we demonstrate the workings and impact of inclusion phobia. We illustrate its trajectory from a general social dysfunction, to the systems that channel it to the individuals caught up in it. Our aim is to expose inclusion phobia so that, teacher educators, teachers and pre-service teachers might, in knowing it, find new ways to*

*remedy it. In doing so, long standing resistance to inclusive education is made more tractable. We conclude with our own proposals for an anti-phobic curriculum for teacher education.*

**Key words**

Special needs, disability, learning disability, inclusive education, teacher education, pre-service teachers

**Introduction**

Our starting hypothesis is that resistance to inclusion is not rational, and that it amounts to a thought disorder, in the psychiatric sense. The contradictions and systemic dysfunctions it involves are then lived out by vulnerable early-career teachers, disrupting their sense of wholeness and impacting on their capacity to practise inclusively. We support our hypothesis with stories from our own experiences: in one case, from empirical research on pre-service teacher education (fully reported in Robinson, 2017), in the other, from sociological research on parent-school interactions around ‘special needs’ (Alderson and Goodey, 1998).

Section 1 defines ‘inclusion phobia’ and its relationship to inclusive education, using ‘severe and profound learning disability’ as its core example. Section 2 exposes the deeper social contradictions from which it arises. Sections 3 and 4 substantiate our hypothesis and offer concrete accounts of inclusion phobia and its impact. Section 3 presents a case study about admission to an ordinary school through the story of Riaz whose family were met with resistance over his move from Kindergarten to an older class in the same school. Section 4 presents the cases of Abigail, Karina and Kathryn, three pre-service teachers during their practicum. In supporting our hypothesis, we explain the origins of resistance to inclusive

education using a new conceptual basis and, in so doing, make it more tractable. We end with proposals for a programme of action in teacher education.

I

*Defining inclusion phobia*

‘Fear of the unknown’ is cited as the root of resistance to inclusion (Croll & Moses, 2000; Shevlin, Winder & Flynn, 2013). Analysis of it is rare, though elements for a theory of it do exist. Key sources in psychological science attribute ‘specific phobia’ and ‘anxiety disorder’ to fear of contamination from other people, seeing in it a social as well as an individual condition (American Psychiatric Association, 2013; Rachman, 2004). Psychiatrists have located something resembling it in ideologies of power, whose disordered mechanisms are said to match the individual thought-processes of the schizophrenic patient (Gabel, 1975). A classic anthropology text identifies fear of this kind as the organizing principle of all group relationships (Douglas, 1966). The phrase ‘inclusion phobia’ has more recently been coined to account for the conceptualisation of learning disability itself (Goodey, 2011). Meanwhile a seminal text in social psychology sees a similar irrationality as the root cause of social stereotyping in general (Tajfel, 1981).

We ourselves do not apply the phrase ‘inclusion phobia’ here to all forms of stereotyping. For example, we do not use it to explain regular out-group discrimination around gender, ethnicity, sexuality, etc., which is the object of an explicit public discourse. Inclusion phobia imagines something beyond these; it focuses on an ultimate, notionally ‘extreme’ out-group, for whom discrimination and segregation are justifiable by general societal agreement, on apparently objective grounds.

*Learning disability and inclusive education*

It might be said that the phobia *invents* the extreme category, since the defining characteristics of the latter differ entirely from one historical period to another. Before specifying its current content, it is important to note how crucial is the contrast between regular out-groups and this ‘extreme’ one. In the current context there is a clear distinction between the generality of excluding behaviours which regular out-groups encounter in ordinary schools, and the legally sanctioned, publicly accepted segregation of children with certain disabilities or difficulties. In the inclusive education literature, the axiom runs that *inclusion is about everyone and not just about disability*. Yet defining inclusion thus can inspire belief that a core problem – the presupposed necessity, endorsed in law, of *some* segregation - is being tackled when it is not. Fertile as that axiom is for classroom practice, it has little effect on school admissions and retentions, or at national policy levels. The spread of inclusive practices, and the arrival of some individuals in some classrooms who would not have been there before, has not been accompanied by a reduction in the overall numbers segregated. Even the research containing this statistic is apologetically cloaked in the disguise of ‘diversity’ (CSIE, 2014).

If inclusion is about everyone, it can simply be about *everyone who is here at the moment*, rather than everyone who *might* or *should* be and is not. By contrast, we narrow the focus. Using the phrase ‘inclusion phobia’ to express systemic, legally sustained segregation, we restrict ourselves to ‘severe and profound’ learning disability. We do not make a special case for this sub-category as against other members of the juridically sanctioned category (physical and sensory impairment, mental health). Rather the opposite. It means starting with the thin end of the wedge.

That is because ‘severe and profound’ evokes the most phobic reactions. True, this phrase may be a dummy category into which any characteristics can be inserted; the presupposition ‘Of course *not all* children can be included, can they?’ is prior. Any definition of ‘profound and multiple’ / ‘severe and profound’ is arbitrary, whether coming from an expert (an educational psychologist) or a manager (a headteacher). Nevertheless, skepticism about labels is hardly useful: arbitrary or not, they are still employed to denote real individuals subject to a really existing discrimination. These are the children whose presence is most often challenged, and before whom a personal or institutional commitment to inclusive education most frequently crumbles. If so, their inclusion would be the most effective route to fulfilling it for other out-groups similarly subject to segregation. Moreover, practice has shown that it should also impact on the more regular forms of discrimination around gender, ethnicity and sexuality (Alderson, 1999). A professional who unquestioningly accepted children with difficulties that were severe and profound by most current definitions would be less likely to exclude those other groups.

### *Inclusion phobia and intellectual ability*

We are not advancing yet again the case for inclusion for all. For us, it is not a matter of for and against. We agree with the children asked by Allan et al. (2007) who, ‘mystified as to why adults experience it as such a struggle’, see it as a ‘simple’ matter. Rather than being a ‘position’ of any kind, inclusion is a natural *a priori* state in which we all begin. Human beings are human beings. A position as such, and a responsibility to justify it, is only taken when someone sets up discrete groups by drawing lines around them, and then defines a boundary beyond which there is mere deficiency or absence. ‘Severe and profound’ learning disability is the core target of inclusion phobia because when the public today considers the question ‘What makes human beings human?’ the answer it usually gets is a cognitive one.

The place of human beings in nature is pinpointed by a specifically human ‘intelligence’. It renders people with learning disabilities, by that same criterion, not fully human.

This dominance of the cognitive definition of humankind is at most only a couple of centuries old (McDonagh, 2007). But however transitory, until the next radical re-definition comes along it poses as an unchanging fact of nature. ‘Intelligence’ or ‘cognitive ability’ is how modern humans designate, momentarily, their slot in nature. ‘Nature’ suggests a permanent feature rather than, as is actually the case, one passing historical stage in the way humans represent themselves to themselves and to each other. What is actually a status concept gets taken as a ‘scientific’ definition of the species.

*From irony to analysis*

The pathological nature of the ensuing contradictions is rarely investigated in the existing inclusive education literature. When it is touched on, it can even be used to justify segregation, as a means of protecting children from the hostility that is one of its symptoms (Tilstone, 1996). More frequently, however, *phobic symptoms* are handled as if they were *badly argued principles* with which the writer happens to disagree. A writer may sense the constraints of a dominant ideology and feel that her only recourse is to shoehorn what she instinctively considers a question of values into a formal academic discourse. Resistance to inclusion is thus treated as irrational in the sense of academically mistaken, rather than pathological. It assumes – if only for tactical purposes – that opponents are open to being convinced by evidence. For example, one might indeed want to expand the principle of ‘evidence-based’ education beyond its originally narrow utilitarian scope and use it to demonstrate empirical evidence on the positive effect of inclusive education for all (Ainscow, Booth & Dyson, 2006). Yet if, as suggested, inclusion phobia is *both* irrational in the

pathological sense *and* a dominant social norm, then its mechanisms are not sidestepped by rational argument.

While offering here no arguments for inclusive education not already in the literature, we do seek to reinforce its aims. We propose a diagnostic focus - not so much on a system that is disordered or counter-productive even on its own utilitarian terms, as on the *disordered state of its institutionalised individuals*. The observable minutiae of this state are our basic materials. Such observations are made commonly enough, it is just that they are not theorized. They are heard between the cracks: by teaching assistants over coffee, in a furtive whisper from a Senco (Special Needs Co-ordinator) to her friend about a colleague, or between parents of children with severe and profound learning disabilities doing battle with an ordinary school. As practitioners, we experience such comments as faint background noise, usually ironic - the tone of the underdog. Though intermittent, it echoes regularly enough to warrant serious analysis. The Senco's reluctance to trust her own instinct about the state of mind of others, let alone pursue it through official channels, is understandable. She would be diagnosing peers, not children – a situation even more forbidding for teaching assistants or parents. Moreover, those peers represent an existing form of social organisation which lies at the root of the phobia and would likely endorse it against her. How can she identify as a psychiatric disorder the behaviour which a whole system tells her is normal?

2

### *Inclusion phobia: social contexts*

Before formalising these fleeting perceptions through case studies, then, we need to view the phobia's deeper roots in society generally, and provide an objective basis for analysing how its disordered operations impact on individual professionals.

That social context is framed by several contradictions across a range of ethical and political issues. We present just three illustrations. They are contradictory inasmuch as they involve holding two mutually exclusive positions at the same time, thus demonstrating the irrationality of social norms. The field itself must continue to be blind to them if its static, anomalous systems are to remain intact against the possibility of change or rectification.

### *Labelling*

The first contradiction concerns labelling. Here, the abovementioned historical context is important. Psychological categories and labels change with time and in the long run almost completely. Categories such as ‘learning disability’ or ‘autism’ are not natural, scientific entities: their very existence has been contingent upon the historically shifting anxieties of dominant in-groups. It is that underlying anxiety which has proved to be, across the centuries, the more permanent, deeper-rooted disorder. Regular changes in out-group characterisation, and their equally shifting variety of labels, are determined by changing forms of social organization. The latter are of course real. They impact on the life of someone with a learning disability (a current occupant of the ‘extreme’ slot) because, without support, they restrict that person’s social participation. Consequently, we are not proposing a strongly ‘social constructionist’ theory of learning disability that denies the reality of its very existence. However, there are large elements of *historical construction* in the way the concept of learning disability has come about, and we need to take this into account in order to explain a condition of pathological anxiety that has the more permanent historical profile of the two. It is the phobia itself that has, over time, defined the characteristics of learning disability.

## Pre-publication version

The misperception of these historically transient characteristics as permanent, natural, ‘scientific’ entities transcending social change is the thought-process of a whole society, and as such resembles that of the disordered individual mind gripped by the ‘logic of schizophrenia’. According to Gabel (1975), the schizophrenic patient’s view of the social world around him blocks out the passage of time. He resorts instead to a spatial view, typically seeing it in terms of a fixed utopian/dystopian system whose closed, circular logic provides an apparently rational explanation for all the strange things that seemingly occur there. They allow him to have (in his case, imaginary) power over his situation (Porter, 1987). Gabel goes on to say that the ‘schizophrenic structure of (individual) thought’ has an exact parallel in the structure of ‘ideological thought’. In it, a social system and its corresponding in-group hold a picture of hierarchical social relationships which by ‘freezing time’ seeks to preserve its own existence.

The first contradiction, then, lies in the attempt to preserve a conceptual - and ideological - system of *fixed* diagnoses and labels from contamination by a reality that is *fluid*. The more disability categories risk being exposed as reifications of human relationships, tied to passing forms of social organization, the more firmly they must be pegged to a research vocabulary that validates them by association with seemingly permanent scientific certainties (‘diagnostic’, ‘genetic’, ‘neurological’, etc.).

### *Acceptance and rejection*

A second contradiction lies in UK government policies and their impact on public attitudes. Existing policy for adults with learning disabilities is based on ‘ordinary lives’, promoting as its key principles rights, independence in the community, choice, inclusion, and friendship; it assumes that everyone with or without disabilities, regardless of degree of severity, has the

same aspirations (Department of Health, 2001, 2009). Alongside Canada's, this is the most advanced policy internationally in terms of inclusion; nor can one doubt that attitudes towards people in informal public spaces have likewise advanced markedly. Yet in science policy, and particularly in preventative techniques and eugenic practices, Britain is similarly a world leader. Amniocentesis, CVS and AFP testing, which can locate pre-natally the large aggregate majority of people with learning disabilities (and some physical ones), were all invented in the UK. In short, the second contradiction is that the more these people are accepted as an ordinary part of ordinary life, the more necessary it seems to get rid of them.

### *Adults and children*

A third contradiction involves the relationship between childhood and adulthood, and the sharp demarcation which modern societies draw between these two states, not least in cognitive terms. Both the adult social policies and education policies for children nevertheless share a common feature: person-centred planning (PCP).

Historically, the roots of PCP lay in existential necessity, having been invented to support people into the community after residential hospital closures in the 1970s. *Valuing People* then turned PCP from an ad hoc tool into a general policy. The geographical isolation of the institutions had paved the way for 'scientific' classification; only then did the tight conceptual distinctions of modern psychology become possible. With PCP replacing expert assessment, for the first time in over a century a person's identity – who they are and who they will become – now emerges through a first-person narrative, through their aspirations and those of their family, rather than being imposed on them *a priori* by medical or psychological categories. Implementation may lag behind policy, but policy has to be seen in its incremental historical context.

The third contradiction, then, is that people can prepare for ordinary life as adults by being deprived of it as children. The same principle of person-centred planning is legislated in the Children and Families Act 2014 – yet by contrast with adult policy this Act, preserving previous legal frameworks, continues to permit denial of the right of admission on the grounds of cost or of ‘impact’ on other pupils. The resulting persistence of segregated schools then has the circular function, within a static system, of reinforcing inclusion phobia in ordinary schools. In this disjuncture between adult and child policies, the same specifically modern world-view that defines the human species by cognitive criteria thereby defines ‘the child’ – children in general – as cognitively ‘incomplete’ (Matthews, 2008). This supposed deficiency in their humanity is usually only temporary; nevertheless, it means they are not seen as capable possessors of rights. In practice, ‘children’s rights’ remains a highly resisted notion. Consequently, appeals to a *disabled* child’s right to the ordinary life envisaged in adult policy necessarily fall on the stony ground of existing reservations which the cognitive world-view has about the rights of children in general.

3

*Admission and retention: a case study*

How, then, do these contradictions emerge in educational practice? Our first case involves Riaz, moving up from nursery to primary reception within the same school. At this point, the headteacher told the parents it was not ‘suitable’ for him to continue there. Most parents remove their children at this point, not because they agree but to protect them against evident hostility. These parents, however, asked where the headteacher thought Riaz should go. The initial answer was that it was their job to find somewhere that *was* suitable. It was not the school’s responsibility: in short ‘anywhere but here’ - a phobic reaction to perceived danger.

The school had not anticipated the parents' response, which was not to remove Riaz but to invoke the law. The headteacher of this small school, faced with the possibility of a tribunal, replied: 'Oh no, there's no need for that'.

Yet this was merely a postponement. At Riaz's annual review in reception, the headteacher has learned to be more specific. She does not have the extra human resources to 'meet Riaz's needs'. The parents report that an ordinary school in another village is happy to take Riaz within its existing arrangements. The reply is that it 'probably has bigger rooms'. The parents ask if they should have to move to a new house. Ignoring this, the headteacher then says Riaz's presence will have a detrimental impact on his peers. 'He won't be able to sit still in assembly'. His parents ask how many five-year olds do. Without answering the point, the headteacher moves sideways again: the school will need a changing room built (Riaz communicates using other means than speech but is 'ambulant'). The embarrassed local authority adviser hints that the authority might provide one. It is as if he had not spoken. There are two local special schools, she says, that would be much better for Riaz: she can set up visits for the parents. They ask three times, 'Why don't you want him here?', the headteacher saying on each occasion, 'Oh, but we *do* want him here. Why do you keep saying that?' The parents decline her offer, but the unsolicited appointments arrive anyway.

Riaz has now gone through reception and is in Year 1 with a teacher who respects him, though the parents have had to research and provide all his extra materials. The summary of his next review tells them, 'Riaz cannot keep up – the gap has got too wide'.

Again, our focus is not on the evident illegality of failure to provide 'reasonable adjustments' but on the disordered thought-processes. The answer, usually obvious, to one objection is

ignored and an entirely new one made, which when satisfactorily answered in its turn is displaced by a third, and so on, often returning to a previous objection as if a response had not previously been given (and ignored). The headteacher cannot be reasoned out of this by pointing her towards some universally accepted norm of reasonable behaviour because, beyond the school, lies a definition of human intelligence and with it the very concept of universal norms of reason, that are maintained only through the prior exclusion of people like Riaz. The demand for a right to be where the other local children are, presupposing as it does the reality of Riaz's full human species membership, constitutes a threat to the delusion which creates her status as a 'cognitive' being and thus her personal sense of self. That threat provokes further negative stereotyping of the excluded individual, which is how the schizoid nature of a dominant ideology turns into bullying, by those responsible for enacting it.

Experiences like Riaz's are not untypical. They are regularly cited in advocacy literature on inclusion, if largely absent from the academic literature. Even Riaz, however, is only the tip of an exclusionary iceberg because most parents, having received initial negative messages from the medical profession and noting the status quo, do not reach the door of an ordinary school in the first place or, if they do, remove the child at the first sign of rejection – that is, their experiences do not get far enough to *become* typical in the first place.

4

#### *In the classroom*

We arrive finally at classroom practice. Our aim is not to condemn or pathologise the individuals in these scenarios. Rather, we seek to make the social workings of inclusion phobia and its abnormality perceptible, to sharpen its profile so that it can be dealt with. Our next case studies portray how individual pre-service teachers strive to bring into order the

disorganized thought-processes imposed on them by the phobia. Of course, it is children and their families who are on the receiving end – but so too, in their own way, are practitioners entering the profession and encountering ‘special needs’ for the first time.

The case studies that follow are drawn from an Inclusive Action Research Study taking place in a mainstream primary school in England that hosted several pre-service teachers for their practicum each year. The study took place over 22 months and engaged 22 participants (11 pre-service teachers, 10 school staff) and employed eclectic methods of data collection including observation, conversations, reflective writing and participant discussions. A full account of this empirical research is reported in Robinson (2017).

### *Abigail*

Abigail is a pre-service teacher nearing the end of her first placement, in an ordinary primary school. She says that, to her, inclusion means educating everyone together within the same class. As a pupil herself, she did not experience this, since children with ‘severe’ difficulties were taught in different classes or different buildings. She believes things have advanced positively, but that the move towards greater inclusion has brought challenges.

Reflecting on her placement, Abigail considers meeting diverse needs within one class to be much more challenging than she imagined. For her, the term ‘special educational needs’ carries a lot of weight. It means children who are developmentally behind to a ‘severe’ or ‘extreme’ degree. The SEN label brings to mind conditions associated with medical *facts* that follow a *diagnosis*. Some of them have long names and are daunting. She also asserts that the most difficult needs to meet are those that seem extreme but are not yet diagnosed or confirmed as SEN. This was the case with Courtney (a pupil in her class), with whom the

biggest challenge was knowing *where to start* and *what to do*. Courtney was introduced to Abigail as ‘an enigma’: teachers had been unable to get to the bottom of the problem, though they had been informed that it involved language processing.

Courtney was perplexing. Knowing that she had undiagnosed SEN triggered feelings of ‘panic’ about where to start and what Abigail should be doing. No one, she thought, could provide clear guidance since there had been no confirmed diagnosis. It felt like a waiting game for everyone. Abigail believed the situation would have been helped by ‘proper medical facts’ from other professionals about *what was wrong* and what should be done. Diagnoses were so powerful that only properly qualified professionals, perhaps from outside school, should give them:

*You’ve got to know as much as you can about them, you’ve got to get to know the facts, you know, not an assumption, not ‘I think this is this’ and ‘I think this is wrong with her.’ You need to know the facts and you need to know that from a professional, that is not just hearsay or word of mouth like ‘I think this is this’ or ‘so and so thinks that because she knows a child that was very similar’. You can’t make those assumptions, you can’t label them like that. You’ve got to get proper, proper medical facts and then you can build on that.*

Both Abigail and her mentor, separately, communicated a strong dislike of labels. For the mentor, it was important not to label children too young or assume that all children with a particular condition experience it similarly. For Abigail, it was the teacher’s job to get to know the child as an individual and not build practice on assumptions. However, she also

said that once a condition was known or suspected, it was essential to know its specific characteristics (for example through a net search, or by talking to other professionals and experts), and how these might present in the classroom.

In considering her own professional future, Abigail expressed worries about SEN. One was that there may be children with ‘undiagnosed’ or ‘extreme’ (her term) needs not getting extra support, for whom there was little clear guidance about ‘what is wrong’ and ‘where to start’. Another was that children’s ‘behavioural needs’ might be ‘extreme’. Both of these could expose her, professionally and personally. She was unsure whether the system would forgive her for failing to deal with such challenging children.

Selina and Sacha, teaching assistants alongside Abigail, said she had made good progress but was quite fearful of special educational needs that might be ‘severe’. According to Sacha, Abigail saw SEN as a ‘Jack-in-the-Box’ which might jump out at her any time, throwing up unexpected and potentially unmanageable challenges;

*You know like, you’ve, a Jack-in-a-Box and something surprising you and comes out it’s like sort of she’s, it’s as though she’s put in this ‘special needs’ in a box ... and she doesn’t because it’s like, Courtney hasn’t got a label, so this Jack-in-a-Box is going to jump out. This Jack’s going to jump out and come at her and she’s not quite aware of what it’s going to be or know what’s going to come out of the box.*

Selina thought if Abigail could see *all* children and their variety as ‘normal’ she might develop more quickly. In Sacha’s words:

*I think it would just help her to not have that fear to realise that all children are the same but they all have different needs and that she can go into schools and not think well oh dear who's this and who's that, she'd be confident enough to go in and accept the children as who they are.*

Finishing her placement, Abigail felt grateful for having been in such a supportive, inclusive school but was still daunted by special educational needs.

### *Karina*

Karina found 'inclusion' easier to define than 'special educational needs'. Inclusion meant valuing all children and making sure they all felt cared for and secure. SEN was more difficult, she said, because every child has their own personal needs:

*SEN, I don't know how to explain it, outside of the expected needs, greater or more significant needs, perhaps children that are more severe than other children and who might not get to the levels of other children.*

About one pupil, Melina, she said:

*It was nice to see Melina more integrated into the class because we were getting worried about how she seemed to be on her own a lot. Talk partners were another thing I brought in because we got them all talking on the carpet and we were always telling them to sit next to different people each carpet session, to build different relationships with people in the class.*

Explaining why this social participation is important, Karina said:

*I thought if she carries on segregating herself from everyone else, she is not going to build social skills.... or have that friendship group in the class. I think children need friends.*

With Carl, diagnosed with autism, Karina noted developmental differences between him and other children. She talked about working with him:

*Initially I thought it would be difficult to set learning targets for Carl because it had been described to me that he finds difficulty in having things explained. For example, if you said to the class, 'Right you need to wash your hands, get your lunch boxes, and get ready for dinner', he couldn't take all of that in. You would have to instruct him personally to go and wash his hands and he would come back, go, and fetch his lunch box. All he needed really was a more direct and personal communication when you were explaining things.*

*What worried me was that he was very sort of 'separate' from the rest of the class and other children were really starting to pick this up and one child said, 'Oh you are a clever little boy aren't you Carl?' I just thought, oh gosh for a child to be talking to him like that how it must make him feel, I didn't want him to feel like that constantly within the classroom. It would have made him feel like he was not an equal or something.*

*I used a lot of Teaching Assistant support with Carl for half of the time. I got him to talk using talk partners with the teaching assistant and to another child within a small group. He did not really talk to any of the adults in the classroom but he started to build up his language skills more than anything did and he had a conversation with me at the end of the placement, which was the first conversation the mentor had known him to have. That was good.*

The placement had a profound impact on Karina for two reasons. First, she had seen such progress among the children and thus gained confidence in her own judgment - her practice had had a positive effect:

*I feel that this has been the most, in some ways the most inspirational placement because you go into the classroom and you just think yeah this is why I'm doing it all, you see the changes in the children over the weeks, and you realise it is worth it all - it is to see all of the changes.*

Secondly, she had made many pedagogic adaptations to secure all the children's participation and access; she believed she was now becoming the teacher she had dreamed of being.

*Kathryn*

Kathryn, on her penultimate placement, said her class did not manifest 'severe' special educational needs:

*I did have two EAL girls for example, I have never had those before, but I did not have anybody with SEN particularly. I had a few who were working behind national level but nothing particularly severe*

She noted that she had learned more about inclusive practices than about SEN as such, and that being an expert in your children as individuals was essential to teaching inclusively.

Asked how her placement might help her meet the needs of future pupils, she said:

*Really know them, absolutely, really know them. I set targets for David but they just didn't work because it wasn't until the last two or three weeks of placement, I thought 'Oh, this is why it is not working' - just really get to know how they think and they work, what they respond to and what they don't. So, it's getting to talk to them, getting to play with them. That is what would really help.*

For Kathryn, inclusion meant valuing all progress and all starting-points whether or not they went to plan or were 'normal.' Children had to be allowed to progress at their own pace, in their own way:

*When I've got a child with SEN I don't particularly see them as any different, anyway. I prepare different work for them but perhaps in my first year I would have put a bit of a cap on what they could do, but I have learned that they're just as capable as anybody else at having a go at doing it. It's kind of that 'have a go' philosophy again. This is true for me too. I have learned that you do have to learn from your mistakes and try different things for different children and that has got to be okay.*

Kathryn had come to realise that a can-do approach was important for the children's sake but also for the teacher's own.

*Pre-service teachers in a phobic world*

In analysing these experiences, we must reiterate that inclusion phobia is visible only through the cracks of everyday parlance and practice. Given the disordered thought-processes emanating from the wider social domain, some individuals are unwitting agents of the absolute contradictions that disrupt their own sense of congruence and professional esteem. We have proposed that one of these is *the urge to preserve a system that runs on fixed diagnoses from contamination by a reality that is fluid*. This contradiction is mirrored in our pre-service teachers. Abigail simultaneously sought and shunned labels. Teachers and parents will be familiar with this contradiction and preoccupied with the dilemmas that labels construct for them. On the one hand, a label cannot truly represent the complex human being it describes. On the other, without a label, might not that same human being be left without recognition or support? The system demands fixed labels and in so doing endorses itself as reliable.

Consequently, teachers meekly accept the truth of fixed diagnoses even if at the same time they intuit these as illusions that do not match their experiences. Of more concern to us is that their thought processes might run as follows. *If my reality does not match expert orthodoxy then I must be getting it wrong. If I am getting that wrong then I must be an amateur in all of this. This means that the skill I might need to work with such children must be beyond my reach. Hence, children with severe and profound learning difficulties must be taught elsewhere since the ordinary school, ordinary pedagogies and the ordinary life I know is neither sufficient nor relevant.* Our argument is that in promulgating inclusion phobia, the

system serves itself and diminishes the professional esteem and self-efficacy of teachers in ways that damage the prospects not only of children with severe and profound learning difficulties but also, and as a direct consequence, all those with the SEN label.

Abigail's approach to labels is both grave and airy. On the one hand, she wants to treat fixed diagnoses with a pinch of salt, but on the other she elevates them to a position of absolute authority. She senses their danger, but assuages by saying they should be applied by experts who know what they are talking about, *not* by lowly teachers. They will provide the 'proper medical facts' needed for informed practice. Inherent is the belief that this fluid, uncertain reality will be turned into the stability she yearns for once such a label arrives, since it reflects a wider, pre-existing social system. However, we know that such stabilities may offer only a palliative appeal (Thomas and Glenny 2005), and that the reality for a practitioner is that they are incapable of making sense in the messy world of classroom practice. More importantly, her illusions, braced by discourses of expertism, reduce her to a state of fear and dependency. The fear may be irrational but it is fed by a categorisation system which makes particular 'types' of children seem alien, needing specialist diagnoses and practices beyond the grasp of ordinary teachers (Florian, Black-Hawkins and Rouse, 2016).

Kathryn and Karina simultaneously resist labelling (because individual differences are more important) and construct, implicitly, an out-group characterised as 'severe' and/or 'extreme.' When Abigail, Karina and Kathryn imagine the future, their trepidation about meeting new, unknown 'types' of learners is tangible. For example, though Karina regards labels as relatively unimportant to her approach, she nevertheless prioritises elsewhere particular conditions such as 'physical difficulties', 'dyspraxia', 'visual impairments' when evaluating her degree of preparedness. This may reflect a certain canniness about the system. Although

she downplays the importance of labels, she knows that the wider social system does quite the opposite.

Karina's difficulty explaining the meaning of 'special educational needs' reveals the contradictions with which pre-service teachers grapple. Though she conceptualises 'inclusion' as a response to *everyone*, this is disrupted by her seeing 'special educational needs' in terms of the *other*. She promotes capacity discourses when using the term 'inclusion', whereas the term 'special educational needs' seems to pressure her into deficit discourses, and to trigger a belief that norms are essential realities of the person. Her story illustrates the *active adoption of a stance* as a way of steadying oneself in the madness. It becomes a capacity discourse despite the disruption, and serves the profoundly practical purpose of making *her* feel capable, as much as of reframing her view of children.

Kathryn, too, actively adopts a stance in reasserting the importance of ordinary things like friendship in children's lives: simple pedagogies such as this, she believes, can do the trick as long as one knows the child as an individual. For all three pre-service teachers, knowing the child as an individual seems to have been the route to success as measured on their own terms. At the same time, these pre-service teachers seem to be in doubt of the sufficiency of knowing the individual child in context where expert systems of diagnosis and remediation around a sub-group seem to carry more weight.

Returning to Abigail, her view on the entry of children with severe learning difficulties into ordinary school is that it is a good thing. At the same time, however, it feels to her like something about to trip her up. This is as much a consequence of the past as it is of current policy, for it represents a collective tendency to see the extreme out-group, newly arrived in

the ordinary world, as extraordinary impostors. As such, their needs can only be met from the extraordinary world from which they came. Perhaps, then, they can always be sent back there. Earlier we noted how the more our society encourages accepting certain people as an ordinary part of ordinary life, the more it favours getting rid of them. Though this absolute, emphatic contradiction was not mirrored in the three stories, Abigail's comes closest. All three illustrate how the existence of some extreme out-group or other, problematic or implicitly pathological, is presupposed *a priori*.

5

### *Conclusion*

We understand why pre-service teachers adopt such stances. Their reflections reveal how inclusion phobia in the wider society disrupts their development. In the mess, muddle and disorder, they strive to find a stable place on which to stand. Rather than condemn, we commend them for that and see hope for the future. Our conclusions for a phobia resistant curriculum for teacher education, accordingly, are as follows.

If pre-service teachers are part of a 'reflexive project' (Moore, 2004, p.145) in which the 'assumptions which underpin his/her interpretations of professional values and their origins in his/her life experiences and history' are held up for scrutiny (Elliott, 1993, p.69), and if they are to understand how external cultures invade their classroom and disrupt their sense of wholeness (Hall, 1996), then such a principle must make sure it has covered potentially unexamined cases at the 'extreme' edge. Only by doing so will teachers and schools be able to redefine themselves as experts in inclusion. For this reason we propose that the teacher education curriculum is, from the start, inclusive of all learners, including those labelled with severe and profound learning disabilities. Where preparing to teach is imagined as preparing

to teach all learners (rather than subsets of learners), the fluid reality of diversity in classrooms is better understood.

If the dilemmatic, contradictory context behind classroom practice were explained to pre-service teachers, they would be more likely to resist threats to their self-efficacy. Critical-theoretical and historical work on inclusion phobia is thus essential to teacher development for inclusive practice. Exposure to critiques of the conceptual and ideological system of fixed diagnosis, and of the labels that reify existing human relationships or status quo, frees teachers to become agents of transformation in children's lives. Critical reviews of the history of intelligence as an object for measurement used to justify social and educational practice can expose the historical shifts in the anxieties of the in-group that dominates. Understanding the social constructionist stance on disability is of great value in teacher education but we are proposing critical engagement with a historical constructionist stance. For teacher educators, all of this requires them to resist policy moves towards the de-intellectualisation of teacher education since theoretical work can offer shocks to thought and, in so doing, destabilise what has been an intractable resistance to inclusive education.

The present article represents work in progress at a theoretical, analytical and practical level. The authors are engaged in the development of practical solutions for teacher education to include the design of practicum tasks that resist phobic conceptualisations of difference, the inclusion of paraprofessionals in the practicum period to diminish fearfulness and anxiety, and the development of an assessment procedure to elicit the symptoms of inclusion phobia and its discrete levels (as evidenced in our case studies). This can be used as a self-evaluation among teachers, teacher educators and preservice teachers. Bringing disordered thought-processes to the surface makes them manageable. The procedure will be a tool to help

teachers and pre-service teachers develop agency within a broad social system that may have imposed upon them its disordered take on human difference. Such a procedure, used well, will eliminate the perceived need for heavyweight diagnostic manuals and foil the fear of an imagined unknown. It will allow teachers and teacher educators to treat the affliction that does exist rather than the imagined pathologies spawned from it.

In the meantime, this paper seeks to expose and illustrate inclusion phobia so that teachers, teacher educators and pre-service teachers may be enabled to work on it within in their own contexts.

#### Author Biographies

Dr Christopher Goodey is Honorary Fellow at the Centre for Medical Humanities, University of Leicester. He is author of a number of books and articles on the sociology of inclusive education, on which he has acted in a consultancy role for local and national government. He is also author of a major historical study of concepts of intelligence and learning disability, *A History of Intelligence and 'Intellectual Disability': The Shaping of Psychology in Early Modern Europe* (Farnham: Ashgate, 2011).

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#### References

Ainscow, M., Booth, T. & Dyson, A. (2006). *Improving Schools, Developing Inclusion*.

London: Routledge.

Alderson, P. (1999). *Learning and Inclusion: Cleves School Experience*. London: Routledge.

Pre-publication version

Alderson, P. and Goodey, C.F. (1998). *Enabling Education: Experiences in Ordinary and Special Schools*. London: Tufnell.

Allan, J., I'Anson, J., Fisher, S. & Priestley, A. (2007). *Promising Rights: Children's Rights in School*. Edinburgh: Save the Children.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. 5<sup>th</sup> edn. Arlington, VA: American Psychiatric Publishing.

Centre for Studies in Inclusive Education (CSIE) (2014). *Contrasting Responses to Diversity: School Placement Trends 2007-2013 for All Local Authorities in England*, Bristol: CSIE.

Croll, P. & Moses, D (2000). Ideologies and utopias: education professionals' views of inclusion. *European Journal of Special Needs Education* 15(1), 1-12.

Department of Health (2001). *Valuing People: A New Strategy for Learning Disability for the Twenty-First Century*, London: DoH.

Department of Health (2009). *Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities*, London: DoH.

Douglas, M. (1966). *Purity and Danger*, London: Routledge.

Elliott, J, (1993) (ed). *Reconstructing Teacher Education*, London: Falmer Press.

Florian, L. Black-Hawkins, K. & Rouse, M. (2016). *Achievement and inclusion in schools*. London: Routledge

Pre-publication version

Gabel, J. (1975). *False Consciousness: An Essay on Reification*, London: Routledge.

Author (2011). *Learning Disability and Inclusion Phobia: Past, Present, Future*, London: Routledge.

McDonagh, P. (2007). *Idiocy: A Cultural History*. Liverpool: Liverpool University Press.

Matthews, G. (2008). 'Getting beyond the deficit conception of childhood: thinking philosophically with children' In M. Hand and C. Winstanley (eds.), *Philosophy in Schools*, London: Continuum, 27–40.

Moore, A. (2004). *The good teacher: Dominant discourses in teaching and teacher education*. London: Routledge.

Porter, R. (1987). *A Social History of Madness*. London: Weidenfeld.

Rachman, S. (2004). 'Fear of contamination', *Behaviour Research and Therapy* 42(11), 1227-1255.

Trussler, S. and Robinson, D. (2015). *Inclusive practice in the primary school*. London: Sage.

Robinson, D. (2017) Effective inclusive teacher education for special educational needs and disabilities: some more thoughts on the way forward. *Teaching and Teacher Education*, 61, pp.164-178

Shevlin, M., Winder, E. & Flynn, P. (2013). 'Developing inclusive practice: teacher perceptions of opportunities and constraints in the Republic of Ireland'. *International Journal of Inclusive Education*, 17(10), 1119–1133.

Tajfel, H. (1981). *Human Groups and Social Categories*. Cambridge: Cambridge University Press.

Thomas, G., & Glenny, G. (2005). 'Thinking about inclusion: What reason, what evidence?' In K. Sheehy et al., (eds.), *Ethics and research in inclusive education: Values into practice* (pp. 10-25). Oxon: Routledge.

Tilstone, C. (1996). 'Changing public attitudes'. In B.Carpenter et al. (eds), *Enabling Access: Effective Teaching and Learning for Pupils with Learning Difficulties*. (pp.317-328) London: David Fulton.