

Inclusion Paradoxes

- alterations in the conception of normality, normalisation policy and the privileges of diagnosis

- I. The ambiguous understanding of 'inclusion'
- II. Emerging tendencies in the approach to deviant persons
- III. The expanding power of diagnosis
- IV. Alterations in the conception of inclusion and exclusion

The ambiguous understanding of 'inclusion'

Either:

- **The horizontal inclusion logic**
- 'out-in' perspective (solidarity within communities)
- The levelled society (humanistic ideal)

Or:

- **The vertical inclusion logic**
- 'up-down' perspective (diversity within communities)
- The hierarchical society (political reality)

Emerging tendencies in the view on people with disabilities, learning difficulties and/or maladjustment

- * Those not being able, and rated not to be able ('historical' view)
- * Those not being able, but rated to be able (contemporary view)
- * Those rated being able, but not being willing (emerging view)

Governmentality and tendencies the social/educational/pedagogical intervention

(Inspired by Foucault/Dean)

Individual obligations for the citizens/disabled/maladjusted:

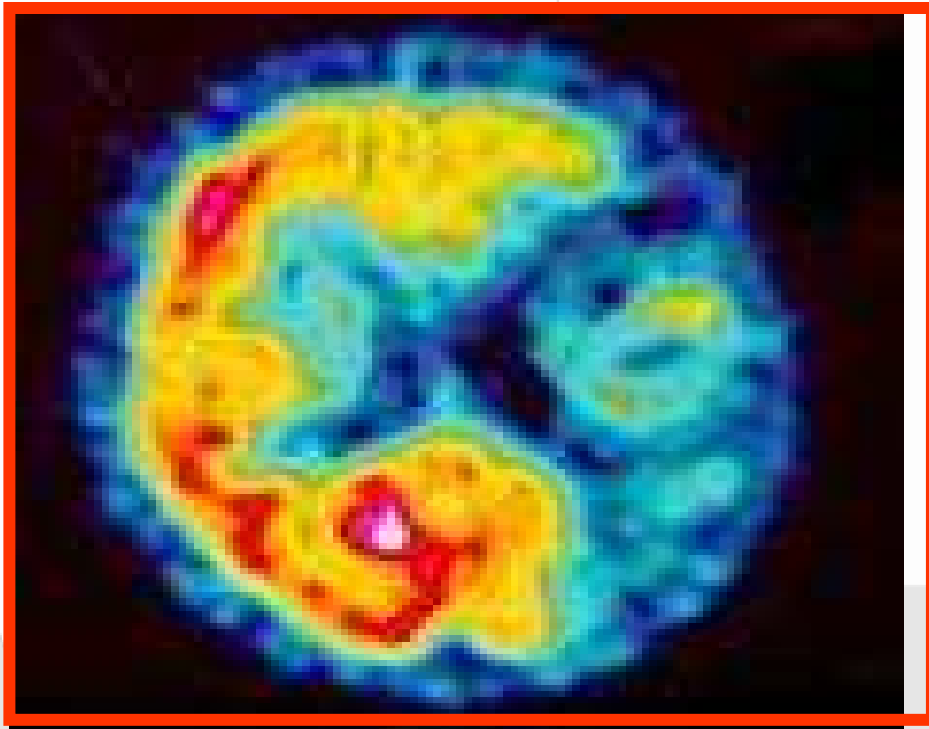
- * Willingness to self-management/steering 'in the right way'
(problem: Who defines 'the right way', normalisation)
- * Acceptance for 'ongoing personal development' (plan of action)
(problem: Those who can't and those who won't)

Intervention methods:

- * Sanction ("you are obliged to")
- * Contract ("you are able to")
- * Mentoring ("you are willing to")

The expanding power of diagnosis

1. Diagnosis as experience of 'certain knowledge'
2. Diagnosis as 'short cut' to privileges and special support
3. Diagnosis as pedagogical and educational acting guidance



Changes in the diagnostic epistemology

(inspired by N. Rose)

- * 20. C: The psychological observation - 'the ear' (the voice)
 - psychoanalysis
 - human science
 - 'profound' (interpretation)

- * 21. C: The psychiatric observation
 - neuroscience
 - natural science
 - 'the eye' (the picture)
 - 'flat' scanning (simulation)

The emerging diagnostic understanding

(inspired by N. Rose)

'The molecular era':

- Focus on variations within an diagnostic category
 - * from 'either/or' to 'more or less' – spectrum characteristic
- Decay of the border between normality and pathology
 - * normal/abnormal, well/ill, pathologic/non-pathologic
- From recovery/cure to wellbeing/wellness
 - * not from 'bad to good', but from one condition to a better

Diagnosis, prognosis and prophylaxis

<u>Metaphysic</u>	<u>Rationale</u>	<u>Knowledge form</u>	<u>Action form</u>	<u>Therapy</u>
Ontological	Diagnosis	Description	Fate	Care
Epistemological	Prognosis	Explanation	Anticipation	Treatment
Societal	Prophylaxis	Understanding	Prevention	Environmental control

(L.-H. Schmidt: *Diagnosis* vol. 2, 1999:187)

Inclusion Paradoxes - alterations in the conception of normality, normalisation policy and diagnosis (work in progress)

'The right' to normality

- normalisation principle
- "As close to normal life as possible"

Exclusion from normality (marginalisation)

- diagnosis as demarcation line
- 'either-or' (binary)

'deviant persons'

'Forced' to normalisation

- normalisation politics
- self-steering "the right way"

Changes in status and privileges (inclusion)

- rapidly increasing diagnosis volume
- 'more or less' (spectrum)

Exclusion praxis (actual tendency)

- "those who can, but will not"
- Self-inflicted problems
- (Zero-tolerance)