Reflections on four ideological models in Special Education

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Abstract
The article seeks to map the leading models in special education, discuss their ideological assumptions and examine their strengths and shortcomings. The purpose of this theoretical article is meant to unveil the ideological nature of special education discourse and to help educators to more clearly articulate for themselves the ideological foundations of their educational outlook and to develop a more informed and even critical approach toward it.

Key words: Ideology and education, models in special education

Introduction
The starting point of our study begins with Lamm’s (2000, p. 228) assertion that: “all decisions in educational matters are ideological decisions” - they reflect the fundamental beliefs of those who seek to educate with respect to the nature of human potentials and how they should be achieved. Lamm (2000) argued that every educational Ideology is composed of four basic ingredients: ‘Diagnosis’ – describing and analysing the actual student characters and potentials; ‘Collective’ – describing the educational community he belongs to; ‘Strategy’ – describing the pedagogical means necessary to change the actual into ideal (methods of teaching and assessing), and ‘Utopia’ – describing the image of the ideal graduate (and society). Lamm (2000) argued that ideological preference is not based on scientific/empirical method but on irrational and emotional sentiment. In the following pages, we would like to map the leading models in special education, discuss their ideological assumptions and examine their strengths and shortcomings. The purpose of this theoretical article is meant to unveil the ideological nature of special education discourse and to help educators to articulate for themselves with greater clarity the ideological foundations of their educational outlook and to develop a more informed and even critical approach toward it.

First approach: The Medical Model
The medical model is the paradigm with which the public is most familiar - it carries the power and prestige of the well-established medical profession. The medical model regards the patient as an object of treatment or therapy, and his disability as an objective problem demanding a solution. According to this conception, classification and categorization of patients is an inextricable part of the rational diagnostic process and

1 We would like to thank the students and teaching staff in the Special Education Track at the David Yellin Academic College of Education for their contribution to forming some of the ideas conveyed in the present article.
optimal course of medical treatment. Accordingly, the medical model establishes a clear hierarchy between the active role of the medical practitioner, the expert who renders the diagnosis, determines the treatment, work environment, and communication style, on the one hand, and the patient, on the other, whose role is to be attentive to the expert’s instructions and to abide by them. The patient’s identity and self in a holistic sense, according to this model, are irrelevant to the medical process, which is viewed in strictly specific terms.

The encounter between educator and pupil, based on this ideological concept, is in essence a therapeutic one - the teacher’s ‘familiarity’ with the student occurs on the basis of a set of didactic/psychological/communicational/functional diagnoses made in advance. Within this system the pupil serves as an object of diagnosis on the basis of which are determined, by means of one-sided processes of classification and categorization, the type of treatment and the manner in which the pupil is to be related to. In such a process, the objectives are defined in accordance with the accepted statistical average amongst typical, healthy members of society, while the educational process reaches its apotheosis in the achievement of the ultimate objective of eliminating (“curing”) the disability. The model’s success, then, is evaluated in terms of the degree to which it is able to “heal” or “cure” the patient, while such a cure is defined in society’s terms of normalization. In other words, the medical model acts to “normalize” disabled persons, that is, to minimize their disabilities so that they can function normally in society. The medical model’s conception of optimal quality of life aspires ideally to raise the disabled pupil’s level of physical and psychological fitness to the average found in the healthy population. Thus, for instance, a person suffering from a disability (claudication, deafness, etc.) is equipped with certain skills by which he is able to overcome the limitations the disability imposes upon him, and to function basically like anyone else. Such skills may be physical (e.g., a prosthetic device) or therapeutic (e.g., art, dance and movement therapy) (Eilam, 2008; Reiter, 1997; Ditchman, et al., 2016).

The medical model’s strengths are clear - its instrumental character stresses its “practical” nature. Special education instruction, according to this model, reduces the disabled person’s practical dependence on society. Thus, personal and social skills regarded by society as essential can be imparted relatively quickly and efficiently. Accordingly, this model allows for setting of clear (quantifiable) operative and operational goals for progress and success: in the short term - by improving skills and capabilities in daily functioning; and in the long term - by evaluating the success with which pupils are integrated into various social and vocational frameworks. Classification and categorization processes also facilitate resource distribution and enhance one’s ability to oversee, regulate and ensure more equitable distribution of social resources. The advantages of the model are also manifest in a relatively greater ability to predict behaviour of pupils placed in various sub-groups and to tailor different forms of assistance and instruction to their needs.

The medical model’s shortcomings stem primarily from its scientific, categorizational and classificatory pretences.

The first shortcoming lies in its tendency to appraise the individual merely in terms of his disability. This reduction of the patient to pathology diminishes him as a subject, relating only to the putatively objective aspect of his “illness” (Albrecht, 1992; Asch, 2016; Longmore, 1995) Relating to the person in this fashion means categorizing him according to the disability from which he suffers, and in so doing immediately negates his unique human qualities and diminishes his ontological worth. The classificatory nature of the medical model, as Peterson, McKenzie and Lindsay (2012) argue,
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contributes to the stigmatization of people with disabilities amongst the public and to identification of the category of disability they have been assigned as their central personality attribute (“blind,” “deaf,” “mentally ill,” etc.). Furthermore, it is important to remember that nevertheless their “scientific prestige” categories tend to distort into stereotypes and unfounded assumptions (Clendinen & Nagourey, 1999), which are substantiated and reinforced in the media. Such classification teaches society to focus on the category of disability instead of addressing the universal problems and challenges faced by people with an array of disabilities. This undeniable shortcoming of the categorizational aspect of the medical model is embodied in the fact that it encourages society to divest itself of its civil responsibility to the disabled community, as it assumes disability to be a problem, flaw or tragedy specific to the individual and therefore lying exclusively within his personal field of responsibility (Kiesler, 1999). The scientific power and prestige of the medical model amplifies the stigmatization and stereotyping of disability not only amongst the general public but also in the self-concept of people with disabilities themselves.

A second shortcoming stems from the medical model’s diagnostic tendency to frame its concepts in dichotomous terms. According to the binary logic of such dichotomization, any state that deviates from that which is characterized as “normal” is considered “abnormal”; that is, any state that does not fit the category of normative health is defined in effect as “pathology”. Thus, disability is conceived as a defect, deformity, aberration or deficiency (McCarthy, 2003). In this way, the disabled person is regarded by both society and himself in fact as belonging to a caste of a lower rank regardless of his personal qualities or abilities (McCarthy, 1993).

Accordingly, When the pupil’s disability is conceived as a “problem” or “pathology” to be overcome rather than as an essential feature of his being, the pupil is perceived as a means (object) rather than an end (subject). The problematic character of such a "materialistic" and "functional" approach is all the more significant when it comes to pupils who are ‘especially challenging’ due to complex physiological and cognitive disablement. In such cases, in the absence of an idealistic foundation, educational practice can very well lose its soul and caring outlook and purpose. In such terms, educational practice can become pointless.

Second Approach: The Educational-Humanistic Model

The basic premise behind the Educational-humanistic model is that every disabled person, regardless of how severe their disability may be, can take part in human culture, and possesses the principal potential for rational thought, for moral understanding (the ability to function autonomously and morally in society) and for aesthetic sensitivity (the capacity to create and enjoy works of art). According to this view, modern technology assists people with disabilities in overcoming their limitations and realizing their full human potential; the assumption being that the disability is not an essential attribute but rather a technical issue. It is society’s responsibility to provide the disabled person with an appropriate environment and an array of assistive technological devices by means of which they can give expression to their social, communicative and intellectual abilities. In order to cultivate the best human and moral qualities in persons with disabilities, their self-fulfilment should involve integration and participation in society as autonomous individuals, exposure to art such that they will be able to enjoy the finest of human culture, and fostering of coherent thought so as to enable them to conduct their own lives competently and intelligently.
The Educational-humanistic model highlights society’s human obligation to assist the disabled in realizing their human potential to the fullest. According to this view, which is underpinned by values such as social justice and human dignity, society should support each disabled person in accordance with their specific needs and help them in every way possible to realize their humanity which is defined in idealistic terms such as autonomy and rationality. This assumption has underlain the development of the model’s “quality of life” worldview, which emphasizes the fundamental rights of the disabled to conditions tailored as optimally and uniquely as necessary to enable them to fulfill their human potential. The Educational-humanistic model is considered an interactive model - its basic premise being that interrelationships exist between the disabled person and the environment (Vehmas, 2010). A person’s disablement is neither defined as a “private” event nor conceptualized in “closed” (positivistic, static) terms but rather in dynamic ones of interaction. These models regard the “problem” of disability as located not within the individual but rather in society and its values (Wolfensberger, 1969). According to this view, the physiological-biological aspect of disability is but a basic fact that must be confronted and overcome in order to contribute to the fulfilment of one’s humanity. In this sense, the environment (society and culture), in all its limitations and possibilities, becomes a key element in the definition of disablement and the possibility of transcending it. This approach emphasizes, of course, the responsibility of the environment in both defining and dealing with disability. When disablement is conceived in interactive terms, professionals can intervene to adapt the environment and the functional demands of society to the disabled person’s needs, with the intention of creating for him and his family maximal quality of life (rather than focusing only on functional “rehabilitation”) (Turnbull, 2002). Such a model provides a stable foundation for the constitution of a humanistic and interactive conception of disability.

A special education institution based on the values of the ideology of the Educational-humanistic model does not abstain from imparting skills and behaviours altogether, yet these are not viewed as ends in themselves but rather as means of best developing the student’s humanity to its highest potential. By this logic, if rational thought is regarded as a quintessential human virtue, a curriculum that prioritizes high-order thinking can be developed for pupils with disabilities. As an example, if it were considered obligatory for any person of culture to know and love the Bible and its narratives, or the great works of Renaissance Art, then a Bible and art curriculum could be devised (in most cases on the basis of the existing curriculum) and adapted for disabled students based on their abilities.²

The strengths of the Educational-humanistic model stems from its idealistic nature, which enables the educational paradigm to transcend the functional logic of conventional education.

The first strength lies in its deepening and expanding of the concept of “education” as an ongoing process. Thus, in contrast to the medical model, in which special education is regarded as a narrow practice focused on specific situations that require a “solution,” the Educational-humanistic model conceives educational practice as a holistic process occurring throughout life. According to this view, elevating the value of the disabled person is effectively an end rather than just a means.

A second strength of the Educational-humanistic model in special education lies in the fact that, unlike the medical model, it avoids reducing the pupil to a clinical diagnosis.

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² In various special education schools for students with complex needs, a good part of the curriculum deals with arts instruction from both a philosophical-historical and a practical perspective (not as therapeutic art).
and classifying him for treatment and ascription purposes according to the “type” of clinical disability from which he “suffers.” This model seeks to expand the concept of the pupil’s humanity as well to refine and broaden the possibilities of his development and functioning beyond the scope of the limited functional terms of the medical approach. In this sense, the scope of the disabled pupil’s development includes not only elementary functional performance but also education aimed at developing a range of loftier human qualities (as conceived in this approach). Such an attitude respects the pupil’s heterogeneity as expressed, according to Wehmeyer & Bolding (1999), in a fostering of choice, initiative, and a sense of self-efficacy and self-determination in the pupil (Shavit & Reiter, 2010; Davis, 2006). It also aims to avoid the potential for alienation and oppression inherent in the depressive and patronistic approach of the medical model.

A third strength stems from the interactive nature of the Educational-humanistic model; The conception of disablement as an initial given that can be overcome via culture places responsibility equally on the pupil and the society in which he lives. According to this view, a society is tested by its capacity to make culture accessible to people with disabilities and to enable them suitable quality of life. The concept of “quality of life” includes both objective and subjective aspects relating to physical, economic, emotional and social wellbeing (Poston et al., 2003). In this framework, for example, the obligation of education falls not just on the disabled pupil and his family but also on the community in which he lives - on its readiness to accept people with disabilities and treat them with respect and empathy and its commitment to create optimal conditions for them to communicate and conduct their lives through assistive technology (Hetsroni, 2007). Such an approach allows the disabled to become an integral part of society with equal rights, acts to guarantee them full inclusion in the family and a sense of social belonging (Tal, Shavit & Penn, 2011; Reiter, 2004), and emphasizes their right to ‘typical’ living conditions. This approach has had a direct impact on social moods and on legislation enabling full participation of people with disabilities in community life.

The shortcomings of the Educational-humanistic model, in special education stem, mostly from the disadvantages of idealism.

Firstly, the epistemological pretence of defining what “humanity” is can be dangerous, because those who supposedly do not meet its criteria are effectively disqualified as “human”. This approach could imply that people with severe cognitive disabilities are of an inferior human status from an ontological perspective. This approach could also have an impact on the view of the teaching profession in the field of special education for pupils with complex needs, as educators in this field are still not regarded as being charged with a ? (helping the pupil ascend the ladder of humanity) but rather as “junior therapists” dealing with pupils’ underappreciated physical needs and performance. Such an approach might disempower and downgrade the status of both partners in special education for people with complex needs - the educator and the pupil.

The second shortcoming relates to the tendency of the Educational-humanistic model to neglect the importance of a practical, instrumental discussion of ways of integrating pupils into society. The humanistic approach formulates its objectives and pedagogical concepts in fundamental terms of “cultural self-fulfilment,” and “interest and internalization”. However, these aims by and large lack a coherent meaning, and are difficult to implement in daily life, much less to evaluate and assess. In this manner, its

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3 This conception of quality of life is determined by self-definition or the individual’s capacity to live life as he desires as a central component of quality of life. For children and adults with disabilities freedom of choice means self-determination and the capacity to take advantage of the same possibilities open to the rest of society (Wehmeyer & Schalock, 2001).
idealistic tendencies could turn out to be an abstraction, which while it may avoid the instrumental practices of the medical model, in effect undermines one’s ability to develop among pupil’s coherent skills essential to their integration in society.

A third shortcoming, also associated with the idealistic nature of the approach, lies in the danger entailed in negating the status of the individual in the educational process. That is, humanistic pretences of objectivity and generality in appraising what is consider to be “human” threaten to negate individual claims, needs and desires of the pupil. Such an “extrinsic” approach subordinates the pupil’s actual self to some abstract model of a human being (healthy, functional and happy?). It almost goes without saying, then, that such a patronistic move, made in the name of the pupil’s “best interests,” whilst ignoring his point of view and special needs as an individual, could effectively turn out to be judgmental, disrespectful and even oppressive.

Third Approach: The Ecological Model

The Ecological model relates to individualistic pedagogical ideologies that has no pre-existing template, no model of the person it hopes to create, no extrinsic objective to be achieved: instructional aims are determined not according to an ideal image of a “functional citizen” or “good person” but rather according to the individual developmental needs of the student (needs which are always different and unique). The basic premise underpinning the Ecological model is thus related to the phenomenological view that the person’s subjective consciousness and what he has to say about himself, his life and environment have a cardinal and constitutive value in understanding his world and needs (“nothing about me without me”) (Reiter, 2004). This approach maintains that the factors that have the greatest impact on the individual are those that he himself regards as relevant to him (Sontag, 1996). According to this view, a person’s disabilities should not be seen as stemming from some flaw in his person but rather as an expression of an incompatibility in his interaction with the environment. The ecological model holds that the person, in all his abilities and limitations, is a dynamic subject in a perpetual state of becoming and development in relation to the world and the circumstances in which he exists. This principle necessitates the construction of a harmonious and empowering educational environment, which allows the pupil to fulfill himself according to his own dreams and aspirations (Smull, 1994). Such an environment embodies the quality of life worldview of the ecological model, which strives as much as possible to achieve a natural balance and harmony in the life of the pupil; it underlines, as Schalock (2000) notes, the fact that the pupil’s sense of wellbeing is measured according to a broad range of criteria including his health, psychological state, degree of functional independence, social relationships and spiritual life. The ecological model seeks to establish for the disabled pupil a world in which he can realize his inherent potential and derive a sense of satisfaction from his experience in a familiar and natural environment where days of frustration and powerlessness will be few and days of joy and a sense of self-efficacy will be many.

In ecological space, the encounter between pupil and educator takes on a special meaning - the presence of a respectful and enabling teacher emerges as a necessary condition for the pupil’s growth. The educator should be creative and dynamic and tirelessly seek out new theoretical and strategic tools that suit the special needs of the child. The educator’s role in such a space is not defined in objective terms of “cold” functionalistic professionalism but rather in subjective terms of empathy and “warm” dialogue. Such a space should assume the character of an accepting home where external intervention by professionals is reduced to a minimum. An additional
dimension of empowerment lies in encouraging the pupil to make his own unique voice heard in public space. This approach is articulated, as Smull (1994) writes, in the disabled person’s demand from the community “to learn about my dreams, desires, gifts and capacities,” a demand which is translated into educational practice through self-advocacy where individuals with disabilities learn to present their needs and demands before the communities to which they belong (Kozminsky, 2004). Thus, empowering people with disabilities with the aim of making their voices heard and having them take an active part in the fabric of life in the community becomes a clear realization of the ideal of harmony and self-fulfilment in the ecological model in special education (Booth & Ainscow, 2002).

The strengths of the ecological model in special education stem, from their unjudgmental, intrinsic nature and determination in the principle to make the pupil the centre and end of educational practice.

The first strength of the model lies in its minimization of the potential for oppression and marginalisation latent in the educational process. Placing the disabled pupil at the centre of the educational paradigm limits the reductive and exclusionary potential hidden in the extrinsic models (medical and humanistic), because it renders the external criteria and measures for evaluating the pupil’s development as secondary. Such a dignifying approach aims to support the spontaneous and free growth of the pupil and to avoid any attempt to determine (and thereby diminish) his identity or needs by categorizing and classifying the disability he “suffers” from. Such an approach has an important potential in special education, as it allows the student to break out of the vicious cycle of dependency on the educator; for indeed whenever the educator is engaged in doing anything “for” the student, even by way of encouragement or reward, he defines him effectively as passive and helpless. This definition shapes and constitutes the public’s attitude toward the disabled pupil, his self-concept regarding his capabilities, as well as the paternalistic and therapeutic character of the practices adopted in relation to him.

At this point, the model’s second strength emerges. From such an intrinsic approach, in which the specific pupil serves as the criterion for evaluation, a pedagogy that is positive, supportive and non-judgmental in character is derived. This ideological theory holds that educational activity should be focused on the pupil’s individual needs, skills, capacities and judgments (Kanter, 2011). Such a pedagogical practice seeks to avoid the dominant tendency to sacrifice the pupil’s concrete (daily and real) existence on the altar of normative-objective-professional assumptions regarding “typical” functioning. Accordingly, a pedagogy based on the ecological model is realized not in the form of “instrumental” or future “human/cultural” functioning but rather in the disabled pupil’s day-to-day life, activity and thought in the present - in his capacity to experience, rejoice, and feel important and valued in the midst of the educational process (rather than in retrospect).

The shortcomings of the ecological model in special education stem, from their romantic tendency to reduce general and extrinsic elements from education. This theoretical move, regarded as liberating and empowering in subjective terms, can turn out to be problematic for three main reasons.

First, the withdrawing of the Ecological model from all forms of categorization and classification and its determined pursuit of finer resolutions of diagnosis has effectively reduced its capacity to define pupils’ disabilities in professional, accepted and general terms. The Ecological model’s avoidance of standards, authority and protocols of action indeed limits its ability to address pupils with disabilities based on cumulative educational/ therapeutic/ medical/ research experience. In other words, the ideological
approach inherent to this model may very well thin out the professional “toolbox” by means of which the pupil’s quality of life can be enhanced. Moreover, the model’s refrainment from formulating its concepts in objective and general terms could even compromise the (objective and scientific) professional standing of the field of special education itself. This approach also has an impact on a systemic-institutional-political level, as such an epistemological position can become a convenient platform from which the educational authority is able to shirk its (financial, scholarly and legal) obligation to develop and advance institutions that provide treatment and training related to the field of disability.

Secondly, the by glorifying the individual’s natural and spontaneous independence in the educational process, the educator’s role and responsibility become unclear. This argument is grounded in the assumption that freedom entails setting limits and that in education it is impossible to abstain altogether from the use of elements of an authoritative character. Insisting on the application of a certain degree of external discipline, as well as on practice, memorization and limit-setting, serves as a necessary foundation for self-fulfilment and the formation of an autonomous self among pupils. Shunning this imminent component for fear of violating the pupil’s theoretical subjective freedom is liable to undermine his real developmental potential in practice. Thus, for example, teaching language and communication skills, without which the pupil cannot express and fulfil his subjective desires, inevitably means employing “forceful” means including discipline, rote learning, and practice. The ethical problem involved in sanctifying the pupil’s individuality and spontaneous desires also comes to the fore when this conflicts with the best interests of the teacher’s other students whose wellbeing and development are entrusted to him, for example, when a child fulfils his desires through violence or any other means that prevent the teacher from carrying on with his work with other students.

Third, the Ecological model’s tendency to avoid the use of external criteria and measures for evaluating pupils indeed lends pedagogy a considerable aesthetic and emotional value, but it impairs one’s ability to assess the quality and efficiency of the educational process. The Ecological model’s abstention of all normative judgment regarding the nature, characteristics and qualities of a “typical” person leaves the educator to wander in a space of pedagogical uncertainty. In the absence of extrinsic and objective criteria for appraising what is good and worthy, the educator is left to tread perpetually on unstable and uncharted ground - such a reality may be exciting for brief, fixed periods of time, but over longer periods it becomes exhausting and confusing, because the end is never clear. Thus, the educator is forced to make continuous decisions, in every case and at every moment, without any support or basis beyond his personal suppositions regarding what is best for the child, whether to encourage the autistic child to come out of his private and hermetic world, what to do with mentally disabled adults that wish to spend all their time swinging ceaselessly on a park swing, and so on.

Fourth Approach: The Socio-Political Model
The basic premise of the Socio-political model in special education is that “disability” is not a natural, scientific or objective diagnostic concept but rather a socially constructed one. Exposing the constructed nature of disability-related concepts and diagnoses highlights their political character (i.e., their being products of power relations), which in turn exposes their oppressive and exclusionary potential. “Disability” according to this approach is not an (ontological) “attribute” of the individual but rather a state of interaction between the individual and his environment -
the disability’s effect (the degree of abnormality and disablement) depends on and is constructed by society’s attitude and judgements, as society decides how to appraise and judge people with disabilities. Accordingly, Linton (1998) suggests doing away with the labels applied to children with disabilities (‘retarded,’ ‘disturbed,’ ‘learning disabled’ and so on) and instead describing children in functional terms, that is, how they function in a variety of areas. In an even more radical vein, Hahn (1988: 19), a representative of the socio-political model, argues that existing prejudices and institutional discrimination in the wider society present an even more significate barrier than the pupils’ medical and functional disabilities.

These radical approaches have also had a major impact on the practice of “disability studies”. Given its critical stance, the model wholly rejects the basic concepts underlying conventional practices relating to pupils and “rehabilitation” of people with disabilities. These extrinsic practices, as Linton (2007) argues, are based on reductive and exclusionary conceptions of “normality,” which define and in effect maintain disability. The critical model is strategically aimed, then, not so much at one form or another of functional and instrumental skill-enhancement as it is at upturning the concepts altogether and reconstructing them in accordance with the radical principles of freedom and self-fulfilment (Baynton, 2001). In the spirit of the subversion model in critical theory, the disabilities studies model seeks to act toward the liberation and empowerment of people with disabilities in the social and cultural spaces in which they live. The model aims its focus in two directions: first, the struggle to reshape concepts of disability in the individual consciousness of people with disabilities; and second, representation of “disability” and people with disabilities in public space. Such a dialogical pedagogy is articulated in two dimensions of freedom - negative and positive: negative (freedom from…), as a refusal to accept and internalize the devaluation and identification of disabled persons entailed in their being labelled by medical and social institutions as “abnormal, ill and dependent”; and positive (freedom to…), in the positive demand from people with disabilities to accept the moral definition of “disability” and the “quality of life” criteria by which they wish to live. This recognition of the concepts’ political nature and of the possibility of fighting for their redefinition has an impact on all dimensions of the field: on the self-concept of people with disabilities, on the image of the profession in the eyes of educators and therapists, on the shaping of public opinion and governmental institutions, on federal legislation, and on the construction of educational practices.

The radical character of the critical model is embodied in the pedagogical practices that it applies. Thus, while the educational model and the ecological model focus on improving segregative frameworks by altering existing conditions within them for the better (i.e., the ‘least restrictive environment’ principle), the disability studies model promotes the elimination of segregative frameworks, based on a view that their segregative nature itself is what generates the conditions for discrimination and inequality. Accordingly, the critical model seeks to turn the tables completely and fully integrate people with disabilities into society, while adapting society to their special needs (rather than adapting the child to the environment, the environment is adapted to the child). In this spirit, the “regular” school is charged with adapting itself to the child’s special needs, even if such adaptation involves provision of comprehensive and intensive special education services. Society’s commitment to full inclusion of people with special needs is embodied in the “universal design” ideal, which is aimed at making social reality accessible to the entire population with special needs - seniors with walkers, parents of babies with prams, people with disabilities. This commitment leads to a struggle to improve access to community services and workplaces, as well as for instructional design by creating a range of modes of representation, techniques, and
new learning activities suited to the unique abilities of those who have special needs. The role of the educator under such an arrangement also changes in suit; the educator-pupil encounter assumes a radically dialogical and dignifying character (seeing the person rather than the disability) (Broyer & Hamer, 2018). The educator encourages the student to acknowledge the political nature of reality, to vigorously take on self-advocacy, and to develop a keen understanding of his rights and a consciousness about righting social wrongs. Because the educator is called upon to answer the special needs of his students, he must be sensitive and open and possess an imaginativeness and didactical creativity that allow him to negotiate difference among his students (not only vis-à-vis his students with special needs, as indeed every student is “different” and special).

**The strengths** of the critical theory ideology and disability studies model in special education for people with complex needs are noticeable. In a field whose diagnostic reasoning is ruled by anachronistic traditions in which people with disabilities are viewed as passive objects, “ill,” or weak, the radical spirit of the subversion model is nothing less than a breakthrough toward a substantive transformation of the disabled person’s status in society and of society itself. In a field in which pretences of objectivity and scientificity, as well as stagnant teaching practices whose pedagogical reasoning is functional and instrumental, predominate, the disability studies model represents the possibility of a fundamental transformation of both educational and social space and the educator-pupil relationship. The critical model helps all parties involved in educational practice to shatter the boundaries of their “natural” and taken-for-granted worldview and persistently interrogate their beliefs regarding themselves, their limitations and the world in which they live. Likewise, critical theory’s political sensitivity throws into question the medical and scientific definitions’ pretences of objectivity, often without foundation, while exposing their political character and latent oppressive potential (Foucault’s *Madness and Civilization: A History of Insanity in the Age of Reason* [1965] is considered one of the seminal texts in this regard). This radical approach helps educators and students to jointly expose the potential for oppression and exclusion hidden in definitions such as “normality,” “humanity,” “illness,” “self-fulfilment,” and to formulate in their stead new and empowering normative definitions and pedagogical practices. This approach can find expression in a subversive and critical re-examination of “classic” psychological/ philosophical/sociological theory, and in an articulation of common and empowering work practices in which the voices of all parties involved in the educational process are heard. An additional strength of the critical model stems from its insistence on applying its pedagogical conclusions to the entire community rather than just the special needs population, an insistence that paves the way to the creation of a more healthy, accepting and open society accustomed to the visibility of different and diverse people, and therefore less bedevilled by alienation, separateness and difference. And perhaps most importantly, the radical stance of the critical model and its call to dismantle the hierarchical model of the traditional teaching relationship re-establishes and reinforces disabled people’s central place in the educational process; it makes their voices heard as the main addressees of the process and allows for the basic conditions for genuine dialogue based on respect.

**The shortcomings** of the disability studies model in special education stem, perhaps not surprisingly, from the radical character of the critical approach. The critical model seeks to deconstruct the veil of objectivity that obscures traditional approaches, and reveal the political and oppressive nature of existing definitions of disability (French & Swain 2001); however, in its fundamental commitment to criticism and negation, it tends to portray and fixate upon only the negative side of each practice and definition - oppressive and exclusionary. In so doing it undermines the possibility of acting in and
on reality in a positive and constructive manner. This tendency is liable to create an absurd situation in which, as Ronen (2000) writes, the demand to avoid all forms of special social or medical definition (regarded as offensive and discriminatory) actually subverts the recognition of disabled people’s special mental, physical, sensory and psychological needs and the ability to provide them with maximal conditions for growth and development. Moreover, this approach could be seen as a rather cynical one, as the claim that all physical disabilities are in effect social constructions, and that all people suffer from limitations of one form or another, underplays the real challenges faced by people with disabilities, and could ironically serve as an argument, playing into the hands of reactionaries, against the need to invest efforts, funding and social resources for their benefit.

A second shortcoming stems from the theoretical and detached nature of the critical approach in the disability studies model. The model’s radical critical orientation has undoubtedly been highly fruitful in academic terms, but sometimes it seems that it is driven by a theoretical impulse that is not precisely balanced by an equal practical pedagogical commitment. In this situation, critical theory remains the property of an elite intellectual minority at academic research institutions, and fails even to trickle down into fieldwork at educational institutions. Thus, a significant gap emerges between the intellectual strength of the model and the quality of its practical proposals and actual impact. One of the manifestations of this imminent gap lies in the extremist positions of the critical model in special education. One example can be found in the model’s fierce determination to sweepingly apply the practice of “full inclusion” in special education. This position, as Ronen (2007) claims, tends to oversimplification - it is driven by an ideological-theoretical commitment and not necessarily by an honest attempt to answer practical questions of cardinal importance such as what framework might best meet the special needs of a particular child, and what might facilitate his development and improve his quality of life. Likewise, one can argue that the critical model’s practical suggestions do not deal seriously enough with the multiplicity of conditions required to implement them in praxis (willingness and ability on the part of the regular classroom teacher, appropriate training and/or continuing education opportunities, resource availability), and thus prove to be largely irrelevant to educators’ actual work.

A third shortcoming has to do with the disability studies model’s tendency to focus on the issue of the mental or public representation of disability. The critical model wants to fight against the tendency to conceive the category of disability in terms of abnormality and weakness and against the attempt to silence the disabled and render them invisible in public space. Accordingly, the disabilities studies model seeks to assert the presence and special attributes of people with disabilities as subjects possessing a voice and power. They are told not to be ashamed of their disabilities, but rather to take pride in them, vocally and explicitly. Such an approach may indeed have an empowering potential, but in the demand to assert one’s physical disability in public space, the disabled person is effectively being called upon to represent it as his most significant characteristic. Thus, the approach reproduces, even if by inversion, the violence of the model against which it is formulated (the tendency of the public to relate to people with disabilities purely on the basis of their disabilities). In effect, then, it demands from its addressees that they play a part (as heroic as it might be) that does not necessarily square with their desires and individual personality. Such an approach insists that the disabled person “come out,” while denying him the right to anonymity, to privacy or to any self-interpretation that deviates from the specific manner in which critical theory conceives legitimate expression of “power.” Accordingly, Kama (2008) notes the often-stereotypical ways in which disabled persons’ voices are asserted in the media as
“powerful” (e.g., the “supercrip” type), which tend to set a standard of functioning that is unrealistic, and thus foster a public image of disabled persons in general precisely as weak and inept.

Conclusion
This article was written in order to examine the differences between four dominant models in special education: medical, educational, ecological and Socio-political. Each ideology was discussed through its pedagogical implication on the educational establishment and examination of its strengths and shortcomings. At the outset of the article we cited Lamm’s (2000) assertion that “every educational action reflects the fundamental beliefs of those who seek to educate.” Likewise, we are of the opinion that dealing systematically with the ideological typology of special education has a cardinal pedagogical value in teacher training in special education, because it facilitates the development of a rational and critical approach among practitioners. This consciousness contributes to the teachers’ development process on a number of levels.

First, because it calls educators’ attention to the ideological premises that guide their work and shape their conceptual outlooks and educational practices (often unconsciously). This, in turn, encourages reflection and self-awareness, while holding the promise of change and personal and professional development. Second, because it encourages educational practitioners to expose themselves to the vast range of theoretical and practical possibilities in special education, and shed light on the far from self-evident fact that every educational approach is but one of many and that it has certain strengths and shortcomings. Third, because examining the ideological character of special education invites all parties involved in educational practice to clarify for themselves, based on study, observation, and experience, what their tendencies are, and what their “pedagogical sentiment” might be. This is why we are not quick to suggest a preferred approach to readers, as indeed every preference is subjective and ideological in essence (even the two authors of this article do not necessarily share the same pedagogical sentiment…). In light of this, we hope that the present article and the typologies it presents will help students and teachers in special education to devise for themselves reasoned informed and sensible educational approaches.

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## Annex – Four models in special education

<table>
<thead>
<tr>
<th>Models</th>
<th>Ingredients</th>
<th>Strategy</th>
<th>Collective</th>
<th>Shortcomings</th>
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<tbody>
<tr>
<td><strong>Medical</strong></td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Providing the appropriate environment and assistance to enable development of the disabled person in harmony with society as a whole.</td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Ensures the disabled person can function in society as a whole, but it does not address the individual's specific needs.</td>
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<tr>
<td><strong>Educational</strong></td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Realization of the full potential of the disabled person in an environment and assistance that enable development of human qualities such as social justice and harmony with society as a whole.</td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Ensures the disabled person can function in society as a whole, but it does not address the individual's specific needs.</td>
</tr>
<tr>
<td><strong>Humanistic</strong></td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Ensures the disabled person can function in society as a whole, but it does not address the individual's specific needs.</td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Ensures the disabled person can function in society as a whole, but it does not address the individual's specific needs.</td>
</tr>
<tr>
<td><strong>Ecological</strong></td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Ensures the disabled person can function in society as a whole, but it does not address the individual's specific needs.</td>
<td>The disabled person, as a full member of human culture, potential, and social, cultural, and economic aspects.</td>
<td>Ensures the disabled person can function in society as a whole, but it does not address the individual's specific needs.</td>
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perpetual state of becoming and development in relation to the world and the circumstances in which he exists. A person’s disability is an expression of an incompatibility in his interaction with the environment.

as a necessary condition for the pupil’s growth.
2. Reducing external-clinical intervention by professionals to a minimum.
3. Encouraging the pupil to make his own unique voice heard in public space.

(need which are always different and unique).
Construction of a harmonious and empowering educational environment which allows the pupil to fulfill himself according to his own desires and aspirations.

2. A pedagogy which is positive, supportive and non-judgmental in character is derived.
3. Support the spontaneous and free growth of the pupil and avoid any attempt to determine his identity or needs by categorizing and classifying the disability he “suffers” from.

2. The model’s refinement from formulating its concepts in objective and general terms could compromise the (objective and scientific) professional standing of the field of special education itself.
3. Tendency to avoid the use of external criteria and measures for evaluating pupils impairs one’s ability to assess the quality and efficiency of the educational process.
4. The glorification of the individual’s natural and spontaneous independence in the educational process blurs the educator’s role and responsibility.

Social-Political
“Disability” is set a natural, scientific or objective diagnostic concept but rather a socially and politically constructed one. Segregation is what generates the conditions for discrimination and inequality.

1. “Full inclusion” integrate people with disabilities into society, while adapting society to their special needs.
2. Continuous struggle to improve access to community services and workplaces, as well as for instructional design, by creating a range of modes of representation, techniques, and new learning activities suited to the unique abilities of those who have special needs.
3. Pedagogical relationship based on radical dialogue that encourages the student to acknowledge the political nature of reality and to take on self-advocacy.

Society, Humanity and the individual

1. “Free man” - liberation and empowerment of people with disabilities in the social and cultural spaces in which they live.
2. Reaping the radical aesthetic/practical concepts of “disability” in both the individual and public sphere.

Making social reality accessible to the entire population with special needs.

1. Helps all parties involved in educational practice to shatter the boundaries of their taken-for-granted worldview and to persistently interrogate their beliefs regarding themselves, their limitations and the world in which they live.
2. Applying its pedagogical conclusions to the entire community rather than just the special needs population, an insistence that paves the way to the creation of a more healthy, accepting and open society accustomed to the visibility of different and diverse people, and therefore less consumed by alienation, separateness and difference.

4. The radical stance of the critical model and its call to dismantle the hierarchical model of reality reestablishes and reinforces disabled people’s central place in the educational process: it makes their voices heard as the main addresses of the process and allows for the basic conditions for genuine dialogue based on respect.

1. Fundamental commitment to criticism and negation undermines the possibility of acting in and on reality in a positive and constructive way.
2. Gap emerges between the intellectual strength of the model and the reality of practical proposals and actual impact.
3. Such an approach basins that the disabled person “come out” while denying him the right to anonymity, to privacy or to any self-interpretation that deviates from the specific manner in which critical theory conceives of a legitimate expression of ‘power’.