

## **Diagnosis and Pedagogical work**

Gaps and Relations between Individual Categorizations and Social Situations in Children's Everyday Lives.

Røn Larsen, Maja

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## **Diagnosis and Pedagogical work**

**- Gaps and Relations between Individual  
Categorizations and Social Situations in  
Children's Everyday Lives.**

Maja Røn Larsen, Ph.d.  
mrl@ruc.dk  
Roskilde University

My presentation will focus on the institutional processes of identifying and working with diagnosed children or children where a diagnosis is suspected within a preschool setting. The background is the general increasing use of diagnostic categories. I will discuss this tendency in relation to the long line of critique of the tendency to focus on the individual dysfunctions and look away from the context.

For a long time this has been a central theme in relation to school but the discussions seem rather absent in relation to the preschool area. I have therefore entered this subject of diagnostics in pedagogical practice in the preschool area, in my latest research project.

My project shows that within the preschool area, there seem to be a very strong ambivalence among pedagogues about the increasing use of diagnosis. On the one hand there seem to be deep skepticism in relation to the diagnostics and their possible stigmatizing effects – but on the other hand there seem to be an increasing use of diagnostic labels & psychiatric concepts, when talking about children in difficulties - also among pedagogues.

When analyzing children's lives through their perspectives, the processes of learning and development are intertwined with the possibilities of participation in their everyday life and in the children's communities. I will argue that the same goes for children in difficulties.

However – when studying the professional practice around these children – knowledge about the children's everyday life and their possibilities of participation are often absent – Instead these children are understood in terms of dysfunctions or eventually diagnoses. A pedagogue puts it like this, when she wonders about the ambitions of inclusion of the “special”-children, as they are often called in practice:

## Working with children in difficulties :

“I guess that for several years, we have thought of ourselves as working with children's communities. But perhaps, that hasn't been the case. We have been working with children, that fell out of the community, but we have not been working with what they fell out of...”

And with this statement she addresses a very central problem in the practice around fx diagnosed children. In the quote she points out, that the social context of difficulties simply seems to “fall out” of the pedagogical practice.

In this presentation - I will attempt to discuss HOW and WHY the contextual processes around “special-children” are often overlooked and neglected in the

professional interventions. And I will do this by analyzing the pedagogical understandings and practice - as a part of a more comprehensive institutional system.

## Central points

1. When children are in difficulties, we need to focus on their social context in their everyday life together.
2. This focus seems to disappear when the professionals suspect a diagnosis.
3. How can we understand this tendency as related to institutional conditions of pedagogical practice?

To sum up three central points – I will argue:

- that when children are in difficulties, we do need to focus on their possibilities of participation in their everyday life.
- And the second is: that this focus seems to disappear in the professional interventions especially in relation to children, where a diagnose is suspected.
- And this brings me to the third, the question about: How we can understand this tendency, and how can it possibly be changed?

## Empirical data from 2 projects

### 1. "Diagnosis & Pedagogical Practice"

**Fieldwork (1 year):** Participant observations, interviews and research workshops in two kindergartens – one with a special group and one with resource places included in a "normal" setting.

### 2. "Conflict and Cooperation around children in difficulties" – a ph.d. project

**Fieldwork (3 years):** Participant observations across 2 special education institutions, interdisciplinary work and referral meetings.

Quarterly research workshops with practitioners.

The empirical background of my presentation today stems from two projects. The first I already mentioned "Diagnosis & Pedagogical Practice". And the second is my Ph.D. project named: Cooperation and Conflict around Children in Difficulties in School.

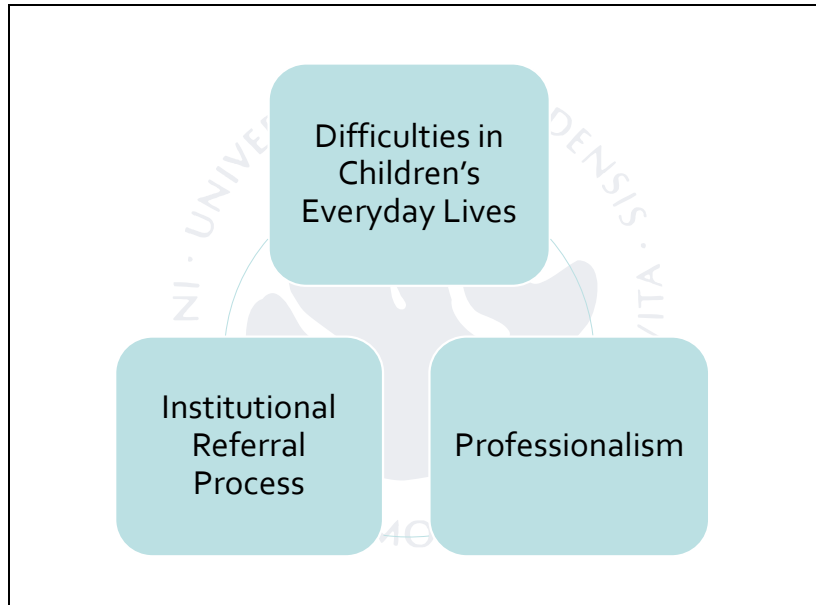
Both of the projects are developed in cooperation with professionals based on extensive fieldwork with participant observations and interviews with children, parents, pedagogues, psychologists and administrators. In my post. doc. project I participated in two different Kindergartens working with strategies of inclusion of children with different kinds of difficulties/special needs, and in my Ph.d.- project, I participated in special schools, state schools at meetings at the pedagogical, psychological counseling at interdisciplinary meetings and at referral meetings. I specifically mention this, because I will show you an observation from a referral meeting later on.

## Institutional Conditions for Pedagogical Practice



I'll show you this completely unreadable model, just to give you a very superficial introduction to my theoretical framework and my understanding of the concept of "Pedagogical Practice". I Apply a Certain gaze on the Pedagogical Practice focusing on its conditions within a complex institutional arrangement. By that I mean, that in order to understand what is going on in the pedagogical work, we sometimes need to look elsewhere in the institutional setting, that the pedagogical practice is being part of.

The material I will present to you today focus on the connections between three interrelated themes, that are traditionally researched separately – namely:



My intention here is to show how these areas are very closely interconnected. And in relation to that – how professionalism around difficulties –are conditioned by institutional processes in other places than the kindergarten or the classroom of the special school.

In the debates about fx inclusion we often see the discussion focusing on what kind of categories of understanding, we should use. In my research, I attempt to look not only at the categories themselves, but also to understand, what institutional context that the categories are “working in”.

And here I see pedagogical practice as formed in relation to conflictual conditions and demands within a complex institutional arrangement – In this presentation I will fx show you some relations between what is going on in the pedagogical practice, and what is going on at an administrative meeting of referral.

Perhaps the change of perspective from studying the categories themselves to studying the contexts of categorizations could be illustrated with this example: In the everyday routines diagnosis is usually thought of as an answer to the question: What is wrong with that child?

With my perspective on the compound institutional arrangement - I turn the question around and ask: If diagnosis is the answer – what are then the questions? When we turn the focus like that, we become aware of a lot of other aspects than the single child.

Diagnosis can in this frame be seen as connected to the organizational split between special and normal institutions and the need to sort out, which children belong where. Here the diagnosis is an answer to demands in relation to the administration of resources. Diagnosis can also be an answer to demands in relation to defining “professionalism” around these children.

I’ll try to illustrate these by showing you examples of observations from a kindergarten and from a referral meeting. But let us start in the Kindergarten. In the following I will show you an observation of the boy Thomas and his life in kindergarten, but first I need to let you in on a central key, guiding my analysis namely the attempt to develop knowledge about children’s perspectives on difficulties.

And here I am very inspired by something Ida Schwarts has written. She says, that fundamentally pedagogics is about having intentions for someone – wanting to move somebody in some direction, but we should never forget that the people we have intentions for also have intentions themselves. And looking for children’s intentionality forces us to shift our focus.



## Childrens Perspectives in everyday life

Turning the perspective – not just looking  
AT the child, but WITH the child from the  
child’s position in a social situation.

So instead of looking AT the child and the child’s behavior, I attempt to look WITH the child from the child’s position - and research the child’s actions from a first-person-perspective - as participation in a certain social situation.

And here the diagnostic gaze represents the “Looking AT” the child, describing the child’s behavior from a third-person perspective.

Let me show you a piece of the boy Thomas’ Kindergarten Life. I would like you to notice, what consequences it might have in pedagogical practice, when one perspective overshadows the other.

Thomas is a boy, who has for a long time concerned the pedagogues in his Kindergarten. In collaboration with the Pedagogical psychological counseling PPR, they have tested him, and the test showed that he had a huge lack of social competencies and problems of controlling his impulses. The pedagogues suspect that he is suffering from ADHD. Therefore Thomas is referred to a further psychiatric

examination. And this is a part of an observation from a day in the Kindergarten.

## The kindergarten playground.

Thomas is walking around alone on the kindergarten playground. He does that a lot. He's not really taking part in the different plays, but teases every time he gets the chance. Anna and Ella is playing in the sandbox. Thomas passes by and throws sand at them. Anna complains to me. "Thomas is throwing sand at us" "oh, well" I say, afraid to overstep my status as an observer. Thomas looks at me with a puzzled look, and throws sand at them again. "Hey, He's not allowed to do that" Anna says to me. "Perhaps you should go find an adult?" I say. They look at me if as I am crazy. Anna runs to the house, and returns with SUSAN. SUSAN yells at Thomas: "Are you throwing sand? You know you're not supposed to do that. Its your last chance, or you are coming in with me." Thomas looks down into the ground. Susan sighs and returns to the house. Thomas runs to the playhouse, where some boys are gathered. Thomas and another boy pushes and hits little Jonathan while laughing. Jonathan runs to the house crying. A little later Patrick approaches me: "Thomas hit me with a rock". "Oh, well..." I respond, not quite sure whether to interfere. Patrick gives me an angry look and returns to the group of boys.

This observation richly demonstrates the many ethical dilemmas of observing children, which is a discussion that I will not enter further for now. At this session, I have chosen the example to illustrate those actions that the professionals identify as symptoms of Thomas' possible diagnostic situation. But as I follow Thomas around in his everyday life in kindergarten during a longer period, I begin to see a very clear pattern of him being accused and rejected by the other kids. Everything seems to be Thomas' fault, and his name is often mentioned in situations, when the kids are complaining. This also happens on days, where Thomas is actually not present in the kindergarten.

I share my observations with the pedagogues, and together we figure out, that his actions are deeply related to a more general dynamic in the children's community, namely a strong tendency to negotiate possibilities of participation by excluding others.

The point here is, that the two different perspectives of exploring difficulties comes up with very different kinds of knowledge, and this again leads to very different strategies of pedagogical problem solving.

## Exploring the problem 2 different perspectives

- *What is wrong with Thomas?*  
"Special needs" – Diagnosis? (looking AT Thomas)
- *What are Thomas participating in?*  
Thomas actions as related to difficulties in the children's communities. (Looking WITH Thomas)

In the first perspective it is questioned, what is wrong with Thomas – what special needs does he have, what kind of diagnosis? And this leads to a strategy of individual intervention, where Thomas social incompetence and impulse outbreaks are trained and compensated.

In the other perspective Thomas' actions are understood as his participation, which leads us to analyze what he is participating in – and here the object of the interventions become the dynamics and relations in the children's community.

The point that I will address in the following is, that which categories of problem understanding becomes relevant, is deeply depending on the institutional conditions of working with children in difficulties.

And this leads me to consider the process of gaining extra resources for children in difficulties, the process of referral. As a pedagogue puts it in an interview, when

describing some severe difficulties around a boy: “In order gain help – we have to describe a monster.”

So in order to gain access to the limited resources, the professionals have to describe a very serious problem, and here the diagnosis becomes relevant. In the following I will show you observation from the administrative procedures of distributing resources.

My observations of referral meetings showed a very consistent use of individualizing categories and diagnostic terms, and almost no descriptions related to the social context among other children and adults. And this even though, the administrative procedures in this municipality included all relevant professionals, in order to get as many perspectives on the child as possible.

The following is a referral process of a 7th grade schoolboy, which illustrates this tendency. As an intro to the referral process, a teacher describes how the boy’s academic level is sufficient. But the school is very concerned with his behavior. He has been having escalating conflicts with the teachers and the children in school have become afraid of him.

The teacher tells the referral committee about a conversation with the boy from earlier in the process. Here the boy was very worried about him and his family being thrown out of their apartment, and moved in to a so called Ghetto area with a high rate of crime and gang-activity. According to the teacher, the boy said:

”It will never go well, if we move there.”

The problems started after the relocation of the family. The teacher interprets the boy’s statement, as his prediction of a need to change attitude in order to be a part of “the boys in the ghetto”. So the teacher points at the boy’s possibilities of participation in his everyday life, when he talks about the boy’s troublesome behavior in school.

However, in the process of referral this knowledge seems to be considered irrelevant. The following is a piece of a discussion between the teacher and a psychologist: The psychologist states:

Dias 9

### **“Professionalism” at stake**

**The psychologist:** *He has a low IQ. Especially his language skills are inadequate.*

**The teacher argues:** *I don't think that this is the whole story about him. Particularly I don't understand, what you are saying about his intelligence.*

**The psychologist replies:** *But that's because he has a good short time memory. That tends to cheat you into believing that he has a normal intelligence - because he follows up on what you've just said...*

After these contributions by the teacher and the psychologist, they leave the room. It is now up to the heads of public service to make a decision about the school placement. The head of school administration comments on the teacher's statement as being rather unprofessional. "He is much too engaged in the boy" as he says. What strikes me as interesting here is the confrontation between people in different positions and their use of different forms of knowledge. On the basis of a test, the psychologist connects the difficulties to a deficient intelligence – an individual characteristic of the boy. And when the teacher argues, she replies with another individual characteristic: the good short time memory, that "tends to cheat you". So in the process of referral the teacher's attempt to contextualize the difficulties around the boy is subverted as him being cheated and unprofessional.

In the referral process the "engaged" contextualizing knowledge are overshadowed by the "decontextualizing" expertise of test psychology.

The interesting aspect here is not to point at psychological testing or diagnosis as irrelevant. Instead I wish to emphasize the problematic within this specific institutional organization: That the individualized knowledge overshadows and makes us blind to the knowledge from the child's everyday life, even though it might be relevant and useful in planning the pedagogical interventions in relation to the difficulties.

In relation to pedagogues – it is important to note, that they are often the best sources to knowledge about the social context of children's lives. They have the strongest access to, what is being at stake in the children's communities, and often they know the children and their parents better than the other professionals.

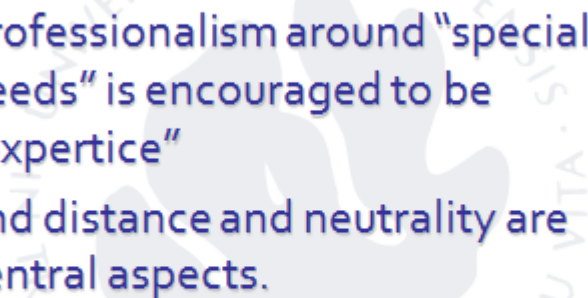
However in the processes of visitation this knowledge is rarely presented. Here the pedagogues often do not speak.

### **Pedagogues in the referral process**

- Do not speak?
- Is not heard?
- Starts to speak in diagnostical terms?

And when they do speak, mostly they are not heard, or finally they seem to change their vocabulary around the children, and start to speak in diagnostic terms. And I see this as a very reasonable response to the institutional frames of being professional. In order to reach knowledge to decide placement or need of extra

resources: Professionalism around “special needs” is encouraged to be expertise, that can deliver precise categories – and here neutrality and distance becomes central.



Professionalism around “special needs” is encouraged to be “expertise” and distance and neutrality are central aspects.

In this context ‘guessing’ the right diagnosis **is** considered highly professional. And this hierarchy of knowledge does seem to influence the practice in the kindergartens around children in difficulties as well.

However in the example with Thomas we saw some of the consequences if this concept of professionalism is guiding the pedagogical practice. As one of the pedagogues from the inclusive kindergarten puts it, when she considers the use of diagnosis:

## Pedagogues in an inclusive kindergarten

"In my everyday I really don't think that much about diagnosis... It's like, here, the child is already placed. He's going to be here no matter what, so here we are just working with... how can he belong here, how can he be part of us."

"No matter what, he looks like inside his head – he needs to have help in his life"

My point is, that knowledge from the everyday lives of children in difficulties is highly relevant, but continuously seem to "fall out". And changing that is not merely a question of changing concepts and categories of understanding – it is also a question of changing the institutional frame that the concepts are "working in". And this also requires changed perceptions of professionalism in relation to difficulties around children, which again calls for a reorganizing the institutional arrangement and the division between "normal" and "special" institutions.