



**Exploring Inclusion, Disability and the Label of Intellectual Disability: Saudi Teachers' Experiences and Perspectives**

By

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## **Abstract**

This study aims to critically explore how Saudi teachers understand the phenomena of inclusion, disability and the label of intellectual disability. It also seeks to research the extent to which the two implemented models of inclusion/special education in Saudi mainstream schools respond to the academic and social requirements of disabled learners, to uncover the disabling barriers and to offer suggestions for ending or, at least minimising, inequalities and exclusion of children labelled disabled from and within Saudi mainstream schools. Drawing on theories from a range of disciplines, including educational psychology, critical disability studies and education theory, I explored these issues through conducting in-depth semi-structured interviews with 31 participant teachers on an individualised basis. My thematic analysis has generated four key findings. First, the vast majority of participant teachers have misconceptions around inclusion, disability and the label of intellectual disability. They conflate integration and inclusion, locate ‘the problem’ of disability within-child and view people labelled with intellectual disabilities as ‘unable’ thus less than human. Second, participant teachers have different views about the two models of inclusion/special education implemented in schools where they teach. They have positive viewpoints about the mainstream classrooms model but negative perspectives about the self-contained classrooms model. Third, the analysis also uncovers that mainstream schools where participant teachers teach are fettered with disabling barriers and practices and that the Saudi education system are bound up with ableism. Fourth, to eliminate or, at least reduce, inequalities and exclusion of people labelled disabled from and within Saudi mainstream schools, participant teachers suggest raising awareness, creating an inclusive space for all, reviewing, enforcing and developing inclusive policies and regulations and promoting the core values of inclusive education. I also offer further recommendations for the Saudi Ministry of Education to take into consideration in Chapter 8 (section 8.5).

## Table of Contents

	<b>Page</b>
Abstract	i
Table of Contents	ii
List of Tables	vi
List of Appendices	vii
List of Abbreviations	viii
Dedication	ix
Acknowledgments	x
<b>Chapter 1: Introduction</b>	
Introduction	1
1.1 Introduction and Background Information of the Study	1
1.2 Aims and Objectives of the Study	6
1.3 Research Questions	8
1.4 Justification for Conducting This Research	9
1.5 Significance of the Study	10
1.6 My Positionality	11
1.6.1 My Philosophical Position	12
1.6.2 My Personal, Educational and Career Experience	13
1.7 Terminological Issues relevant to Intellectual Disabilities, Learning Difficulties and Learning Disabilities	14
1.8 Thesis Structure	15
Summary of the Chapter	17
<b>Chapter 2: Context</b>	
Introduction	18
2.1 Overview of Saudi Arabia	18
2.2 Culture and Background Information about Saudi Arabia	20
2.3 Saudi Education System: Overview and Historical Development	22
2.4 Disabled Pupils in Saudi Arabia: Development of Education and Placement Options	26
2.5 Estimated Prevalence of People Labelled Disabled in Saudi Arabia	30
2.6 Saudi Policies and Regulations Relating to Disabled People	31
2.6.1 The Disability Code	31
2.6.2 The DRRSEIP	32
Summary of the Chapter	34
<b>Chapter 3: Theorising Inclusion, Disability and the Label of Intellectual Disability</b>	
Introduction	36
3.1 Vygotsky	37
3.1.1 The How and Why of Vygotsky's Theory	37
3.1.2 Introduction to Vygotsky	39
3.1.3 Sociocultural Theory	40
3.1.4 The Zone of Proximal Development (ZPD)	43
3.1.5 Vygotsky's View of Inclusion Versus Exclusion in Education	44
3.2 The Complex Models of Disability	46
3.2.1 Islamic Model of Disability	47
3.2.2 Medical Model of Disability	50
3.2.3 Social Model of Disability	54
3.2.4 Interactional/Relational Model of Disability	56

3.3 Disablism	59
3.4 Ableism	62
3.5 People Labelled as Intellectually Disabled	67
3.6 Universal Design and its Inclusive Educational Models	70
3.7 Integration and Inclusion	74
Summary of the Chapter	78

## **Chapter 4: Methodology and Methods**

Introduction	80
4.1. Methodology and Methods	80
4.2. Method of Data Generation: Semi-Structured Interviews	82
4.2.1 Semi-Structured Face-to-Face and Telephone Interviews	84
4.3 Purposive Selection of Participants in Social Science Research	85
4.4 Ethical Considerations	87
4.5 Pilot Interviews	88
4.6 Data Generation Journey: In-depth Explanation and Justifications	90
4.6.1 WhatsApp	94
4.6.2 Schools: How and Why They were Chosen	95
4.6.3 Number of Participants and Duration of Interviews	96
4.7 Recording of Interviews	98
4.8 Transcription of Interviews	99
4.9 Translation: Process and Challenges	100
4.10 Analytical Process and Justifications	106
4.10.1 Familiarisation	108
4.10.2 Identifying a Thematic Framework	109
4.10.3 Indexing	112
4.10.4 Charting	112
4.10.5 Mapping and Interpretation	113
Summary of the Chapter	114

## **Chapter 5: Systematic Analysis and Presentation of Findings 1**

Introduction	115
Section One: Systematic Analysis and Presentation of Data Relating to Research Question One	116
Introduction	116
5.1 Findings Concerning Inclusion	117
5.1.1 Participants' Understanding of Inclusion	118
5.1.1.1 Traditional Special Education Understanding of Inclusion	118
5.1.1.2 Social Model Understanding of Inclusion	121
5.2 Findings Concerning Disability	123
5.2.1 Participants' Understanding of Disability	123
5.2.1.1 Medicalised Understanding of Disability	124
5.2.1.2 Social Model Understanding of Disability	126
5.2.1.3 Interactional/relational Understanding of Disability	129
5.2.1.4 Cultural and Religious Understanding of Disability	131
5.3 Findings Concerning the Label of Intellectual Disability	135
5.3.1 Participants' Understanding of the Label of Intellectual Disability	135
5.3.1.1 Medicalisation Definitions/Understanding	136
5.3.1.2 Processes and Procedures of Identifying Pupils as Intellectually Disabled	137
5.3.1.3 Criticism of the Processes and Procedures of Diagnosis	138

Section Two: Systematic Analysis and Presentation of Data Relating to Research	
Question Two	141
Introduction	141
5.4 Disabled Pupils' Educational Experiences	142
5.4.1 Model one: Mainstream Classrooms Coupled with Special Support in a Resources Room	143
5.4.2 Model Two: Self-Contained Classrooms in Mainstream Schools	145
5.5 Disabled Pupils' Social Experiences	148
5.5.1 Models One and Two: Mainstream and Self-Contained Classroom Models in Mainstream Schools	149
Summary of the Chapter	153
<b>Chapter 6: Systematic Analysis and Presentation of Findings 2</b>	
Introduction	154
6.1 Schools' Systems and Attitudes	154
6.1.1 Disablist Physical Environment	155
6.1.2 Negative Attitudes, Language and Beliefs of Disabled Learners	158
6.1.3 Policy Barriers	164
6.1.3.1 The Self-Contained Classroom-Size Barrier	164
6.1.3.2 The Special Education Bonus Barrier	166
6.1.4 Exploitation of Disabled Pupils	168
6.2 Teachers/Teaching Quality and Learning Facilities	169
6.2.1 Poor and Medicalised Teacher Education Programmes and In-service Training	169
6.2.2 'Normal' Teaching	172
6.2.3 Lack of and Inappropriate Use of Resources and Funds	174
6.2.4 Disabled Pupils' Classroom Condition and Location	177
Summary of the Chapter	180
<b>Chapter 7: Discussion</b>	
Introduction	181
7.1 Understanding Inclusion	181
7.2 Conceptualising Disability	186
7.3 Conceptualising the Label of Intellectual Disability	196
7.4 Educational Experiences of Disabled Pupils in Saudi Mainstream Schools	200
7.5 Disabled Pupils' Social Lives in Saudi Mainstream Schools	204
7.6 Disabling Barriers in Saudi Mainstream Schools	208
Summary of the Chapter	219
<b>Chapter 8: Conclusions and Recommendations</b>	
Introduction	221
8.1 Summary of Important Conclusions and Suggestions	221
8.1.1 Raising Awareness	222
8.1.2 Creating an Inclusive Space for All	224
8.1.3 Reviewing Policy and Regulations	225
8.1.4 Promoting the Core Values of Inclusive Education	229
8.2 Used and Preferred Terminology	231
8.3 Reflexivity	232
8.4 Contributions to Knowledge	235
8.5 Specific Recommendations for the Saudi Government and the Ministry of Education	238
8.6 Limitations of the Study	239

8.7 Suggestions for Future Research	241
References	244
Appendices	279

## **List of Tables**

Table 1: Justification for Giving Particular Attention to People Labelled with Intellectual Disabilities	7
Table 2: Summary of the Historical Development of Education of Disabled People in Saudi Arabia	28
Table 3: Purposive Selection Criteria of Participants	87
Table 4: Summary of Participants Involved in the Pilot Study	89
Table 5: Type of School and Number of Participants Selected	96
Table 6: Detail of Interviewees and Interviews	97
Table 7: Conclusion of Themes and Sub-Themes (thematic framework) in Relation to Research Questions	110
Table 8: Guide of Participants' Reference System	116
Table 9: Summary of The Organisation of Data and Themes Relevant to Research Question 1	117
Table 10: Summary of The Organisation of Data and Themes Relevant to Research Question 2	142
Table 11: Summary of The Organisation of Data and Themes Relevant to Research Question 3	154
Table 12: Exploitation of Disabled Students	211
Table 13: Summary of Key Findings	221

## **List of Appendices**

Appendix 1: Map of Saudi Arabia	279
Appendix 2: Information Sheet	280
Appendix 3: Consent Form (English Version)	286
Appendix 4: Consent Form (Arabic Version)	287
Appendix 5: Ethics Approval Letter	288
Appendix 6: Interview Guide (Arabic Version)	289
Appendix 7: Facilitation Letter from the Saudi Cultural Bureau in London (Arabic)	292
Appendix 8: Approval Letter from the Saudi Ministry of Education (Arabic)	293
Appendix 9: Sample from the Codebook	294
Appendix 10: Example of Data Charting	295

## **List of Abbreviations**

DDA	Disability Discrimination Act
SEND	Special Educational Needs and Disability Act
LRE	Least Restrictive Environment
ADHD	Attention Deficit Hyperactivity Disorder
EHA	Education for All Handicapped Children Act
IDEA	Individuals with Disabilities Education Act
IDEIA	Individuals with Disabilities Education Improvement Act
UNESCO	United Nations Educational, Scientific and Cultural Organisation
DRRSEIP	Document of Rules and Regulations of Special Education Institutes and Programmes
AAIDD	American Association on Intellectual and Developmental Disabilities
IQ	Intelligence Quotient
MoE	Ministry of Education
MoHE	Ministry of Higher Education
GOTVT	General Organisation for Technical and Vocational Training
WHO	World Health Organisation
V	Verse

## Dedication

I dedicate this work to:

My dearly beloved parents, Fahad Aldakhil and Husa Alrayes. Thanks so much for your unconditional love and support, for believing in me and for always being there for me. It means a lot to me.

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إهداء

اهدي هذا الإنجاز المتواضع إلى:

والديّ الكريمين وجدتيّ الفاضلات الذين رسموا حياتي بدعواتهم وشكلوها بدعمهم اللامحدود.  
زوجتي وابنائي الذين رافقوني خلال دراستي للماجستير في الولايات المتحدة الأمريكية وللدكتوراه في المملكة المتحدة.  
إخوتي وأخواتي , خوالي وخالاتي , اعمامي, انسبائي واصدقائي الذين كانوا دائما سباقين لمساعدتي عند الحاجة.  
إلى جامعة المجمعة ومنسوبيها على دعمهم و تذليل الصعاب أمام مبتعثيهم.  
وإلى جميع المعاقين و عائلاتهم و واصدقائهم و المهتمين بشؤون الإعاقة في المملكة العربية السعودية وحول العالم.

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## **Chapter 1: Introduction**

### **Introduction**

This chapter will introduce my PhD research. First, I set out the introduction to my research topic and provide background information to the study. Second, I present the aims and objectives of the research, and thirdly, the research questions. Subsequently, I provide justification for conducting this research and explain the significance of the study. I then present my positionality containing two parts: my philosophical position and my personal, educational and career experience. This is followed by a discussion of terminological issues and determine how these fit my research within the Saudi context. Finally, I conclude this chapter with the structure of the thesis.

### **1.1 Introduction and Background Information of the Study**

Disability and mainstream schools have an unfriendly relationship. Disabled people have historically been accused of being ‘the problem’ and the cause of mainstream schools’ failure (Slee, 2001b, 2011; Goodley, 2011, 2014), although the problem is within-school systems in terms of the inability to meet the requirements of their diverse population and their support of inequalities, exclusion and oppression of disabled people (Villa & Thousand, 2000; Barton, 2003; Slee, 2011; Goodley, 2014). As Barton (1997, p. 233) points out, “Inclusive education is about responding to diversity; it is about listening to unfamiliar voices, being open, empowering all members and about celebrating ‘difference’ in dignified ways”. Disability disturbs and challenges the habitual construction and organisation of mainstream schools (Slee, 2011; Goodley, 2014; Goodley & Runswick-Cole, 2015a) and exposes their disabling and ableist practices (Goodley, 2014). Disability and inclusion demand a radical change of schools (Barton, 2003; Slee, 2011; Goodley, 2011) on a range of levels. Attitudes, buildings, environment, policy, curricula, and teaching methods must all be reconsidered in order that

mainstream schools offer an inclusive environment for all (Barton, 2003, Villa & Thousand, 2000; Slee, 2011, Goodley, 2011; 2017). The philosophy of inclusion is about personhood (Hodge, 2017), human rights and social justice (Barton, 1997, 2003; Villa & Thousand, 2000; Avramidis, Bayliss & Burden, 2000a; Avramidis & Norwich, 2002). This means that no one should be excluded from mainstream schools (Barton, 1997) and that all students, regardless of their differences, should be supported and provided with equal educational and social opportunities in order to succeed in mainstream settings. Inclusion benefits both disabled and non-disabled pupils (Vygotsky, 1978; Villa & Thousand, 2000) since it is about learning from and living with one another (Barton, 1997; Goodley, 2011) and about developing mutual acceptance, respect and support as well as enhancing understanding of each other.

In the UK, the Warnock Report (DES, 1978) was a key factor in the acceptance of inclusive education worldwide. The Parliamentary Secretary at the time, Chuter Ede, explained the philosophy of the Education Act of 1944, saying:

*“May I say that I do not want to insert in the Bill any words which make it appear that the normal way to deal with a child who suffers (sic) from any of these disabilities is to be put into a special school where he will be segregated. Whilst we desire to see adequate provision of special schools we also desire to see as many children as possible retained in the normal stream of school life”*(p. 33).

Consequently, section 33(2) of the Education Act of 1944 dictated that local educational authorities should educate pupils who are not labelled as ‘severely’ disabled in mainstream schools. The educational authorities were provided with detailed instructions and guidance on how to accomplish this goal (DES, 1978).

In 1995, discrimination against disabled people in employment became unlawful when the Disability Discrimination Act (DDA) was passed. This act required an employer to protect

disabled people and to make reasonable adjustments to afford them access to goods, facilities and services (Disability Discrimination Act, 1995). In 2001, the Special Educational Needs and Disability Act (SEND), which prohibits discrimination against disabled pupils in education, was introduced as a supplement to the 1995 act. This amendment makes it clear that it is illegal for schools to discriminate against disabled pupils in terms of admission, education and related services, and it prohibited the permanent or temporary exclusion of such students from schools (Special Educational Needs and Disability Act, 2001). Under this law, discrimination is defined as treating disabled pupils less favourably than non-disabled students (Sanderson-Mann & McCandless, 2005). This act clearly emphasises the importance of educating disabled pupils in mainstream schools and considering the preparation of buildings, curricular and pedagogical materials to meet disabled pupils' requirements, parents' wishes and the effectiveness of education for non-disabled pupils (Armstrong & Barton, 2007). However, to date, disabled people worldwide are still discriminated against and struggle to access adequate inclusive education, for example, in Britain (see e.g. Barton, 1997, 2003; Armstrong & Barton, 2007; Goodley, 2011; 2017; 2014), Australia (see e.g. Slee & Allan, 2001; Slee, 2011), America (see e.g. Villa & Thousand, 2000; Darling-Hammond, 2010) and Saudi Arabia, as this study will reveal. Therefore, in 2005, the United Kingdom (UK) government in the final report for 'Improving the Life Chances of Disabled People' set out its future vision thus: "By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life, and will be respected and included as equal members of society" (Prime Minister's Strategy Unit, 2005, p. 54).

Similarly, the inclusion of disabled pupils in schools in the United States (US) took place in the Least Restrictive Environment (LRE) since 1975, when the Education for All Handicapped Children Act (EHA) (PL 94-142) was passed (Villa & Thousand, 2000;

Alquraini & Gut, 2012). At that time, disabled students, especially pupils labelled as mildly disabled, were allowed to participate and interact with their non-disabled peers only in non-academic activities, such as lunch-time and recess (Villa & Thousand, 2000). In 1990, Congress modified the law, renaming it as the Individuals with Disabilities Education Act (IDEA), which emphasises the importance of educating all students, regardless of differences, in mainstream educational settings (Villa & Thousand, 2000; Alquraini & Gut, 2012). In 2004, the IDEA was also slightly modified and renamed as the Individuals with Disabilities Education Improvement Act (IDEIA). This act provided more emphasis and support in terms of educating all students in their neighbourhood mainstream schools to the maximum extent possible (Villa & Thousand, 2000), unless, as Alquraini and Gut (2012) report, they could not obtain the appropriate educational benefits due to the nature of the impairment despite providing supplementary aides and support.

Saudi Arabia follows the international trend towards ongoing education system and policy reforms that enhances the inclusion of disabled pupils in mainstream schools and classrooms – mainstream schools are known as governmental and public schools in Saudi Arabia, though not in England – whenever possible (Al-Mousa, 2010; Alquraini, 2011; Aldabas, 2015). The budget of the Ministry of Education (MoE), including the programme of inclusive education, is \$53,417,504.97 billion, representing approximately 25% of the overall Saudi Arabian budget of 2017 (Saudi Ministry of Finance, 2017). The movement towards creating inclusive mainstream schools is apparent in the important legal and administrative changes which have been made within the past few decades to enhance such practice.

In 1946, the Saudi government joined the United Nations Educational, Scientific and Cultural Organisation (UNESCO) which promotes the right to quality education and inclusion for all,

regardless of cultural background, dis/ability and race (UNESCO, 2014). In 2008, Saudi Arabia signed the United Nations Convention on the Rights of Persons with Disabilities which seeks to guarantee life-long inclusive education for disabled people (Al-Mousa, 2010). Additionally, and most importantly, is the recent passing of two pieces of disability and inclusion related legislation: The Disability Code 2000, and the Document of Rules and Regulations of Special Education Institutes and Programmes (DRRSEIP) 2001(see sections 2.6.1 and 2.6.2 for further detail concerning the above legislation). This legislation protects and fosters the rights of disabled people in various domains, including inclusive education, employment, and healthcare. Articles 18 and 27 of the DRRSEIP, for example, concern inclusive schools as the natural placement for disabled pupils (Ministry of Education-Saudi Arabia, 2001). As Alquraini (2011, p. 17) points out, the DRRSEIP stressed the importance of inclusion for disabled pupils in mainstream education. As a result, Saudi primary mainstream schools presently implement two models of inclusion/special education: The in-and-out model (Heiman, 2004) and the self-contained classrooms model.

In the in-and-out model, disabled students are enrolled in mainstream classrooms alongside their non-disabled peers. The disabled students are removed to a resource room to benefit from ‘special’ instruction and to meet their educational and social requirements, with the understanding that no more than 50% of the school day be spent outside the mainstream classroom (Ministry of Education-Saudi Arabia, 2001). Disabled students learn the same curricula and complete the same assignments as their non-disabled peers, with the provision of adaptations and modifications to meet the unique requirements of each pupil (Alquraini, 2010). In other words, they are educated by mainstream teachers in the mainstream classrooms, but receive ‘special’ support in resource rooms from teachers certified in ‘special’ education.

The self-contained classrooms model (separate classrooms within mainstream schools) is the most common practice in Saudi primary mainstream schools (Ministry of Education-Saudi Arabia, 2001). Saudi DRRSEIP policy defines the self-contained classrooms model as classrooms located in mainstream schools where some disabled pupils receive their education for most of the school day. This model provides an opportunity for disabled pupils to interact with other children in non-academic activities such as recess and breakfast time (Ministry of Education-Saudi Arabia, 2001), as well as in sport periods and art workshops. Also in this model, disabled pupils learn ‘special’ curricula, complete ‘special’ assignments and are taught by ‘special’ education teachers in all academic subjects, except sport and art, which are taught by mainstream teachers. This model includes and excludes disabled pupils all at once. Tillman (1960, p. 82) argues that “The self-contained classroom does not exclude the pupil from having contact with other teachers, other pupils, various specialists and school and community resources”.

According to Almousa (2010), the former General Secretary for Special Education and current Educational Consultant for the Saudi MoE, 93% of all disabled male and 73% of all disabled female students are educated in mainstream schools within these two models. The remaining 7% of males and 27% of females are placed in segregated institutions. My research explored teachers’ understandings about the implementation of these two models of inclusion/special education, the extent to which disabled pupils are bothered and benefited from being educated in these models and to explore if they really are inclusive.

## **1.2 Aims and Objectives of the Study**

The study aims to achieve a critical understanding of the implementation of these two models of inclusion/special education in Saudi primary mainstream schools. This was achieved

through an exploration of teachers' experiences and perspectives. My research focused on all disabled students included in Saudi mainstream schools, with particular attention to children labelled with intellectual disabilities (see Table 1 for justification). The research seeks to explore issues of how inclusion, disability and the label of intellectual disability are understood and to study the adequacy of the two models of inclusion/special education in relation to educational and social aspects of disabled children. It further sets out to expose the disabling barriers and to offer suggestions from participant teachers' viewpoints as being the focal point of the inclusion process in schools where they are employed.

Table: 1

*Justification for Giving Particular Attention to People Labelled with Intellectual Disabilities*

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1. Pupils labelled with intellectual disabilities have been included in self-contained classrooms within mainstream schools (model two) for a few decades and their experiences have not been explored.
  2. Pupils so-labelled represent the greatest number in Saudi mainstream schools (Al-Ajmi, 2005). Therefore, the self-contained classrooms designated for pupils so-labelled are 785 as compared with pupils labelled with different labels which are significantly lower. For example, there are 253 self-contained classrooms for pupils labelled with deafness and 86 for pupils labelled with hard-of-hearing (Al-Mousa, 2010).
  3. Article 6 (point number 2) of the Saudi DRRSEIP Act explicitly points out that children labelled as intellectually disabled must be included in mainstream settings to the maximum extent possible (Ministry of Education-Saudi Arabia, 2001).
- 

This study's objectives are to:

- (a) Critically examine the implementation of these two models of inclusion/special education;
- (b) Identify how teachers understand inclusion, disability and the label of intellectual disability;

- (c) Explore the extent to which these two models of inclusion/special education respond to the educational and social requirements of disabled pupils;
- (d) Expose the disabling barriers that counter disabled people and the application of inclusive education in Saudi mainstream schools; and
- (e) Set out teachers' suggestions to eliminate or, at least minimise, exclusion and promote inclusive education in schools where they teach as well as in other Saudi mainstream schools.

### **1.3 Research Questions**

This study aims to address the following major question:

- What can we learn from Saudi teachers' own experiences and perspectives about the implementation of inclusion of disabled pupils in Saudi mainstream schools where they teach?

Four subsidiary research questions were also set for this PhD research. These subsidiary questions (combined) helped answer the major research question:

- 1) How do teachers understand inclusion, disability and the label of intellectual disability?
- 2) What are teachers' perspectives of the extent to which the two implemented models of inclusion/special education respond to disabled pupils' educational and social requirements?
- 3) What are teachers' perspectives of disabling barriers with regard to disabled people and the implementation of inclusive education in mainstream schools where they teach?
- 4) What calls and suggestions can teachers offer to eliminate, or at least minimise, exclusion and promote inclusive education in Saudi mainstream schools?

#### **1.4 Justification for Conducting This Research**

Over the past few decades, numerous bodies of research have determined the importance of exploring teachers' views and experiences as key to the successful implementation of inclusive education (Pijl & Meijer, 1997; Norwich, 1994; Avramidis, Bayliss & Burden, 2000ab; Auramidis & Norwich, 2002; Kozub & Lienert, 2003; Sharma et al., 2006; Hassanein, 2015b). As Auramidis and Norwich (2002, p. 129) state, "the successful implementation of any inclusive policy is largely dependent on educators being positive about it" or, as Norwich (1994) puts it, exploring teachers' beliefs and attitudes about inclusion of disabled people in mainstream schools where they teach are crucial because this influences their commitment to implementing it. Pijl and Meijer (1997) point out that along with such other important factors as teachers' knowledge and skills and the availability of resources, making schools more inclusive largely depends on teachers' attitudes towards inclusion and experiences with children labelled disabled. The views of teachers towards inclusion also influence the quality of teaching and learning in the schools where they teach (Arrah & Swain, 2014).

In line with the above, other studies have shown that teachers with negative views and experiences towards the inclusion of disabled pupils in school where they teach can adversely impact on the implementation of such practices (Avramidis & Kalyva, 2007; Bailey, Nomanbhoy & Tubun, 2015). As UNESCO (2014, para. 4) points out, "Teachers' abilities and attitudes can be major limitations for inclusive education". Therefore, the better we understand the challenges of achieving inclusion in education for all, the better such inclusive schools can be (Pivik, McCmas & Laflamme, 2002). These challenges or disabling barriers can be related to non-disabled peoples' attitudes (particularly teachers), the structural environment, curriculum, policies and/or education system (Oliver, 1990; Villa & Thousand,

2000; Shakespeare, 2006; Slee, 2011; Goodley, 2011, 2017). This will be discussed in-depth in Chapter 3.

With the entire emphasis regarding inclusion resting in the Western literature, studies concerning teachers' experiences and perspectives about inclusion remain limited in the Saudi context. As Al-Ahmadi (2009) points out, teachers in Saudi Arabia have rarely had the opportunity to be involved in research concerning the phenomena of disability and inclusion. Therefore, my research aims to provide Saudi disabled and non-disabled teachers the opportunity to share their understanding, valuable knowledge and experiences about inclusion, disability and the label of intellectual disability.

### **1.5 Significance of the Study**

There is no single example of research which has explored the implementation of the two models of inclusion/special education taking place in Saudi primary mainstream schools. However, some limited quantitative research has been undertaken to consider the general views of teachers about the inclusion of disabled students in Saudi mainstream schools. As Elsheikh and Alqurashi (2013) and Aljadid (2013) state, issues related to disabled people in the Saudi context are often approached quantitatively. Al-Hamli (2008), for example, uses a survey approach to examine the attitudes of Saudi special education teachers towards the importance of providing special education for disabled pupils in Saudi mainstream schools. The study concluded that teachers who participated in the study supported the provision of special education services such as speech/language therapy, physical therapy and social and health care. Alquraini (2011) investigates the views of teachers towards including students labelled 'severely' disabled in mainstream schools using a non-experimental survey method. The findings of the study showed that participant teachers have slightly negative views and

attitudes toward the inclusion of pupils labelled ‘severely’ disabled. Abaoud (2013) also examined primary mainstream school teachers’ willingness to teach pupils with the label of attention deficit hyperactivity disorder (ADHD) in their classrooms using a non-experimental survey method. The overall results showed that teachers participating in this study had neutral views toward willingness to teach students with ADHD in their classrooms.

My research was qualitative and designed to develop a critical understanding of the phenomena of inclusion, disability and the label of intellectual disability from the views and perspectives of disabled and non-disabled teachers. It also sought to explore the implementation of the two models of inclusion/special education in mainstream schools where participant teachers teach in terms of the extent to which the two models respond to the educational and social requirements of disabled learners. It also aimed to uncover disabling barriers and to provide suggestions for eliminating or, at least reducing, exclusion and promoting inclusive education for all.

The goal of this research is to provide recommendations to the Saudi MoE to change deficit conceptions and disabling practices, to evaluate and improve implemented models of inclusion/special education as well as the quality of academic and non-academic experiences of disabled people, to eliminate exclusion from and within mainstream schools or, to at least reduce it, and to create inclusive schools that celebrate diversity. It is further hoped that this study will provide valuable data and information for educators and policy-makers in other Gulf States to consider when seeking to improve or implement inclusive education within their mainstream schools.

## **1.6 My Positionality**

The positionality of the researcher is arguably an important part of a PhD thesis because, as Sikes and Goodson (2006) suggest, a researcher's experiences, beliefs and values might influence any stage of the research process. Wellington et al. (2005, p. 21) support this view, stating:

*"The biography of researchers, how and where they are socially positioned, the consequent perspectives they hold and the assumptions which inform the sense they make of the world, have implications for their research interests, how they frame research questions, the paradigms, methodologies and methods they prefer, and the styles that they adopt when writing up their research".*

Wellington et al. (2005) recommended that when writing about your positionality as a researcher, you should state your philosophical position at the beginning. Therefore, I start in this section by providing a brief explanation of my philosophical position in relation to my research. Then, I recount my personal, educational and career experiences which have influenced my interest in researching issues relevant to inclusion, disability and people labelled with intellectual disabilities.

### **1.6.1 My Philosophical Position**

Regardless of the different philosophical paradigms used by researchers in the field of social sciences, the purpose here is to elucidate that I understand reality as a socially constructed phenomenon (ontology) and that knowledge is personal, multiple and changeable (epistemology). Hence, my research seeks to explore each research participant's thoughts, experiences and views about the phenomena under study as unique and worthwhile exploration. To accomplish this, I used semi-structured interviews which is the most appropriate method to explore teachers' own experiences and perspectives. As Wellington et al. (2005, p. 102) point out, "if knowledge is believed to be experiential, personal and subjective and socially constructed, they must use methods that engage with, talk to and

question and explore the experiences of the people involved” (Further discussion about my ontology and epistemology are provided in Chapter 4 – methodology and methods).

### **1.6.2 My Personal, Educational and Career Experience**

My interest in the arena of inclusive education, disability and disabled learners began when I attended King Saud University in Saudi Arabia to pursue a Bachelor Degree in Special Education. After receiving my bachelor degree, I had the opportunity to work for the Saudi MoE, teaching students identified as having intellectual disabilities. During this period, I worked at two different primary mainstream schools implementing the two models of inclusion/special education which this research aims to explore. However, my research did not take place in the schools in which I was a teacher, which are located in the southern region of Saudi Arabia, but instead took place in schools located in Riyadh where my family and I live.

My next role was that of Teaching Assistant at the Special Education Department at Majmaah University in Saudi Arabia. My responsibilities included teaching undergraduate courses related to disability, disabled people and inclusive education. In acknowledgement of my work ethic and my passion for seeking to enable and empower disabled people in Saudi Arabia to obtain their rights in terms of, for example, receiving their education in mainstream schools that are barrier-free and have employment opportunities, Majmaah University sponsored a full scholarship allowing me to pursue a Master’s Degree in the US and a Doctorate Degree in the UK, thus allowing me to acquire new knowledge and different experiences. In the fall of 2013, I received my MA in Special Education from the University of Akron in the US and I am currently a PhD student at the University of Sheffield in the UK. During my studies, I completed several courses and attended and participated in a number of

conferences concerning issues of disability and disabled people (e.g. the Nation's Premier Autism and Disabilities Conference, 2013; the Theorising Normalcy and the Mundane Conference, 2016 and the Lancaster Disability Studies Conference, 2016) to further supplement my knowledge. My enthusiasm and passion for acknowledging disabled people as a fundamental part of Saudi society, in addition to my educational and career experiences in the field, have influenced my interest in pursuing PhD research in the area of disability and inclusive education as a critical step towards including disabled people as a fundamental part of the society.

### **1.7 Terminological Issues Relevant to Intellectual Disabilities, Learning Difficulties and Learning Disabilities**

Before I go further, it is important to note that the term *intellectual disability* (previously called *mental retardation*) is commonly used in the US, whereas in the UK *learning difficulties* is commonly used to refer to the same category (Goodley, 2011). The Saudi educational authorities and legislators have adopted the term *intellectual disability* for official usage. The Saudi DRRSEIP Act defines *intellectual disability* as a condition referring to aspects of palpable limitations in a present individual's functional performance, characterised by intellectual function significantly below average, concurrent with limitations of two or more of the following aspects: communication, self-care, domesticity, social skills, usage of societal resources, self-guided, health and safety, academic skills, or leisure and work. This impairment originates before the age of 18 (Ministry of Education-Saudi Arabia, 2001). The DRRSEIP Act classifies this label educationally into three categories: 1) Mild intellectual disability (i.e. IQ ranging approximately from 55 to 75 on the Wechsler scale or 52 to 73 on the Stanford-Binet Scale); 2) Moderate intellectual disability (i.e. IQ ranging approximately from 40 to 54 on the Wechsler scale or 36 to 51 on the Stanford-Binet Scale) and; 3) Severe

intellectual disability (i.e. IQ less than 40 on the Wechsler scale or 36 on the Stanford-Binet Scale) (Ministry of Education-Saudi Arabia, 2001).

The term *learning difficulties* does not exist in the Saudi educational authorities' documents and legislation. As Felimban (2013) points out, there is no definition of the term *learning difficulties* within the Saudi context. However, the existing term *learning disabilities* refers to “school children who experience learning difficulties in particular school subjects and who ‘apparently’ have average intelligence but have underlying deficit[sic], presumed to be dysfunction in the central nervous system” (Al-hano, 2006, p. 176). The terminology adopted by Saudi educational authorities are used throughout this thesis to follow the sponsorship provider’s rules and to avoid any misunderstanding after graduation, and to ensure this terminology fits the Saudi context. However, it is important to understand that I share the same sentiment with Goodley and Runswick-Cole (2016, p. 1) that “we hate having to use these labels at all, and worry that they violently mark our children, peers, friends and allies” because, as Davis (2013, p. 1) puts it, “the ‘problem’ is not the person with disabilities; the problem is the way that normalcy is constructed to create the ‘problem’ of the disabled person” (see Chapter 3 for further detail about theories of disability studies).

## **1.8 Thesis Structure**

Although there is no universally accepted thesis structure (Cone & Foster, 2010; Bryman, 2012; Wellington, 2015), researchers are obligated to provide the readers with an explicit and transparent explanation and justification of “how the research was done, what was studied and why, the main claims put forward and the evidence for them” (Wellington, 2015, p. 292). For the purpose of my thesis, I have adapted the typical thesis structure suggested by Brown and Atkins (1988), Bryman (2012) and Wellington (2015) as I found it suitable and practical.

I added the context chapter (Chapter 2) as a contextual framework to contextualise and locate my research within the Saudi context. Therefore, this thesis is organised into an abstract followed by eight chapters and concluded with references and appendices. Chapter one provides the introduction and background information about my PhD research. It includes my research aims, objectives, research questions, justifications for conducting this research, significance of the study, my positionality as a researcher and finally the thesis structure. Chapter two describes the Saudi context and locates my research within that context. It describes the Kingdom of Saudi Arabia in terms of culture and background, education system and historical development of education, focusing particularly on the educational development of disabled people. It also discusses the estimated prevalence of people labelled disabled in Saudi Arabia and presents Saudi policies and regulations relating to disabled people. Chapter three theorises inclusion, disability and the label of intellectual disability. It provides a backdrop for the data analysis chapters by presenting a critical review of theories and literature relevant to: disability, inclusive education, the labelling of intellectual disability and the mind and body, as these are interrelated and interwoven themes throughout this research. Chapter Four describes my methodology, methods, ontological and epistemological assumptions, and research participants. It also addresses ethical issues, the pilot study, and topics and issues related to how, who and why the data is generated, recorded, transcribed, translated and analysed in the ways that they were conducted.

Chapter five and six address and present my findings. Chapter five includes two major sections: these sections provide systematic analysis and presentation of data relevant to research question one and two. Chapter six is organised into two major themes and several sub-themes in which the relevant data were accordingly presented. Data in both chapters are also linked to relevant theories and literature but this is kept to minimum as an in-depth

discussion of data in relation to theories and literature is addressed in the chapter seven. Chapter seven provides a critical discussion and interpretation of the data in relation to relevant theories and literature, and in relation to the context of Saudi Arabia in which this research was undertaken. This chapter is organised into six major sections corresponding to the aims of this research. Chapter eight draws the research conclusions and recommendations, and addresses my fourth research question by presenting teachers' suggestions and calls to eliminate exclusion and disabling barriers or, at least reduce them, from and within mainstream schools. It also includes a reflexive account, the contribution of this research, specific recommendations for the Saudi MoE, and presents the limitations of this study and suggestions for future research.

### **Summary of the Chapter**

This chapter sets up the foundation for the following seven chapters. It provides the reader with brief background information about the study and presents the study's aims and objectives, research questions, justification for conducting this research, significance of the study, positionality of myself as a researcher, terminological issues and my choices, and the structure of the thesis.

## **Chapter 2: Context**

### **Introduction**

The purpose of this chapter is to set out the Saudi context in which this research took place. This chapter begins by providing an overview of Saudi Arabia in respect to its establishment, laws, languages, cities, population, location, and economy. The second section reviews how culture, religion and background influence the Saudi education system as well as Saudi people's understanding and views of what constitutes disability. The third section presents a historical account of the development of the Saudi education system and the stages of reform that the system has experienced, focusing on how such development influenced disabled pupils' schooling experiences. The fourth section provides a description of the developmental stages of education and placement of disabled pupils in Saudi Arabia, from 1958 when they were neglected and denied their right to education until the current era in which the movement towards inclusive education for all is identified as an important goal to achieve. Subsequently, a brief account of the estimated rate of people labelled disabled is discussed from Saudi literature as there is no official data found in official websites. The final section presents and discusses Saudi policy and regulations relevant to disabled people.

### **2.1 Overview of Saudi Arabia**

Saudi Arabia is a Muslim country that came into being on September 23, 1932, after a long struggle led by King Abdulaziz bin Abdul Rahman Al Saud, father of the present King Salman bin Abdulaziz Al Saud. The entire system of Saudi Arabia is constituted based on Islamic laws, including the Qur'an and Sunnah (i.e. traditions/Hadiths of Prophet Muhammad), which are considered the fundamental resources to govern the country, including the education system. Arabic is the main spoken language as well as the official language used at all levels of education, except for medical and engineering schools which

use English.

Saudi Arabia is considered the most important Islamic region in the world because it houses the two holiest cities and mosques for Muslim people – Makkah and Al-Madinah. Makkah is the city to which nearly two million Muslims come from all over the world each year to perform the Islamic Pilgrimage. Al-Madinah is the city where the Prophet Muhammad was born and where his mosque is located (Royal Embassy of Saudi Arabia in the United States, 2015). Therefore, it is referred to as ‘The Land of Two Holy Mosques’.

Saudi Arabia is located in the Southwest region of the Arabian Peninsula and is the largest Arabic country in the Middle East, with an area of 2,149,790 square kilometres. It shares borders with several countries, including:

*“Jordan, and Iraq on the north and northeast, Kuwait, Qatar and the United Arab Emirates on the east, Oman on the southeast, and Yemen on the south. It is also connected to Bahrain by the King Fahd Causeway. The Red Sea lies to its west, and the Persian Gulf lies to the northeast”* (Saudi Cultural Mission in Australia, 2017, para. 2) (see Appendix 1 map of Saudi Arabia).

Riyadh is the capital city of Saudi Arabia, with a population of 6.195 million people by the end of 2015 (Central Intelligence Agency, 2017). The most important administrative cities in Saudi Arabia include Makkah, Al-Madinah, Riyadh, Jeddah, Abha, Hail, Albaha, Buraydah, Tabuk, Jazan, Dammam, Akak, Arar, and Najran. Along with a wide range of industrial raw materials and minerals, the Saudi economy is mostly driven by natural gas and oil. Saudi Arabia is the location of the biggest oil production and reserves and ranks fifth globally in the production of natural gas (Saudi Ministry of Foreign Affairs, 2010). The overall population of Saudi Arabia in 2017 is estimated to be 32,689,540 million, approximately 31% of whom were expatriates (World Population Review, 2017).

## **2.2 Culture and Background Information about Saudi Arabia**

As the birth-place of the Islamic religion and is home to two of the most holy Islamic sites in the world, Saudi Arabia feels the impact of these shrines on the education system where people are separated by gender, not only in basic and higher education but also in all governmental facilities and workplaces. In addition to subjects such as mathematics, science, and history, the Saudi educational system assigns a certain number of Islamic subjects per week to pupils in primary, middle and secondary schools. Even in post-secondary education, students are required to complete certain Islamic courses in order to graduate. However, the Saudi government has recently attempted to reduce its emphasis on religious education (Al-Ahmadi, 2009) and pay more attention to social sciences and medical education. In regard to employment, everyone has the right to work and to perform whatever he or she wants, if the Islamic regulations are obeyed.

Although Islam is one of the monotheistic religions which stress the importance of treating disabled people with respect and dignity and granting them all their rights (Al-Mousa et al., 2008; Bazan & Hatab, 2005; Rispler-Chaim, 2007; Al Khatib, 2017). Schuelka (2013, p. 505) points out that “disability can be seen as a test of faith” by some people who follow religions such as Islam and Christianity. In line with this, Al-Mousa (1999) argues that some Saudi people still view disability as a test from Allah (God) of people’s patience as a condition to enter Heaven in the hereafter. Al-Ahmadi (2009) also points out that disability is seen as a social stigma and a punishment for sins committed by a person or family. Unfortunately, it is also common among non-educated people to refer to people labelled intellectually disabled as ‘mad’ or ‘stupid’ and to the blind as ‘sufferers’ and ‘afflicted’. The problem is that the stereotypic distortion and misrepresentation of disabled people can create negative tacit emotions among educators who have had no previous knowledge and experiences with

disabled people (Connor et al., 2008). These attitudes might also influence non-disabled people in general, and teachers and non-disabled pupils in particular, to harbour inappropriate perceptions towards disability and the possibilities and capabilities of disabled people. That, in turn, may negatively impact on the movement towards more inclusive schools. Today, greater awareness is being promoted by TV programmes (e.g. *Manarat* – led by a disabled person) and social activities (e.g. Saudi football clubs invite disability organisations and parents to bring disabled children to matches), but the critical problem which requires resolution is that these programmes present disabled people and their issues from a deficit viewpoint which reinforces sympathy and pity instead of empowering and representing disabled people as important citizens who must be provided with their civil rights. Therefore, from a disability studies perspective, I would argue that these public efforts are meant to change non-disabled people's viewpoints and understanding of disability and disabled people, but in the wrong way (further discussion about disability studies' approaches is presented throughout Chapters 3, 5, 6 and 7). The establishment of several organisations related to disabled people (e.g. the Saudi Association of Special Education in 2001 and the Saudi Autism Association in 1997) has been crucial to moving forward in this respect. These organisations are run by disabled people, their families and allies. In line with this, Saudi Arabia provides free fundamental services to all its citizens, including disabled people, such as education, transportation and healthcare, but the critical problem is that disabling barriers (structural and non-structural) are present everywhere, which restricts disabled people's active involvement and benefits from such services. This research aims to explore teachers' understanding of disability and inclusion, uncover disabling barriers in mainstream schools, and offer suggestions and recommendations to enhance people's understanding of disability and disabled people as well as to promote inclusive education in Saudi mainstream schools.

### **2.3 Saudi Education System: Overview and Historical Development**

The educational system in Saudi Arabia has experienced various stages of reform. However, the need for further reforms and developments are always necessary. In 1932, education in Saudi Arabia was provided only to ‘intelligent people’ and the children of powerful families living in major cities (Royal Embassy of Saudi Arabia in the United States, 2015). However, during the 1930s, the first official primary educational school for males was established. In the same decade, substantial effort was made to build 226 schools for 29,887 male students to receive primary education. In 1964, the first primary school for females was opened and, by the end of the 1990s, schools for males and females were present everywhere within the country except in some remote areas. Today, well over six million pupils are enrolled in Saudi schools and universities, with the plurality being female, representing around 60% of total enrolment (Royal Embassy of Saudi Arabia in the United States, 2015).

Three main governmental agencies are responsible for administering, planning, supervising, and implementing the entire educational system and policies in Saudi Arabia: The MoE, the Ministry of Higher Education (MoHE) and the General Organisation for Technical and Vocational Training (GOTVT) (Saudi Cultural Mission in the United States, 2013). The first and most important agency is the MoE established in 1954. Its main responsibilities are to set up the entire educational standards and system for public and private education as well as to supervise the quality of education provided for both genders. It provides free public general education, including primary, middle and secondary education along with ‘special’ schools for pupils labelled ‘severely’ disabled and adult education to illuminate illiteracy. The Ministry provides free transportation, textbooks and health care to every student. This is offered to citizens and non-citizens who legally enter the country (Royal Embassy of Saudi Arabia in the United States, 2015). The three educational levels provided by the ministry are

mandatory for children of both genders after the age of six. They begin with six years of primary education, followed by three years of intermediate education and three years of secondary education. When pupils successfully complete intermediate school, they have the option to choose between a secondary school and a vocational school. Those who choose secondary school will share a common curriculum during their first year and, by the beginning of the second year, those with medium and higher GPA scores will have the option to either complete their second and third years in a literary track (focused on arts education) or a science track (focused on science education). However, pupils with lower GPA scores have only the literary track option. All Saudi schools have the same education programme and teach the same curricula which include subjects such as mathematics, science, literature, history, Arabic, English, and Islamic studies (Royal Embassy of Saudi Arabia in the United States, 2015; Saudi Cultural Mission in the United States, 2013). English language classes start in the fourth year of primary school and continue all the way to the end of secondary school. In 2003, a new department under the supervision of the MoE, namely the General Presidency for Girls' Education, headed by a female director, was established to administer and take care of females' general education schools, colleges, and adult literacy along with the supervision of kindergartens and nursery schools (Saudi Cultural Mission in the United States, 2013).

In 1975, the MoHE was founded as the second educational agency to administer, plan, and implement the higher education system. The main reasons for establishing a separate MoHE, was to institute new public and private higher educational schools, along with developing and ensuring the quality of buildings and modern education provided in existing ones (Royal Embassy of Saudi Arabia in the United States, 2015). According to the Saudi Cultural Mission in the United States (2013), the MoHE is also charged with numerous tasks, some of

which include: (1) providing general support and supervision to public and private universities and colleges; (2) keeping up with ongoing educational developments in the world and making sure that Saudi schools are current with such developments; and (3) supporting and supervising the Saudi cultural missions in foreign countries where Saudi students study. As a result, today, 1,021,288 students, including 52% females and 48% males are enrolled (Ministry of Education-Saudi Arabia, 2013) in 25 high-capacity public universities, 27 private universities and several colleges and institutions distributed in various regions to meet the educational needs of people living in Saudi Arabia (Ministry of Education-Saudi Arabia, 2015). The majority of these schools consist of two campuses, one for male students and one for female students. Most Saudi universities provide high-quality modern education in fields such as “art, science, commerce, engineering, agriculture, medicine, dentistry, nursing, education, computer science and information science” (Royal Embassy of Saudi Arabia in United States, 2015, para. 22). These universities include, for example, King Saud University in Riyadh, the oldest and one of the most prestigious universities, founded in 1957. Today, it has 66,020 students, including 55% males and 45% females. King Abdulaziz University in Jeddah is the largest school in the country with 132,094 students, including 59.17% males and 40.83% females (Ministry of Education-Saudi Arabia, 2013). Furthermore, through the Ministry of Higher Education, the government offers full scholarships for some students to complete their studies abroad, conditional on meeting certain criteria.

On January 29, 2015, the Saudi government decided to integrate the MoE and the MoHE into one ministry, the Ministry of Education. According to Alsaif (2015), the Deputy Minister of Education in 2015, the decision to integrate these two ministries is strategic and important because it would improve the quality of education and diminish existing gap in students’

achievement between primary education and higher education. Alsaif also hoped that this decision would lead to the increment opportunities of achieving positive educational outcomes and to government-funded universities and colleges being independent in many aspects through time.

The other main governmental agency contributing to the Saudi educational system and policies is the GOTVT. By the beginning of the 1980s, the GOTVT was founded to build and supervise public educational and vocational training centres as well as to prepare and implement high quality manpower development plans to meet the needs for government and marketplace jobs and positions (Saudi Cultural Mission in the United States, 2013). The GOTVT has established well over 60 vocational institutes as well as around 50 technical colleges in various regions within the country. The GOTVT is operated and supervised by Saudi engineers who established the 'Training Evaluation Directorate' which ensures the recruitment of highly qualified educators and trainers and of graduate trainees with sufficient quality to meet labour market needs. Students can complete their studies within three years in centres supervised by the GOTVT. Admission to these centres requires a general secondary education certificate, a secondary vocational school diploma or a secondary commercial school diploma (Saudi Cultural Mission in the United States, 2013). Disabled people have the chance to attend some of these centres, including the vocational and industrial schools and the architecture and construction schools located in several cities throughout the country. These institutions offer various disciplines such as electronics, computer maintenance, electrical construction, general mechanics, and food manufacturing (Royal Embassy of Saudi Arabia in the United States, 2015).

Several other public and private colleges and institutions provide training and higher

educational and technical degrees and certificates in fields such as technical and mechanical sciences, health care, agriculture, and teaching. These colleges and institutions are operated by a combination of Saudi organisations including the GOTVT, the Ministry of Labor, the Ministry of Social Affairs, the MoE and the Ministry of Health (Royal Embassy of Saudi Arabia in the United States, 2015). The most prestigious and important colleges and institutions are the Institute of Public Administration in Riyadh and its branches in Dammam and Jeddah, the Royal Technical Institute in Riyadh (Royal Embassy of Saudi Arabia in the United States, 2015) and the medical college in Riyadh and its branches in several cities.

#### **2.4 Disabled Pupils in Saudi Arabia: Development of Education and Placement Options**

For many years across cultures, disabled people have endured various types of discrimination including neglect, isolation and even harshness (Oliver, 1990; Martin, Martin & Terman, 1996; Goodley, 2011), resulting in their developmental delay in educational and social aspects (Vygotsky, 1987). In many countries, governmental consideration of disabled people began with placing them in institutions and gradually taking them in to participate in the mainstream education system (Martin, Martin & Terman, 1996). For example, in America prior to the 19th century, no official education and employment training services existed for disabled people (Villa & Thousand, 2000). Actual governmental consideration of disabled people started in 1817 (Villa & Thousand, 2000). In Saudi Arabia, the situation is similar. Disabled people had been educationally and socially overlooked prior to 1958, with only very basic educational and emergency services offered by family members (Al-Ajmi, 2005; Al-Hamli, 2008; Aldabas, 2015). At the beginning of the 1960s, disabled people started to receive official education in two different excluded placements and the development gradually occurred until our current era. The first placement option involved residential institutions in which disabled people lived and received what is assumed to be ‘special

education' (Al-Hamli, 2008). The second placement option involved daytime special educational institutes (non-residential) in which students with the 'same label' (e.g. intellectual disability, blindness, deafness) had a particular institute that they attended daily to receive what is assumed to be 'special education' and 'related services' such as speech and language support and social and health care. For example, in 1960, the Al-noor institute (Al-noor means 'light' in English) in the city of Riyadh was the first daytime special school/institute established for pupils labelled with blindness. They were the first to receive such attention and education in Saudi Arabia (Al-Mousa, 2005; 2010).

In 1962, an educational administrative body known as 'the administration of special education' was established to respond to the requirements of disabled people, including their education and the determination of their placement options. In 1964, a special institute for female pupils labelled with blindness and a special institute for female pupils labelled with deafness were established to provide 'special education'. Following this, the establishment of the first institute for pupils labelled with intellectually disabilities occurred in Riyadh in 1971 (Al-Hamli, 2008). Thus, the deficit philosophy of excluding disabled people in 'special' schools/institutes emerged and became the common placement of most disabled students. Several institutes for children labelled with blindness, deafness, hard of hearing, and intellectual disabilities have become widespread throughout the country (Al-Mousa, 2005; 2010). As Al-Mousa (2010) points out, the percentage of disabled pupils enrolled in segregated schools/institutes increased significantly during the past decades due to the spread of special schools/institutes across the country, the inaccessibility of mainstream schools' spaces (Al-Faiz, 2006), curricula and teaching methods for disabled pupils (Aldabas, 2015).

Although these exclusionary educational practices are still common in Saudi Arabia, in 1984

the Arab world's first experiment of educating disabled pupils in a mainstream school occurred in a school in the eastern region of Saudi Arabia (Al-Mousa, 2010). In this school, the MoE introduced and trained teachers to use the Braille system to teach a group of pupils labelled with blindness in mainstream classrooms (Al-Hamli, 2008). This was followed by various attempts to implement inclusive education initiatives (Al-Mousa, 2010). For instance, in 1989 a mainstream school located in the campus of King Saud University in Riyadh started accepting disabled pupils (Al-Mousa, 2010). However, in 1995, an official and nationwide initiative to include disabled pupils in mainstream schools took place when the MoE inserted the in-and-out and the self-contained classrooms models of special education/inclusion into Saudi mainstream schools (Alhossan & Trainor, 2015) (see Table 2 for a summary of the historical development of education of disabled people in Saudi Arabia).

Table: 2

*Summary of the Historical Development of Education of Disabled People in Saudi Arabia*

Name	Location	Year of Establishment	Attended By
Al-Noor Institute (Male)	Riyadh	1960	People Labelled with Blindness
Administration of Special Education	Riyadh	1962	---
Al-Noor Institute (Female)	Riyadh	1964	People Labelled with Blindness
Al-Amal Institute (Male)	Riyadh	1964	People Labelled with Deafness
Al-Amal Institute (Female)	Riyadh	1964	People Labelled with Deafness
Institute of Intellectual Education	Riyadh	1971	People labelled with intellectual disabilities
Institutes of Deafness	Spread Nationwide	Since 1971	People Labelled with Deafness
Institutes of Blindness	Spread Nationwide	Since 1971	People Labelled with Blindness

Institutes of Intellectual Education	Spread Nationwide	Since 1971	People labelled with Intellectual Disabilities
In-and-out model of Inclusion/Special Education implemented in mainstream schools	Spread Nationwide	Since 1995	People labelled with learning Disabilities
Self-Contained classrooms model of Inclusion/Special Education implemented in mainstream schools	Spread Nationwide	Since 1995	People Labelled with Deafness, Blindness and Intellectual Disabilities

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Note: This table is adapted from information provided in Aldabas (2015) and Alhossan and Trainor (2015).

This provided disabled pupils the chance to attend their neighborhood mainstream schools. To exemplify, in the 1995 academic year, 5,208 male disabled pupils were enrolled in 48 daytime special education institutes and models of special education/inclusion within mainstream schools – in-and-out and self-contained classrooms models. In the same year, 18 special education institutes and models within mainstream schools for females enrolled 2,516 students. The number of these institutes and models of special education/inclusion has gradually increased throughout the ensuing years. By the 2006-2007 academic year there were 2,268 institutes and models within mainstream schools for males and 971 for females, with 48,547 male students and 13,439 female students, respectively (Al-Mousa, 2010). Recently, the number of institutes and models of inclusion/special education had reached 3,657 for both genders, with 70, 446 students (Al-Mousa, 2010, p. 10). Al-Mousa argues that Saudi initiatives to move towards more inclusive educational options for disabled pupils has achieved some success “due to its widespread reach, the systematic kind of work it followed, and the political support it received”. Drawing on this, I argue that the education of disabled students in more inclusive settings is important because such environments can provide opportunities for disabled and non-disabled pupils to interact academically and socially and for disabled learners to have access to further education (i.e. secondary and post-secondary

education), as currently the clear majority do not. This argument is supported by section 3 (27) of the DRRSEIP Saudi Act which clearly states that it is the responsibility of local educational authorities to make sure that opportunities provided for disabled pupils are equal to those of their non-disabled peers. Local authorities are also authorised to modify disabling regulations that might prevent disabled students from being accepted in mainstream schools (Ministry of Education-Saudi Arabia, 2001). I will now look at the issue of the estimated number of disabled people living in Saudi Arabia.

## **2.5 Estimated Prevalence of People Labelled Disabled in Saudi Arabia**

An examination of the websites of the Saudi MoE, the Ministry of Labour and Social Affairs and the Ministry of Health failed to provide any official estimate of the prevalence of people labelled disabled. However, some estimates were identified in the Saudi literature. Al-Hazmy, Al Sweilan and Al-Mousa (2004) carried out a national-wide survey research in the period 1997-2000 with a sample of 60,630 children under 16 years of age. The results of the study indicated that approximately 3,838 or nearly 6.33% of the total sample has an impairment. The study showed that Jazan region had the highest ratio (9.90%), whereas Riyadh was the lowest (4.36%). Al-Sukait (1992) conducted a regional-survey in Al-Qaseem. The study included a sample of 13,841 children under 15 years of age. The findings revealed that children identified as physically disabled represented the majority (1.7%) followed by children labelled as intellectually disabled (1.4%) then children with visual impairments (1.2%). A nation-wide research disclosed that disabled people represent nearly 0.8% (135,000) of the total population (Al-Jadid, 2013, as cited in Altamimi et al., 2015), of whom people labelled with intellectual disabilities represent the majority with a prevalence rate of 26.3 per 10,000, followed by people identified as having cerebral palsy with an estimated number of 23.4 per 10,000 (Al-Jadid, 2013). Acts and regulations relating to disabled people

and the extent to which they are actively enforced are discussed in detail in the next section.

## **2.6 Saudi Policies and Regulations Relating to Disabled People**

Within the last two decades, the Saudi government has focused attention on promoting the rights of disabled people to receive their education in the mainstream educational setting and to actively participate in society. As a result, two pieces of legislation were passed during this period to ensure that disabled people receive their civil rights. Unfortunately, the vast majority of regulations/articles stated in these acts have been suspended to date. As Alquraini (2011), Al-Jadid (2013) and Aldabas (2015) clearly put it, although laws relevant to disabled people were passed nearly 17 years ago, they are not taken seriously and not actively enforced which prevents disabled people from obtaining their legal and civil rights as Saudi citizens, including access to mainstream education and employment. The two laws are: The Disability Code and the DRRSEIP. Each of these laws is discussed below.

### **2.6.1 The Disability Code**

This act was passed according to the Royal Decree number (٣٧/م—37/M) in 2000, as the first legislative act for disabled people in Saudi Arabia. This act comprises 16 articles. The articles state that all disabled people are entitled, through government organisations, to free and appropriate prevention, care, habilitation, mainstream education and employment opportunities in the same way as everyone else in the society. The educational opportunity warranted by this regulation includes easy access to pre, primary, middle, and secondary mainstream schools and vocational and postsecondary education. The code calls for schools to regularly evaluate their curricula and teaching and learning methods to make sure that they are suitable and responsive to the requirements of all pupils. It also supports the inclusion of disabled people in all aspects of life to the maximum extent possible. Further, it declares the

establishment of a supreme council of affairs of disabled people. The major responsibility of the supreme council is to coordinate with relevant authorities such as the MoE to provide academics and professionals with ongoing professional development and opportunities to attend and to organise workshops and conferences to exchange expertise with other people, nationally and internationally, in order to improve their knowledge and professional quality and keep them up-to-date with the development of theories and practices in the disability field (Disability Code, 2000). The second Act which I will turn to now focuses more on disabled people's educational and placement options than any other aspects of their lives.

### **2.6.2 The DRRSEIP**

In 2001, the Saudi MoE instituted the DRRSEIP as a guide to further ensure that disabled people are provided with high-quality education and social interaction opportunities in mainstream schools, as the act states, to the maximum extent possible (Ministry of Education-Saudi Arabia, 2001). The DRRSEIP was constituted by a number of Saudi academics and policy-makers who graduated from American universities with MA or PhD degrees (Alquraini, 2011). They developed this document after reviewing American disability-related legislation such as the EHA 1975 and the IDEA 1990 (Alquraini, 2011). The DRRSEIP includes 11 major sections (see Ministry of Education-Saudi Arabia, 2001 for detail). A brief summary of the content of this document is provided below.

This document starts by setting out the definition of terms (76 terms) that are used in the document. These terms are related to disability, disabled people, rehabilitation, special education and inclusive education. Section two focuses on the aims of special education and how these aims can be achieved. Section three provides in-depth account of the principles of special and inclusive education and article 18 of this section emphasises that mainstream

schools are too often the most suitable educational and social placement for disabled people. This article suggests two placement options for disabled pupils within mainstream schools: 1) A mainstream classroom with a resource room support; and 2) a self-contained classroom (the focus of this study—see section 1.1 for details). These two options are actively implemented in Saudi mainstream schools. However, this document emphasises that disabled pupils educated in option one should spend most of their school day in the mainstream classroom (instead of the resource room) and pupils who attend self-contained classrooms (second option) should have the opportunity to engage and interact with their non-disabled peers in academic and non-academic activities whenever possible. Moreover, article 27 of section three maintains that mainstream schools must provide pupils labelled disabled with admission opportunities equal to those who are perceived as non-disabled and to change existing conditions that could support otherwise (Ministry of Education-Saudi Arabia, 2001). Further, this document demands mainstream schools to educate pupils labelled as ‘severely’ intellectually disabled in mainstream classrooms to the maximum extent possible (Ministry of Education-Saudi Arabia, 2001, p. 24).

Section eight sets out detailed description about how school professionals can ‘diagnose’ people labelled as intellectually disabled. The information includes the definition and goal of measurement and diagnosis, their rules and foundations, the interdisciplinary team that could participate in this operation, and the procedures by which to conduct it. Section nine also discusses in detail what is known as the ‘Individualized Education Programmes’ (IEPs), including the foundations of IEPs and why ‘special’ educators should conduct IEPs with children who do not ‘normally’ function (Ministry of Education-Saudi Arabia, 2001).

Finally, the DRRSEIP encourages teachers to provide modifications to academic and non-academic activities, to remove disabling barriers related to children's accessibility to information and assessments, and to ensure the emotional well-being of all children. To exemplify, the document suggests that during the assessment, all pupils should be materially and psychologically supported to succeed through, for example, the provision of suitable and preferred testing format (e.g. Braille for students labelled with blindness), personal assistants, sufficient time and an overall environment that respond to the diverse requirements of all learners. Further, this act asks non-disabled people, especially students and school professionals, to use formal names when calling disabled children, stating that other discriminatory names or labels are forbidden (Ministry of Education-Saudi Arabia, 2001). To conclude, this document strictly prohibits discrimination against disabled people in education and schools; therefore, DRRSEIP should be actively practiced to eliminate or, at least reduce, the different forms of disabling barriers and practices in Saudi schools.

### **Summary of the Chapter**

This chapter provides a general overview about the context of this study and locates this research within that context. It presents a general account of Saudi Arabia in terms of its founding, location, boundaries, population, economy, constitution and important cities. The chapter then discusses the Saudi culture and background and how the religion of Islam influences the country's constitution, institutions, education and the daily life of Saudi people as a whole. Subsequently, the administrative structure and historical development of the Saudi education system are discussed. This revealed that the Saudi people used to have no educational institutions before the 1930s, in contrast to today with schools present almost everywhere across the country. This chapter then set out detailed information about the development of education for people labelled disabled in Saudi Arabia. This development has

undergone different stages, starting from being denied the right to any education prior to the 1960s until they become part of the mainstream school system. Despite such development in terms of granting disabled people their right to education, however, they still suffer from discrimination, oppression and exclusion in special schools as well as within mainstream schools which unfortunately reflect, as Goodley and Runswick-Cole (2011, p. 602) put it, “the dominant culture of disablism”. After estimating the rate of people labelled disabled in Saudi Arabia, this chapter concluded with the policies and regulations relating to disabled people, particularly their education and placements options.

## **Chapter 3: Theorising Inclusion, Disability and the Label of Intellectual Disability**

### **Introduction**

The purpose of theory in academic research is to enable people to understand and create meaning of a phenomenon or an event and, accordingly, to provide their own explanation of it in a new or different way (Wellington, 2015). As Jaramillo (1996) defines it, theory provides explanations of a phenomenon, but not a true statement about it. Therefore, I reviewed and used theory from a range of disciplines, including educational psychology, critical disability studies and education theory, to conceptualise my inquiry and place it in the context of the existing literature.

The first part of this chapter is devoted to Vygotsky. I start by illustrating how and why I use Vygotsky as a key theorist and as the basis for the theoretical approach adopted for my research. I will then briefly introduce Vygotsky and his contributions to the field of disability, providing a detailed explanation of his key notions that I found useful in explaining and understanding the phenomena of disability, inclusion and disabled people (i.e. Vygotsky's sociocultural theory, the Zone of Proximal Development (ZPD) concept, and Vygotsky's view of inclusion versus exclusion in education). Second, I will critically review and present four complex models of disability, including the Islamic, medical, social and interactional/relational models of disability, and how they influence the inner and external lives of disabled people in terms of their active participation and involvement in society. According to Wellington (2015, p. 39), the use of models to explain complex phenomena is clever because models "help in making complex situations clearer, more intelligible and, therefore, better understood". Subsequently, I then discuss disablism, focusing on disablism in education before moving on to discussing ableism and how ableism and disablism are interrelated but different in terms of their impact on disabled people. I focus on ableism in

schools. This chapter will then look at people labelled with intellectual disabilities and how the label is produced and how it impacts on their lives, followed by a discussion about universal design and its inclusive educational models as a form of the effort of disability studies to promote inclusion and the active participation of all. Finally, I conclude this chapter by providing a critical review of the terms integration and inclusion, and how they are understood as synonyms by scholars of special education but contradict terms by scholars of disability studies and inclusive education.

### **3.1 Vygotsky**

#### **3.1.1 The How and Why of Vygotsky's Theory**

Clear disagreement exists regarding the purpose and role of the theoretical framework in qualitative research (Anfara & Mertz, 2006). As Wellington (2015, p. 36) puts it, "One of the perennial debates in educational research over the years has concerned the status, the purpose and the function of theory". In this research, I use Vygotsky's key ideas to construct my theoretical approach as follows. Primarily, I use his sociocultural theory as a framework to formulate meaning within the phenomenon of disability (i.e. sociocultural phenomenon) as well as to explain the phenomenon of inclusion as an important school culture for the education and development of disabled learners. Secondly, I found Vygotsky's notion of a ZPD to be a useful metaphor for understanding children's complex learning and development processes, applying it specifically to learners labelled disabled. I found this metaphor to be, as Wellington (2015, p. 38) describes it, like "a bridge...which link[s] the unknown or the unfamiliar to the known or familiar". In other words, to differentiate between the actual and the potential levels of development and, further, to explain how educational and social interaction with adults and peers is important for children, particularly disabled children, by enabling them to acquire the knowledge that is located within their ZPD. Third, I incorporate

Vygotsky's idea of an inclusive versus a segregated education system for disabled pupils. I found this notion to be a useful framework to explain the appropriate placement of disabled students, how disabled students should be treated educationally and socially by their teachers, and how exclusion not only negatively impact on disabled pupils in several aspects but also impacts on their teachers' and parents' reputations.

This particular use of Vygotsky's key ideas is supported by Wellington's (2015, p. 38) view of theory in educational research as "only worthy of the name if it helps us to explain phenomena, and thereby aid our understanding of it. It provides a new way of 'seeing' things... A theory may be a metaphor, a model or a framework for understanding or making sense of things".

This explanation of Vygotsky's work, in addition to the more detailed account in the following subsections, will show how his understanding of social reality is explicitly related to my research's epistemological, ontological and methodological orientation. To be specific, Vygotsky's overall theoretical framework is equated with my research paradigm (interpretivism) and related to the study's methodological position as a whole. As Jaramillo (1996) notes, Vygotsky perceives individuals' thinking and interpretations of their world as socially constructed, based on their experiences and observations. This use of Vygotsky is supported by Denzin and Lincoln (2003, as cited in Anfara & Mertz, 2006, p. xxi), when they argue for the importance of an equation between theory and paradigm and that a researcher's "epistemological, ontological and methodological premises" are included within his or her paradigm. It also coincides with the statement reported by Anfara and Mertz (2006, p. xx), that "there is a substantive body of work that equates theory in qualitative research with the

methodologies used in the conduct of the research and the epistemologies underlying these methods”.

### **3.1.2 Introduction to Vygotsky**

Lev Semenovich Vygotsky, a Russian psychologist, has become well-known in the 20<sup>th</sup> century (Gindis, 1995), although he died on the 11 June 1934 at the age of 37 (Mahn, 1999). This reveals that Vygotsky lived in a different time to the period we now find ourselves in; thus, it is important to keep in mind that language around disability and disabled people has changed and significantly developed since Vygotsky’s production of his theories. In other words, the language that Vygotsky used was appropriate and acceptable at that time but is no longer currently acceptable (the language we are currently using might become unacceptable in the future). Thomas (1997, p. 104) supports this when he states, “what seems wholly right and proper today may seem wrong tomorrow”.

Over the past three decades, many scholars in the English-speaking world have demonstrated interest in Vygotsky’s work. A number of professionals and educationalists in these countries have analysed his notions and thoughts and published a variety of books and articles as a result of their analysis (Gindis, 1999). Vygotsky’s work has greatly influenced the field of education in general and the field of disability and disabled people in particular and this has been internationally recognised (Mahn, 1999). Moll (1990) describes Vygotsky as an excellent educator and psychologist whose writings show his educational passion. In the field of disability and disabled people, Vygotsky’s theoretical and practical contributions are significant, though not yet widely recognised due to the unavailability of his complete writings in English (Gindis, 1995; Mahn, 1999; Vygotskaya, 1999). In 1995, Vygotsky’s entire work in the field of disability and disabled people was collected and published in a

book titled '*Problem Defectologii*' (Problems of Defectology; Vygotsky, 1995), in which the concept of defectology referred to the issues relevant to disability and disabled people in our current era (Gindis, 1999). As Gindis (1995) states, Vygotsky's work makes a great contribution towards understanding the complex developmental process of disabled children. Further, Gindis (1999, p. 333) points out that "Lev S. Vygotsky formulated a unique theoretical framework for perhaps the most comprehensive, inclusive, and humane practice of special education in the 20th century".

Therefore, the following sections include my analysis of how Vygotsky's theories influence the field of disability and disabled people, focusing particularly on inclusive education and disabled learners: the sociocultural theory, the ZPD concept and Vygotsky's views of inclusion versus exclusion of disabled children in educational settings.

### **3.1.3 Sociocultural Theory**

Vygotsky is widely known as the developer of sociocultural theory (John-Steiner & Mahn, 1996), also called cultural-historical theory. Regarding sociocultural theory, Vygotsky clearly emphasises the profound role of social and cultural environments towards children's learning and thus their development (Gindis, 1995; Gindis, 1999; Mahn, 1999; Harry, Rueda, & Kalyanpur, 1999). As Vygotsky (1978, p. 90) states, "Learning is not development; however, properly organized learning results in mental development and sets in motion a variety of developmental processes that would be impossible apart from learning". Over the past few decades, sociocultural theory has become well-known in the Western world. Scholars in various disciplines, including scholars of disability, have closely examined this theory and its

relevance to their fields (John-Steiner & Mahn, 1996). I will focus here on its relation to disability, disabled learners and inclusion in education.

Vygotsky views disability as a sociocultural phenomenon (Vygotsky, 1983). He argues that “defects [*sic*] are not subjectively perceived as ‘abnormalities’ until they are brought into the social context” (as cited in Gindis, 1995, p. 78). A child’s developmental process, including the development of language and signs, whether the child is labelled disabled or not, is greatly affected by his or her social milieu (Vygotsky, 1983). Therefore, Vygotsky distinguishes between a primary disability (organic impairment) by which a person is prevented from communicating and obtaining necessary knowledge and social skills, and a secondary disability (caused by social factors – disability), which is a result of living in a disabling society that does not respond to the requirements of disabled people (Rieber & Robinson, 2004).

To illustrate, an individual who has a primary impairment such as hearing, visual impairment or speech-language impairment, is excluded from social and educational interactions as a result of the impairment; thus, such exclusion causes the secondary disability. This clearly demonstrates the importance of creating an enabling society that supports the active involvement of all citizens irrespective of dis/ability in order for disabled people to compensate for natural impairments. Vygotsky (1983) describes this situation as follows:

*“A disability is a kind of ‘social dislocation’ brought about by a relationship of the child to his environment. And although the [impairment] itself (blindness, deafness) is a biological fact, the educator is confronted not so much by biological facts as by their social consequences. Therefore, the education of such a child comes down to straightening out these social dislocations. The goal of the teacher is to help the child live in this world, and to create compensations for his or her physical shortcoming... so that the disruption of social relationships is repaired in another way”* (as cited in Vygotskaya, 1999, p. 331).

Vygotsky (1983) has shown that disabled and non-disabled children have the same fundamental in-built developmental process; however, that process in disabled children is qualitatively different than that of their non-disabled peers due to social issues. For example, he states that “A child whose development is impeded by a (mental) handicap is not simply a child less developed than his peers; rather, he has developed differently” as a result of social consequences (Vygotsky, 1983, p. 96). However, Vygotsky insisted that such developmental differences can be overcome through providing children with psychological tools and mediated learning (Rieber & Robinson, 2004). Vygotsky points out that the process that children follow together includes the “interiorization of the external cultural activities into internal processes via psychological tools and mediated learning provided by adults” (Gindis, 1995, p. 79). Gindis states that applying a different teaching and learning methodology and methods is crucial for children to develop psychological tools; however, it is also important to understand that Vygotsky stresses the importance of maintaining the same meaning regardless of the method used to convey the message (Gindis, 1995). Vygotsky, in this sense, was an inclusive educational thinker whose thoughts might be used as a guideline for teachers who teach a diverse population of children in inclusive schools.

Educators of disabled children should understand the compensation process for disabled children’s primary impairments. They should be aware that in order to compensate for their impairments, these children should be significantly exposed to a rich social milieu in which they have more opportunities to learn, communicate and develop social skills through learning and imitating others (Gindis, 1995). These skills should go along with using effective learning and teaching strategies that suit a child’s requirements instead of forcing him or her to learn in the same manner that ‘normal’ pupils commonly use. Vygotsky also explains that the process of compensation for children’s natural impairments is not always

successful and the possibility of the lack of success exists (Rieber & Robinson, 2004). This is mainly based on the relation between impairment of the child and how rich and appropriate the compensation process is (Rieber & Robinson, 2004). Thus, the compensation process is actually about promoting an inclusive teaching and learning milieu.

### **3.1.4 The Zone of Proximal Development (ZPD)**

Vygotsky (1978) introduced the ZPD concept as a result of his understanding of disability as a socio-cultural phenomenon. Vygotsky (1978, p. 86) defines it as “the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers”. He further explains this concept as “What the child is able to do in collaboration today he will be able to do independently tomorrow” (Vygotsky, 1987, p. 211). The actual level of development shows the child’s development yesterday or the tasks that have already been learned. In contrast, the potential level of development is the child’s ZPD in which he or she can perform a task, but with guidance from more capable adults or peers (Vygotsky, 1978).

Therefore, when working with disabled children, it is crucial to concentrate on their assumed potential level of development to enhance their progress within their ZPD (Gindis, 2003). Chaiklin (2003) points out that the notion of ZPD has been widely used in a range of academic and non-academic disciplines and with children labelled disabled and those deemed non-disabled. For disabled children, the ZPD has been found to be especially effective when implemented in inclusive environments due to the available opportunities for social interactions between disabled and non-disabled people (De Valenzuela, 2014). As Chaiklin (2003, p. 41) argues, the ZPD is about the interaction between disabled and non-disabled

people on a task so that a person who struggle “becomes independently proficient at what was initially a jointly-accomplished task”. In this sense, I could argue that educating disabled and non-disabled children together is important because this provides them with the opportunity to work and interact with teachers as well as with each other in order to acquire the knowledge, educational and social skills located within their own ZPD.

Based on Vygotsky’s work concerning the ZPD notion, Wang (2009) teases out the following points as important contributions to knowledge to the field of disability and disabled people:

- 1) Cognitive development depends on social interaction;
- 2) Guidance, as well as appropriate assistance from adults and peers, is vital to enhance disabled pupils’ cognitive development;
- 3) In order to determine the real potential of a child’s cognitive development, support and assistance is required; and
- 4) For effective teaching and learning to occur, teachers must provide pupils with material that inspires and are concordant with their learning level and requirements.

The conclusion is that Vygotsky views learning as part and parcel of socialisation, and that socialisation is the focal part of inclusive education. This is an important point. In my research, I sought to develop a critical understanding from teachers’ experiences and perspectives about the implementation of inclusion of disabled pupils in the mainstream school where they teach.

### **3.1.5 Vygotsky’s View of Inclusion Versus Exclusion in Education**

Vygotsky argues that exclusion causes negative cognitive consequences (Daniels, 2009). Therefore, Vygotsky criticised the educational placements available for disabled people in his time and emphasised the importance of their inclusion in all aspects of society (Vygodskaya, 1999). He also stated his willingness to reform the educational systems of his time towards social educational systems that welcomed all learners as the key element towards enhancing

the proper development of both disabled and non-disabled children (Vygotskaya, 1999).

Vygotsky points out that inclusive education

*“consists of the fact that it teaches cripples [sic] how to work, encourages the dumb [sic] to speak, and compels the blind to read. This miracle, however, must be seen as the completely natural process of learning how to compensate for a [impairment]”* (as quoted in Vygotskaya, 1999, p, 331).

To emphasise this point, Vygotsky stressed that disabled and non-disabled children should be treated the same:

*“One must keep in mind that any child with a disability is first of all a child and only afterwards an impaired child... One must not perceive in the child with a disability only the defect [sic], the ‘grams’ of the illness and not notice the ‘kilograms’ of health which children possess. From the psychological and pedagogical points of view, one must treat the child with a disability in the same way as a ‘normal’ one”* (as quoted in Vygotskaya, 1999, p. 331).

Although the language of disability appears old-fashioned here due to the fact that it was written in a previous historical time period, I argue here that Vygotsky has provided an obvious direction to the current educational argument about the placement and education of disabled pupils. His pedagogical psychology clearly demonstrated that educators should treat all learners equitably regardless of differences and that everyone should be supported to succeed.

According to Vygotsky, people in Germany demanded changing the names of schools for disabled children because

*“the child does not want to attend a ‘school for fools’. The demeaning social status associated with a ‘school for fools’ partially affects even the teachers. They are, somehow, on a lower level than teachers in a school for normal children”* (Rieber & Robinson, 2004, p. 159).

Vygotsky argues that a segregated environment is wrong not only because of the stigma associated with it, but also because it interferes with the social and linguistic development of disabled children. He notes that all children, whether labelled disabled or normal, develop

their language and social skills in an environment where they can communicate and interact with each other as well as with adults (Rieber & Robinson, 2004). In fact, Vygotsky clearly states that exclusion “by its very nature is antisocial and encourages antisocialism” (Rieber & Carton, 1993, p. 85). In contrast, he stressed the importance of peers’ interaction with each other as well as with adults through working in small and large groups as a key towards meeting each one’s educational and social requirements in schools (Jaramillo, 1996). Therefore, Vygotsky’s theories are prescient and fit for purpose in improving the quality of life of disabled children, including their education, socialisation and development (Dixon & Verenikina, 2007). For this, I use Vygotsky’s key ideas as a theoretical approach in this study to explore teachers’ own experiences and perspectives about inclusion, disability and the education of disabled pupils in the mainstream schools where they teach.

### **3.2 The Complex Models of Disability**

Disability is highly debated and a variety of different meanings has been attached to it (Linton, 1998; Thomas, 2004; Goodley, 2011, 2017; Imrie, 2004; Liddiard & Goodley, 2016). It has been interpreted from cultural and religious perspectives, placed within the disabled individual’s body and mind, wholly within society and as a relational issue of both the individual’s mind and body and the construction of society (see for example, Oliver, 1990; Imrie, 2004; Shakespeare, 2006; Goodley, 2011, 2017; Grue, 2015). Disability has been used to oppress and discriminate against disabled people, to collect for charities and to identify disabled people as deserving of pity and sympathy (see for example, Shapiro, 1994). In contrast, it has been used to empower and free disabled people from the problems they face in their daily life experiences (see for example, Oliver, 1990; Goodley, 2014, 2017; Goodley & Runswick-Cole, 2015b, 2016). This contestation and the debate around disability were created by a number of models. This section presents a critical analysis and discussion

of four primary models of disability that have informed my research, including the Islamic, medical, social and interactional/relational models of disability.

### **3.2.1 Islamic Model of Disability**

The term *disability* does not exist in the two primary sources of Islamic teachings – the Qur’an and the Sunnah of Prophet Muhammad (i.e. Hadiths) (Bazna & Hatab, 2005; Rispler-Chaim, 2007; Hassanien, 2015a). However, central to disability is how the Qur’an and the Sunnah conceptualise ‘human perfection’. These sources reveal that Islam understands people as “biologically limited beings, we cannot possibly consider the idea of ‘absolute’ perfection, because the Absolute belongs to the realm of Divine attributes alone” (Asad, 1999, p. 21). In line with this, there is no definitive statement that could characterise what perfection of humans’ bodies, minds and psychology actually means (Bazna & Hatab, 2005), and “to suppose that all human beings should, or even could, strive towards one and the same ‘type’ of perfection” would be unreasonable (Asad, 1999, p. 22). As Asad (1999, p. 22) states, “If perfection were to be standardized to a specific ‘type’... human beings would have to give up, or change, or suppress, all their individual differentiations”, which is arguably impossible. Therefore, Islam requires all Muslims irrespective of dis/ability:

*“to make the best of [themselves] so that they might honor the life-gift which [their] Creator has bestowed upon [them]; and to help [their] fellow-beings, by means of [their] own development, in their spiritual, social and material endeavors. But the form of [one’s] individual life is in no way fixed by a standard”* (Asad, 1999, p. 23).

Islam, in this sense, acknowledges impairments as morally neutral (Bazna & Hatab, 2005; Rispler-Chaim, 2007) and that people have different abilities and possibilities which is something positive and influential in how they interact with each other and with their society. This is supported by the conclusion of the study conducted by Bazna and Hatab (2005). In their study, they examined the two primary sources of Islamic teachings (i.e. the Qur’an and

the Sunnah) in relation to disability and disabled people and concluded that these sources do not contain the word disability but include narratives of people having different bodies and minds (Bazna & Hatab, 2005). However, these differences are recognised neither as a punishment nor as a blessing (Bazna & Hatab, 2005; Blanks & Smith, 2009), but as part and parcel of human beings' diversity and experiences and that it is the responsibility of society to make sure that each individual's requirements are met (Milles, 2001; Bazna & Hatab, 2005; Rispler-Chaim, 2007; Al Khatib, 2017). As Rispler-Chaim (2007) puts it, Islam does not represent disability as a wrath or punishment from Allah or as a result of a person's own or parental sins because these narratives are absent from the writings and teachings of Islam. The evidence of Islam's representation of disability as a 'normal' aspect of human beings' experience is shown in how and to what extent Muslims are required to collectively participate in compulsory and optional activities such as daily prayers and pilgrimage (Hajj) irrespective of dis/ability, colour or social status (Milles, 2001; Rispler-Chaim, 2007; Hasnain, Shaikh & Ahanawani, 2008). In Islamic religious activities, individuals are given the right to perform them in the way, time and to the extent that corresponds to their individual requirements in terms of dis/ability, age and gender. As the Qur'an states, "God does not burden any human being with more than he is well able to bear" (Al-Baqarah, v. 286, as translated by Asad, 1980).

This shows Islam's promotion of inclusion in all aspects of life (Rispler-Chaim, 2007; Al Katib, 2017), particularly in religious activities (Asad, 1999; Blanks & Smith, 2009) and educational activities (Hassanien, 2015a; Al Khatib, 2017). As Rispler-Chaim (2007) points out, inclusion is promoted in Islam as a result of its positive recognition of people's differences as 'normal' aspects of human diversity. Milles (2001) supports this when arguing that disabled people are treated as full members in Muslim communities. Islamic history

contains many examples of disabled people who were included and had prominent social status. For example, during the period when Islamic civilization flourished, from the 8th to the 13th century,

*“a significant number of [people labelled] blind, deaf or physically disabled [...] played notable roles as philologists, transmitters of the law, teachers, poets, and social commentators, outstanding among whom were Abu’l Ala al-Ma’arri, Abu Uthman Amr bin Bahr (Al-Jahiz), Bashshar ibn Burd, Ibn-Sirin, Muwaffaq al-Din Muzaffar, and Atta Ibn Abi Rabah”* (Guvercin, 2008, para. 8).

Moreover, in our current era in Saudi Arabia, disabled people have been appointed to influential positions such as the labelled blind Abdulaziz Al Ash-Sheikh, who holds the most influential religious position; Professor Nasser Al-Mousa, also labelled with blindness, a member of the Consultative Assembly of Saudi Arabia and holds a BA and an MA from San Francisco State University and a PhD in special education from Vanderbilt University in the US.

Although this is not often the case, there are many disabled people who are discriminated against, excluded and oppressed in Muslim society and Saudi Arabia is no exception. The religion of Islam forbids this behaviour and asserts that all human beings deserve love, respect, support, protection and quality education (Bazna & Hatab, 2005; Hassanien, 2015a; Al Khatib, 2017). An example of this is Islam’s opposition to defining and calling disabled people by their impairments (Milles, 2001) and its emphasis on the provision of accommodations and support to make sure that everyone is actively involved in society (Bazna & Hatab, 2005; Blanks & Smith, 2009). This supports the argument of Bazna and Hatab (2005) and Al Khatib (2017) that Islam emphasises the right of disabled people to full inclusion in society and stresses that it is the responsibility of society to make sure that this happens. As Hassanien (2015a) and Al Khatib (2017) point out, inclusion is valued and encouraged in Islam but prejudice against and exclusion of any group is forbidden. This

argument is supported by the Qur'an prohibiting, for example, discriminatory language against any human beings: "...neither shall you defame one another, nor insult one another by [opprobrious] epithets" (Al-Hujurat, v. 11, as translated by Asad, 1980). This prohibition does not change in the face of dis/ability, gender and background. The conclusion is that Islam does not judge human beings' worth based on their minds, bodies, skin colour, gender or material achievements, but on their humanity, moral values and spiritual maturity. There can be no doubt because Prophet Muhammad explicitly states, "Verily, God does not look at your bodies or your appearances, but looks into your hearts" (Muslim, 1990, Hadith 2564) and the Qur'an points out, "O [people!]... Verily, the noblest of you in the sight of God is the one who is most deeply conscious of Him. Behold, God is all-knowing, all-aware" (Al-Hujurat, v. 13, as translated by Asad, 1980).

The above argument explains how Islam approaches disability and inclusion and understands people's differences. However, disability as a complex phenomenon has been understood as an individual tragedy, as a socially constructed issue and as a combination of personal and societal factors. In the next three sections, these understandings will be critically presented and discussed.

### **3.2.2 Medical Model of Disability**

The medical model of disability has been dominant since the 19<sup>th</sup> century (Goodley, 2011; 2017). Disability in this model is defined as "an individual's defect lodged in the person, a defect that must be cured or eliminated if the person is to achieve full capacity as a human being" (Siebers, 2008, p. 3). This defect is meant to be located in the body or mind of a person labelled disabled (Oliver, 1990; Linton, 1998; Goodley, 2001, 2014). As Reindal (1995), Shakespeare (2006) and Goodley (1997; 2011; 2017) point out, the common

understanding of disability within the medical model is a lack of, or limitations in an individual's mind and body.

This means that disability is pathological (Goodley, 2011; 2017) because it is conceptualised as a defect of the mind or body within-person instead of within-society (Shakespeare, 2006). This understanding mixes disability and impairment as a personal tragedy (Oliver, 1990; Thomas, 2002; Goodley, 2011, 2017) that has nothing to do with social construction or discrimination and oppression of disabled people (Oliver, 1990). Advocates of this model assume that disability can be fixed and resolved through the power of medicine and the paramedical professions (Reindal, 1995; Linton, 1998; Kauffman, 2007; Goodley, 2011; Grue, 2015). They claim that only through this route can disabled people be enabled to function 'normally' in life (Oliver, 1990; Reindal, 1995; Shakespeare, 2006; Kelmen & Vanhala, 2010; Goodley, 2011, 2017; Grue, 2015).

However, the efficacy of this model in resolving the problems of disability has been questioned since the 1970s (Thomas, 2002; Keleman & Vanhala, 2010), and its conception of disability as an individual tragedy and of the problems of disability as located solely within-individual has been highly criticised since the 1960s (see for example, Goffman, 1968; Illiich, 1977; Oliver, 1990; Linton, 1998; Shakespeare, 2006; Goodley 2011, 2017).

Keleman and Vanhala (2010) point out that the medical model fails to promote a more inclusive society or to eliminate or, at least reduce, the various forms of prejudice and discrimination that disabled people face in society and in educational institutions in particular. This model, however, leads to and encourages the exclusion of disabled students into special schools and classrooms within mainstream schools, and disabled children being

taught by ‘special’ educators who claim to have a unique knowledge and expertise to cater to disabled children’s different requirements (Slee, 2011; Goodley, 2011). As Biklen (1992, p. 83) states:

*“Special educators usually describe their work as clinical. They treat individuals. If their work is with groups, they nevertheless usually attempt to individualize their ‘interventions.’ They are presumed to possess current expert knowledge. And they are expected to exercise professional judgment in each case they handle. They recommend and sometimes have the power to require a particular treatment”.*

This clearly shows how the medical model affects disabled children’s experiences in schools by assigning psychologists and ‘special’ educators to diagnose and examine disabled children’s minds and bodies using biased tools, leading them to be labelled and thus excluded. As Thomas (2002) argues, the medical model assumes that disability limits disabled people’s activities and participation, thus they should be excluded in order to receive ‘special’ care and treatment from ‘special’ professionals. Goodley (2017) supports this when he states that the medical model benefits paramedical professions such as psychology and special education and, as Shakespeare (2006) puts it, stands for the dominant production of special professionals such as psychologists and special educators.

The impact of this model on disabled people and children does not stop there, extending to include perceiving disabled people as either childlike and dependent or overcomers and ‘supercrises’ (Shapiro, 1994), which in either case promotes stereotypes and represents disabled people as in need of pity and charity (Oliver, 1990, 2013; Shapiro, 1994). Cyndi Jones, an American disabled activist, explains this by saying:

*“‘pity oppresses’... [it] says it’s not okay to be disabled... [charity] plays on fear. It says this could happen to you, your child, or your grandchild. But it says, if you just donate some money, the disabled children will go away”* (cited in Shapiro, 1994, p. 12 & 14).

The original connection between disability and the medical model goes back many years to charity advertising (Mason, 1992) when disabled people were used as poster children for charity organisations (Shapiro, 1994). As Drake (1996) puts it, the representation of disabled people as meriting pity and charity is a direct consequence of viewing disability as a personal tragedy via the medical model of disability. Although this might have successfully raised money, it also created walls of fear between disabled and non-disabled people and significantly contributed to the spread of disabling attitudes towards and the exclusion of disabled people (Shapiro, 1994). This is because it reinforces the sad and negative image of disability (Mason, 1992) and shows disabled children as the problem. In other words, it is their responsibility to fit into the world as it is. As Tremblay, Campbell and Hudson (2005, p. 112) put it, medical model proponents believe that disabled “individuals need to adapt to existing environments and that wheelchairs were obstacles to participation, not steps and curbs”. They also postulate that normalisation or curing interventions are the only things disabled people could do to help them ‘normally’ participate in society’s activities (Drake, 1996; Goodley, 2011, 2017; Grue, 2015), otherwise they should be excluded to special education institutions/schools or in self-contained classrooms within mainstream schools if medical and normalisation interventions fail to remediate the individual’s mind or body.

Moreover, the shortcomings of this model also lead to the measuring of children’s intelligence against what is considered ‘normal’ and comparing their physical performance and bodily appearance against what is considered ‘normal’ in the society where they live (Davis, 1995; 2013). It focuses on what children cannot do instead of what they can do. Thus, it empowers and privileges people considered ‘normal’ or ‘able’ at the expense of people labelled disabled because it sees people so-labelled as unproductive and less human (Davis, 1995, 2013; Goodley, 2014). This not only affects how disabled people view themselves

(Oliver, 1990) but also where they live, where they receive their education, the support they receive, their relationships with others and their job opportunities (Slee, 2011).

The conclusion is that the medical model creates major problems in the lives of disabled people and their families and allies through standing for and supporting the creation and perpetuation of different forms of dis/ablist discourses and practices (Goodley, 2014), including but not limited to labelling and appreciation based on ability, oppressive language, inaccessibility of spaces, discrimination in education and employment, charity, pity, diagnosis, labelling and exclusion (Bogdan & Biklen, 1993; Thomas, 2002; Scullion, 2010). The social model, which will be discussed in the next section, originates as a reaction to expose, problematise and challenge the dominant structured and non-structured social oppression, inequality and exclusion of disabled people in the society where they live (Drake, 1996; Thomas, 2004; Goodley, 2011, 2014, 2017).

### **3.2.3 Social Model of Disability**

The social model of disability emerged in the 1970s from the theoretical and political efforts of the Union of Physically Impaired Against Segregation (UPIAS), led by scholars and activists of disability studies, in particular Vic Finkelstein, Paul Hunt and Mike Oliver (Shakespeare & Watson, 1997; Finkelstein, 2001; Shakespeare & Watson, 2001; Thomas, 2004; Oliver, 2004). In Britain, this model is often referred to as the 'big idea' (Hasler, 1993, p. 280) due to its essential contribution to the knowledge and understanding of disability and the social and political movements of disabled people (Oliver, 1990; Terzi, 2004; Goodley, 2011, 2017). It situates the problems of disability as within-society instead of with-individual (Oliver, 1990; Shakespeare & Watson, 1997; Goodley, 1997, 2011, 2017).

This transformative notion plays a major role in social change and policy development, not only in Britain but also in other countries around the globe (Barnes & Mercer, 2005). It carries the major message that the problems of disability do not belong to disabled people but to the construction of society and its social consequences (Oliver, 1990; Fougeyrollas & Beaugregard, 2001). It also strives to accomplish a crucial goal which is to end exclusion and oppression and to support the independent living, active participation and empowerment of disabled people in the society where they live (Oliver, 1990; Shakespeare, 2006; Goodley, 2014). This reveals that disability is a result of a complex collection of social ideals and disabling attitudes, institutional structures, and governmental policies (Oliver, 1990; Linton, 1998; Goodley, 2011, 2014, 2017). As Finkelstein (2001, p. 2) puts it, “It is society that disables us and disabled people are an oppressed social group”, or as Kelemen and Vanhala (2010, p. 3) state, the various forms of barriers that disabled people encounter everyday “stem primarily from... prejudice, discrimination and from various impediments put in place by mainstream society and institutions”.

Therefore, the social model demands the removal of disabling barriers (Goodley, 2014) which include, for example, inaccessible education, information, communication systems, physical public spaces and transportation, discriminatory legislation, health and social support services and the devaluing of disabled people through pity, charity, staring and negative images in the media (Oliver, 1990; 2004). This clearly shows how the social model was critical in exposing and problematising the status quo of societal construction and how it demands that the social world must change (Oliver, 1990; Shakespeare & Watson, 2001; Goodley, 2014, 2017). What is crucial about the social model is that it not only identifies what social changes are needed but also provides a theoretical and practical basis to generate policies and practices to achieve the major aim of eradicating inequalities and the exclusion

and oppression of people labelled disabled (Barnes & Mercer, 2005). Therefore, the social model “enjoys currency in the academy, the activist world and spheres of policy making and professional practice” (Goodley, 2017, p. 12). It also gains support and acknowledgment from many disabled people and their families and allies as a reaction to the oppression-based model which support the diagnosis, inequalities and exclusion of disabled people (Goodley, 2011, 2017; Bricher, 2000).

Despite all these successes, however, the social model has been frequently criticised for its distinction between disability and impairment which results in over-socialising the problems of disability and overlooking the embodied effects of impairments on disabled people’s lives (Crow, 1996; Morris, 1991, 1996; Thomas, 1999; Shakespeare & Watson, 2001; Terzi, 2004; Shakespeare, 2006). This criticism has been acknowledged as a challenge by key scholars of the social model (e.g. Abberley, 1987; Oliver, 1996, 1990; Goodley, 2001, 2011). Therefore, they problematise it and call for the importance and possibility of producing the social model of impairment alongside the social model of disability (Grue, 2015) to end exclusion and to promote inclusion for all disabled people, not only in schools but also in society as a whole. In reaction to this distinction, some scholars and activists (e.g. Morris, 1991, 1996; Crow, 1996; Thomas, 1999; Shakespeare & Watson, 2001; Shakespeare, 2006) campaigned to reunite disability and impairment through the interactional/relational model of disability, which I will now turn to.

### **3.2.4 Interactional/Relational Model of Disability**

The interactional/relational model of disability views the problems of disability as the result of a complex entwined relationship between disability and impairment (Morris, 1991, 1996; Crow, 1996; Shakespeare & Watson, 2001; Thomas, 1999, 2004; Shakespeare, 2006), or as

Thomas (1999; 2004) argues, between disability and impairment effects. Reflecting on their personal experiences of impairment, Morris (1991; 1996), Crow (1996), Shakespeare and Watson (2001), Thomas (1999; 2004) and Shakespeare (2006) point out that disabled people's lives are affected by a unique, complex and interactive relationship between personal experience (Morris, 1991), internal factors (Crow, 1996; Shakespeare, 2006) or impairment effects (Thomas, 1999; 2004) and external factors which denote how society is normally constructed and its social consequences (Morris, 1991, 1996; Crow, 1996; Thomas, 1999, 2004; Shakespeare & Watson, 2001; Fougeyrollas & Beauregard, 2001; Shakespeare, 2006). This view is supported by Marks (1999, p. 12) when he states that "mind, body, and environment are not easily separable entities, but rather mutually constitute each other in complex ways". Disability, in this sense, is understood as both a biological and a societal issue (Imrie, 2004), which implies that disability is with-individual and with-society or, as Goodley (2017, p. 36) puts it, an "interplay of self and the social world".

Thomas (2004) acknowledges the role of impairment in restricting disabled people's lives; however, she calls simultaneously for further theoretical development of that role and of the interactive relationship between impairment and disablism. In line with Thomas, Morris (1991), Crow (1996) and Shakespeare (2006) call for the importance of acknowledging the role of both internal (e.g. pain, limitation, sickness) and external (e.g. steps, attitudes, inaccessible systems) factors because, as Morris (1991) notes, the omission or misrepresentation of either one is part of 'our' oppression. They state that some disabled people's experiences can only be fully understood if we take into consideration, as essential constituents, both impairment and disablism because, as stated by Crow (1996), although impairment and disablism function independently, they overlap and intertwine in restricting disabled people's activities. Morris (1991, p. 70) agrees with this argument when she states

that “The tendency of the disability movement to deny the difficult physical, emotional and intellectual experiences that are sometimes part of the experience of disability is a denial of 'weakness', of illness, of old age and death”. The complex overlap between impairment and disablism is explained by Morris (1991) and Shakespeare (2006) when comparing disabled people’s experiences against the experiences of people from other minority groups who live in a homogenised society. The authors argue that the negative experiences of people from other minority groups, such as people of a different colour or race, can be specified as being entirely socially created because their problems can be completely resolved if discrimination, prejudice and oppression are eradicated. For disabled people, however, this action against society would not eliminate their negative experiences but would make their daily life experiences much better. This means that impairment is a prerequisite in order for a disabled person to experience social barriers and oppression (Shakespeare, 2006).

Bickenbach et al. (1999) support this view when arguing for the importance of acknowledging the natural link between impairment and disability as this is the lens through which disabled people’s experiences can be distinguished from those of other minority groups, such as people of different colour or gender. It can be argued that Thomas (2004, p. 42) agrees with this argument by saying that although “impairments do have a direct and restricting impact on people’s social lives... Such restrictions are, of course, to be distinguished from the restrictions, exclusions and disadvantages that people with impairments experience as a result of disability”. Therefore, Morris (1991), Crow (1996) and Shakespeare (2006) argue the importance for a disabled individual to value his or her impairment alongside acknowledging the difficulties relevant to it because they believe that disabled people can thus truly challenge and problematise disablism as represented in the ‘normal’ construction of society and the argument of non-disabled people about disabled

people's lives. A critical presentation and discussion of disablism is dealt with in the next section.

### **3.3 Disablism**

Disablism is a form of social oppression similar to racism and sexism (Thomas, 1999; Reeve, 2004, 2014; Goodley, 2011, 2017) that describes “the oppressive practices of contemporary society that threaten to exclude, eradicate and neutralise those individuals, bodies, minds and community practices that fail to fit the capitalist imperative” (Goodley, 2014, p. xi). Although Thomas (1999, p. 8) describes it as “difficult to define” because it involves complex and interrelated issues, she understands it as “a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being” (Thomas, 1999, p. 60).

This means that disablism involves a range of exclusionary practices and prejudices against disabled people, including political, economic, educational, emotional, intimate, and personal dimensions (Goodley & Runswick-Cole, 2011; Liddiard, 2013; Goodley, 2014). It also affects disabled people externally and internally (Thomas, 2004b; Reeve, 2014). As Reeve (2004, p. 83) puts it, disablism “operates at both the public and personal levels, affecting what people can do, as well as what they can be”. Therefore, Thomas (1999) categorises these dimensions into structural disablism (barriers to doing) and psycho-emotional disablism (barriers to being).

Barriers to doing refers to the material barriers that have been the major concern of the social model since its emergence (Thomas, 1999, 2007; Reeve, 2004), or as Davis (1995; 2013) and Madriaga (2007) state, to how normalcy is constructed and how non-disabled people act to

discriminate against and to exclude disabled people. Examples of structural barriers include inaccessible buildings, transportation, systems, information and exclusion in workplaces or schools (Oliver, 1990; Reeve, 2012, 2014; Goodley, 2014). Barriers to doing not only exclude and limit disabled people's function and involvement in society, but also gives disabled people the implicit message that 'you are out of place' (Kitchin, 1998, p. 351), 'you do not belong' and 'you are not desirable' which damages disabled people's psycho-emotional well-being. As Reeve (2004, p. 86) points out, "the experience of being excluded from physical environments reminds [disabled people] that they are different and can leave them feeling that they don't belong in public and private spaces".

Thomas (1999, p. 60) defines psycho-emotional disablism as "the socially engendered undermining of emotional well-being". Although this form of disablism is as damaging and disabling as traditional structural disablism (Thomas, 1999; Reeve, 2002), Thomas calls it barriers to being in order to differentiate it from the latter form. Barriers to being have a serious impact on disabled people's relationship with themselves and how they feel about their mind and body differences, which consequently affect how they act and interact with the social world. Psycho-emotional disablism is sensitively classified by Reeve (2013; 2014) into direct and indirect forms. Disabled people experience the direct forms in prejudiced relationships and interaction and in the acts of invalidation (Goodley, 2017). They can be carried out intentionally or unintentionally by people who are close to disabled people such as family members, relatives and friends; people who have direct interaction with disabled people such as professionals (doctors and teachers); or by strangers who meet disabled people in public places or events (Thomas, 1999; Reeve, 2014). Examples of direct forms of psycho-emotional disablism might include being stared at, being the butt of jokes and not being invited to a particular event or place due to having a different mind or body (Reeve, 2013).

This form of psycho-emotional disablism is created and reinforced by cultural norms and non-disabled people's defective understanding of disability (Keith, 1996).

Indirect forms of psycho-emotional disablism are as damaging as the direct forms but might be less obvious (Goodley, 2017). They often emerge "as side effects of structure disablism" (Goodley, 2017, p. 108) such as facing inaccessible built environments or unsuitable information formats, teaching/learning method and curricula (Reeve, 2013; 2014). These barriers serve to remind disabled people that you are different and undesirable thus you cannot enter this place or access this document (Villa & Thousand, 2000) which significantly affects their inner well-being.

This shows how structural disablism can contribute to the production of psycho-emotional disablism (Reeve, 2013), which leads disabled people to internalise oppression (Reeve, 2014; Hernandez-Saca & Cannon, 2016) and thus "the re-injuring of self through internalising discriminatory values, lowering self-worth and lessening a sense of intrinsic value" (Goodley, 2017, p. 108). As Goodley (2011, p. 96) also states, this comes as a result of "Common experiences of hostility or pitying stares, dismissive rejection, infantilisation, patronising attitudes, altruism, help and care on the part of non-disabled people", which damages disabled people's self-image, self-confidence and self-esteem (Reeve, 2013).

With this in mind, schools are an important part of society (Armstrong & Barton, 2007). On the one hand, the problem is that they are arguably one of the most disablist societal institutions (Goodley, 2014). Madriaga (2007), Beckett (2009) and Slee (2011) support this when they state that mainstream schools are bound up with inequalities and exclusion and contribute to the expansion of disablism into the wider society. More specifically, Holloway

(2001) identifies school professionals as being responsible for perpetuating different forms of disablism in schools where they are employed.

Schools, on the other hand, can play a vital role in challenging disablism not only at the educational level but also at the level of society (Beckett & Buckner, 2012). This is only if they acknowledge that disabled people are disabled by school systems and not by their minds and bodies (Villa & Thousand, 2000; Slee, 2011; Goodley, 2011) and accordingly then rearrange policies and practices to respond to the requirements of all students irrespective of differences (Barton, 1997, 2003; Slee, 2011). As the Salamanca Statement points out, “schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all” (UNESCO, 1994, p. ix). Disablism is difficult to understand in isolation from ableism because they interrelate with one another and, as Goodley (2014) argues, often feed into the production of each other. Therefore, I will now turn to expose and talk about ableism.

### **3.4 Ableism**

Like disablism, ableism is connected to the beliefs and practices of normalcy (Davis, 1995; Campbell, 2008; Goodley, 2014). However, ableism affects disabled people in different ways (Campbell, 2008, 2009; Goodley, 2014; Derby, 2016). As Campbell (2008) notes, to construct disability, ableism and disablism follow different paths in relation to the norms of society. Disablism is related to the social construction of society whereas ableism is associated with ableness or perfectionism in terms of self, mind and body (Campbell, 2008) or, as Wolbring (2008, p. 257) succinctly puts it, ableism is “Judgement based on abilities”. This shows that ableism and disablism have the same origins that are deep-seated in the

oppression, discrimination and exclusion of people who do not fit into the normative assumptions of a particular society (Goodley, 2014). Therefore, Goodley (2014) and Goodley and Runswick-Cole (2016) determine them as feeding into the production and survival of one another.

Linton (1998) describes ableism as the designation of disabled people as inferior to non-disabled people or, as Hehir (2002) puts it, the devaluation of disabled people, according to what Rauscher and McClintock (1997, p. 198) states:

*“Deeply rooted beliefs about health, productivity, beauty, and the value of human life, perpetuated by the public and private media, combine to create an environment that is often hostile to those whose physical, emotional, cognitive, or sensory abilities fall outside the scope of what is currently defined as socially acceptable”.*

This means that ableism is constituted based on the dominant societal beliefs and practices that are associated with the “ideology of ability” (Siebers, 2008, p. 8) and strive to privilege the “normate individual” (Campbell, 2009, p. 11) or, as Goodley (2014, p. xi) terms it, the “ideal that no one ever matches up to”. As Campbell (2001, p. 44) points out, ableism refers to:

*“A network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human”.*

Similarly, Wolbring (2007, p. 1) defines ableism as:

*“a set of beliefs, processes and practices that produce—based on abilities one exhibits or values—a particular understanding of oneself, one’s body and one’s relationship with others of humanity, other species and the environment, and includes how one is judged by others”.*

Ableism, in this sense, is about beliefs and practices that favour a set of abilities related to the human mind and body but devalue and exclude those who do not possess them. As Wolbring (2008, p. 253) states, ableism is the favoritism “for species-typical normative abilities leading

to the discrimination against [disabled people] as ‘less able’ and/or as ‘impaired’ disabled people”. Ableism, then, in this sense, is common in schools and its negative influence on disabled children and their education is significant but, as Storey (2007) puts it, unfortunately remains often unrecognised or overlooked. Hehir (2002) points out that the preference of ableists (non-disabled learners) is apparent in mainstream schools as a result of, as Storey (2007) notes, the pervasiveness of the ableist assumption that it is better to teach students who have ‘normative’ abilities than to teach disabled pupils or to have students who perform tasks in the ‘normal’ way rather than to have ‘Others’ who perform things differently. In agreement with this, Hehir (2002, p. 3) argues that the devaluation and exclusion of disabled children often result from:

*“societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with non-disabled kids as opposed to other disabled kids, etc.”*

The problem here is that this type of ableism is often implicit in schools which have a ‘normal’ and ‘able’ student in mind. As Lalvani and Broderick (2013) state, non-disabled people often have implicit assumptions about disability and disabled people such as internalising disability as ‘tragedy’ or disabled people ‘less able’. This reinforces prevailing prejudices against disabled people (Hehir, 2002) and contributes to perpetuating ableism which then becomes predominate as a consequence of people’s deficit understandings of disability and treatment of disabled people. Wolbring (2004; 2005) supports this when he states that ableism is supported by the medical model of disability which reinforces disabled people’s inferior social status and abilities. Storey (2007, p. 56) agrees when pointing out that stereotypes and non-disabled people’s deficit understanding of disability and disabled people lead them to internalise deficit assumptions, whereas in schools “it is just as efficient to roll as to walk from one class to another... it is as easy to obtain information from Braille as from print”.

Mainstream schools are the right placements for all learners (Barton, 2003; Villa & Thousand, 2000; Slee, 2011) irrespective of how a student walks, thinks, hears or sees. The problem is within-schools (Villa & Thousand, 2000; Slee, 2011), in which they want all students to have the same characteristics and to perform academic and non-academic tasks in ways considered ‘normal’ or, as Hehir (2002) puts it, in the same manner that non-disabled people commonly use. This shows how ableism combats the “variation of being” (Wolbring, 2008, p. 253) and “privileges those bodies that can survive, perform and develop as autonomous entities; capable, self-sufficient and marketable” (Liddiard & Goodley, 2016, p. 152-153).

Such a holiness of non-disabled people’s body and mind characteristics of thinking, reading, writing, hearing and seeing stand against the use of impairment-specific teaching and learning methods that could support and maximise disabled people’s learning and opportunities for socialising. This can be seen, for example, in education systems that seek to eliminate sign-language in favour of oral language for students labelled as deaf, press visually disabled pupils to read print materials instead of Braille, stand against adaptations and supports that could help some learners by providing further access to learning whereby they can succeed in education (Hehir, 2002). Longmore (1995) and Villa and Thousand (2000) point out that learners have the right to receive the academic and social support that ensures they have full access to learning and socialisation. Therefore, as Hehir (2002) states, teachers of inclusive schools should be prepared to provide and facilitate such support. Hehir (2002) and Lalvani and Broderick (2013) argue that the preponderance of ableist beliefs and practices in school results from the absence of discussions about these issues and what constitutes them. Hehir (2002, p. 22) describes the effects of this lack of discussion about ableism as “stunning”. They are also a result of schools’ favoring ‘normal’ students

(Wolbring, 2008) which leads mainstream schools to marginalise or fail to meet the requirements of students who do not meet the standards of ‘normality’ (Slee, 2011). Therefore, it is crucial for schools to understand that it is their responsibility to eliminate ableism, to meet the requirements of all students irrespective of differences and to realise that “there is more than one way to walk, talk, paint, read, and write. Assuming otherwise is the root of fundamental inequities” (Hehir, 2002, p. 17).

To tackle ableism in schools, Hehir (2002) offers the followings suggestions. First and foremost, to acknowledge the presence of ableism and determine its manifestations. The second suggestion is to include disabled people as part and parcel of the school’s overall environment and to make all possible effort to support the success of all students. Through inclusion, non-disabled and disabled pupils can understand and learn about each other without being influenced by predominant stereotypes. The inclusion of disabled students in mainstream schools promotes their recognition in all aspects of society (Armstrong & Barton, 2007), with particular importance for its role in showing non-disabled people that disability is a ‘normal’ part of human beings’ diversity (Villa & Thousand, 2000; Bennett, 2006). The third suggestion is to teach disabled learners through their preferred methods, to give them the opportunity to use the skills and learning strategies that are most suitable and effective for them and to end the ableist notion that disabled pupils should do tasks in the same manner as non-disabled pupils. The fourth suggestion is having high expectations about disabled students and their abilities to perform their educational tasks by eliminating the most ableist of beliefs, that disabled people are ‘unable’ or ‘less able’. The final suggestion involves applying the “concepts of universal design to schooling” (Hehir, 2002, p. 28). This concept can be applied to the architecture of school buildings which should, with disabled pupils in mind, provide, for example, ramps, automatic doors and accessible toilets (see section 3.6

and Imrie & Wells 1993; Imrie, 1996; Center for Universal Design, 1997; Kitchen, 1998; Boys, 2014 for details about universal design). The concept can also be applied to a learning environment in which instruction and curricula are developed with disabled people in mind, allowing them easy access and, ultimately, success (see section 3.6 for further details). As Villa and Thousand (2000) point out, the problems of disability belong to the inability of schools to develop an education system that responds to the requirements of all learners or, as Rauscher and McClintock (1997, p. 201) state, many people see themselves as disabled by the many things around them “that were created without them in mind and that now prevent them from taking their rightful place in society”. The next section will discuss how people labelled with intellectual disabilities are understood, identified and treated by the society where they live, focusing particularly on their experiences in schools.

### **3.5 People Labelled as Intellectually Disabled**

Although the disability studies scholarship movement has recently begun to include people labelled with intellectual disabilities, for example in the work of Goodley (2001), Parmenter (2001), Lewiecki-Wilson (2003), Goodley and Runswick-Cole (2016), Ignagni et al. (2016) and Bates, Goodley and Runswick-Cole (2017), they are still significantly under represented. They have historically been denied the identity of being human (Parmenter, 2001; Goodley & Runswick-Cole, 2016) and seen as a “disposable commodity” (Parmenter, 2001, p. 268), thus experiencing marginalisation and oppression “in every aspect of their lives” (Bates, Goodley & Runswick-Cole, 2017, p. 160), including education (Villa & Thousand, 2000; Goodley, 2014) and employment (Bates, Goodley & Runswick-Cole, 2017). Moeller (2012) supports this by stating that people with the label of intellectual disabilities are often understood as less than human or, as Goodley and Runswick-Cole (2016, p. 2) put it, “seek to be recognised as human” alongside challenging the notion of human. They also challenge and encourage us

to deeply rethink our dominant notions of humanity (Kittay & Carlson, 2010; Goodley, 2014; Ignagni et al., 2016; Bates, Goodley & Runswick-Cole, 2017) beyond the narrow standards created by contemporary society (Goodley, 2014; Ignagni et al., 2016) which leaves us wondering: Who should be accounted as human? Are people deemed non-disabled really ‘normal’ people (human) although they have a lot of shortcomings? How should we think of people labelled with intellectual disabilities? How does this label affect their inner and external lives and their relation to human? How can we create a society that recognises all of us as human? This leads us “to think again about how we are all made through our connections with others and [...] to embrace ways of [living] that are not rigidly framed by humanistic values of independence and autonomy” (Goodley, Lawthom & Runswick-Cole 2014, p. 349).

The label of intellectual disability does not emerge accidentally. It is produced by the statistical model of IQ testing which distinguishes between ‘intellectually normal/able’ children and ‘intellectually abnormal/unable’ ‘Others’, based on their intellectual or cognitive abilities (Davis, 1995). Kress-White (2009) supports this when she argues that the distinction between ‘normal’ and ‘abnormal’ minds is identified by IQ testing which measure human intelligence based on the construction known as the ‘normal distribution/curve’. In line with this, Gould (1981) notes that IQ tests are used by schools to label children as intellectually disabled. Children whose intellectual or intelligence abilities score below what is commonly understood by contemporary society as ‘normal/average’ are labelled as intellectually disabled and secluded in special schools or classrooms (Carlson, 2001). Kress-White (2009) points out that the IQ test and the ‘normal curve’ becomes a tool by which humans’ intellectual abilities are judged and are labelled, excluded and oppressed. Davis (1995, p. 27)

describes the notion of ‘average intelligence’ as “a kind of ideal, a position devoutly to be wished”.

Measuring humans’ cognitive abilities in this deficit way with its negative consequences such as devolution, exclusion and oppression on people who do not meet the ‘average intelligence’ has been problematised and questioned by educational psychologists such as Lev Vygotsky (1978; 1983), Gould (1981) and MacMillan, Gresham and Siperstein (1993) as well as by scholars of disability studies such as Davis (1995; 2013), Goodley (1997; 2001) and Parmenter (2001). For example, Gould (1981) describes such measurements as a tool used to justify the schools’ failure to meet the requirements of all pupils and the classification and exclusion of children labelled with intellectual disabilities. Parmenter (2001), Slee (2011), Moeller (2012) and Goodley (2017) concur with this when they state that people with the label of intellectual disabilities challenge and disrupt the normal concept of schools and professionals’ abilities to create a space that fits all learners irrespective of differences. The IQ testing tool is based on what ‘some’ children can do instead of what all children can do (Kress-White, 2009). Thus, it too often underestimates the intellectual or cognitive abilities of some people (Rutland & Campbell, 1996; Danforth & Rhodes, 1997). In agreement with this, Vygotsky argued that the label of intellectual disability is a production of the inaccurate and deficit IQ test (Gindis, 1995). He points out that these tests should not be relied on because they fail to measure children’s potential abilities (located within their ZPD) and because they approach children in terms of deficits instead of strengths, not noticing the numerous abilities that they have (Vygodskaya, 1999). Therefore, Vygotsky ironically labelled it an “arithmetical concept of [impairment]” (Vygotsky, 1983, p. 131).

These tests not only produce the label of intellectual disability, but they also lead to the distinction between pupils who are so-labelled and those who are not “in a practical, lived way” (Danforth & Rhodes, 1997, p. 360). This distinction provides the right platform for the expansion of different forms of ableism and disablism, including appreciation based on ability, categorisation and sub-categorisation, exclusion, and special education (Tomlinson, 1982; Slee, 2011; Goodley, 2014), and staring and bullying (Reeve, 2014; Thomas, 1999). Gould (1981) and Linton (1998) point out that disablism results from the deficit intelligence tests that contemporary societies use to measure who is intellectually ‘able’ and who should be burdened with the intellectual disability label and thus be recognised as less than human or less able (Moeller, 2012; Goodley, 2014). The conclusion is that we must eradicate all disabling assumptions and practices, including diagnosis and labelling, to allow intellectually disabled people to be recognised as human and thus worthy of being considered an important part of their society. This will require society to value and to back up all people, not just those deemed able-minded and able-bodied (Linton, 1998). The next section will move on to discuss universal design and its inclusive educational models that could promote inclusive education and the recognition of all, irrespective of mind-body differences.

### **3.6 Universal Design and its Inclusive Educational Models**

Universal Design is part of the effort of disability studies to produce space and pedagogy that meet the requirements of all students (Dolmage, 2005). In the 1970s, Ronald Mace, an architect and wheelchair user, coined the concept of ‘universal design’ (UD) (Center for Universal Design, 1997). A growing awareness of the value of UD has taken place within the past three decades (Center for Universal Design, 1997; Scott, McGuire & Shaw, 2003). Mace defined UD as “the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design” (Center for

Universal Design, 1997, para. 1). The concept 'universal' is used to mean that a design is adapted to allow easy access not only for people labelled as disabled, but to all people including those with different abilities, languages, cultures and approaches to learning (Orkwis & McLane, 1998). Mace and colleagues at the Center for Universal Design, North Carolina State University, developed and refined seven UD principals which offer guidance for designers of products and environments. They expound these principals as follows:

1. Equitable use: Useful and accessible to people with diverse abilities.
2. Flexibility in use: Accommodates a wide range of individual preferences and abilities.  
Provides choice in methods of use.
3. Simple and intuitive use: Straightforward and easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.
4. Perceptible information: Communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities. Uses different modes (pictorial, verbal, tactile) for redundant presentation of essential information.
5. Tolerance for error: Minimises hazards and adverse consequences of accidental or unintended actions.
6. Low physical effort: Can be used efficiently and comfortably, with a minimum of fatigue.
7. Size and space for approach and use: Appropriate size and space are provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility (adapted from Center for Universal Design, 1997).

Although the UD concept originated in the field of architecture, researchers and designers from a range of disciplines apply it to the design of a variety of fields: technology (e.g. TV captions for individuals labelled with deafness or hearing impairments); instruction (e.g. the

use of texts and international symbols such as toilet signs which are useful for English and non-English-speakers); curricula (e.g. Ebooks for people who cannot read standard print but also useful for all); and environment (e.g. sidewalk drop kerbs which allow easy access to wheelchair users as well as all people) (Burgstahler, 2001). As Alexander (1995, p. iii) puts it:

*“The concept of UD goes beyond the mere provision of special features for various segments of the population. Instead it emphasizes a creative approach that is more inclusive, one that asks at the outset of the design process how a product, graphic communication, building, or public space can be made both aesthetically pleasing and functional for the greatest number of users”.*

Educational researchers expand this notion to the educational milieu. They have devised several UD applications (e.g. universal design for learning and for instruction) to meet the requirements of the faster growth of pupil diversity in mainstream schools, support their inclusiveness and teachers’ effective teaching (Center for Universal Design, 1997). Rose and Meyer (2002) argue that the educational applications of UD inform teachers about the unique requirements of their pupils and provide a framework to be adapted to accommodate pupils’ diversity. This supports the creation of an inclusive environment that fits and maximises the learning of all pupils regardless of differences. The goal of UD and its educational applications reflect the social model of disability in which imperfection is not related to individuals but to surrounding conditions. It means that society must be fixed to fit all people and not otherwise (Oliver 1990; Slee, 2011; Goodley, 2011, 2014, 2017). The notion of UD might work well for this.

The Universal Design for Learning (UDL) was seeded and developed by The Centre for Applied Special Technology (CAST) (Orkwis & McLane, 1998; CAST, 2015a) in 1984 to provide flexible guidance for educators to design instructional goals, assessments, methods, and materials that could be customised and adjusted to meet the requirements of all students

(CAST, 2015b) regardless of “their abilities to see, hear, speak, move, read, write, understand English, attend, organize, engage, and remember” (Orkwis & McLane, 1998, p. 10). CAST relates UDL to the following three fundamental qualities: 1) Curriculum provides multiple means of representation to give pupils the opportunities to obtain information and knowledge through various ways; 2) Curriculum provides different types of expression for pupils to respond with the suitable types, and; 3) Curriculum offers multiple means of engagement for pupils to respond to each individual’s interests and to motivate them to actively learn (Orkwis & McLane, 1998). However, curriculum means not only content but also instructional aims, teaching/learning methods, academic activities, and assessment procedures (Orkwis & McLane, 1998; Rose & Meyer, 2002) which leads us to discuss another UD educational application – the Universal Design of Instruction (UDI).

UDI is being developed and researched by the Center of DO-IT (i.e. Disabilities, Opportunities, Internetworking, and Technology) at the University of Washington and the Center of Postsecondary Education and Disability (CPED) at the University of Connecticut. DO-IT (2015, para. 4) defines this concept as a combination of the principles of UD: “(1) equitable use, (2) flexibility in use, (3) simple and intuitive use, (4) perceptible information, (5) tolerance for error, (6) low physical effort, and (7) size and space for approach and use”; and the UDL framework (i.e. develop a curriculum that offers different ways of representation, expression, and engagement) to create UDI strategies that could be applied to all aspects of instruction (DO-IT, 2015). The CPED describes UDI as “an approach to teaching that consists of the proactive design and use of inclusive instructional strategies that benefit a broad range of learners including [disabled students]” (CPED, 2001, para. 1). Scott, McGuire and Shaw (2001) argue that UDI supports an inclusionary approach that enables all students to actively engage and learn. They propose nine UDI

principals to guide educators in constructing educational instruction to respond to the different requirements of pupils in classrooms where they teach. The principals encompass the design and use of instruction that is: 1) accessible; 2) flexible; 3) straightforward; 4) perceptible; 5) approachable, reachable and usable for all regardless of physical, mobility, speaking, reading and writing differences; 6) supportive and inclusive; 7) accommodates variations in student learning; 8) minimises pointless body effort in order to maximise attention to learning; and 9) encourages mutual interaction among students and between students and their teachers (adapted from Scott, McGuire & Shaw, 2001; CPED, 2001). Applying such concepts and principals to mainstream schools could help all students to be actively involved, participate and feel a sense of belonging and value.

### **3.7 Integration and Inclusion**

Whilst the terms *integration* and *inclusion* are sometimes used differently, they are often used interchangeably (Sebba & Ainscow, 1996; Villa & Thousand, 2000; Hassanein, 2015a). However, the extent to which these concepts are similar or different is debatable and subject to different interpretations which might be a consequence of being committed to an interpretivist epistemological position (the epistemological position of the present study) (Hassanein, 2015a).

It has been argued that neither term is only about the placement of disabled pupils in mainstream schools; it is also, and most importantly, about disabled learners' learning experiences and quality of life in school (see for example, Villa & Thousand, 2000; Ysseldyke, Algozzine & Thurlow, 2000). Villa and Thousand (2000) define integration as the process of merging disabled pupils into mainstream schools, taking into account physical, temporal, academic and social dimensions. This is in line with the Warnock Report (DES,

1978) which defined integration as a process that is locational, social and functional, in which all these types might overlap and follow in ongoing stages of association. Locational integration refers to the sharing by disabled and non-disabled pupils of the same school site, which mainly concerns moving disabled pupils from exclusion to integration. Social integration refers to disabled and non-disabled pupils sharing non-academic activities mainly related to social aspects. The third type, functional integration, refers to shared academic and non-academic activities where disabled pupils join their non-disabled peers in mainstream classrooms, either part-time or full-time. It can be argued that this indicates that integration seeks to ensure the same quality of life and equal life opportunities for disabled pupils as their non-disabled peers enjoy in locational, social and educational aspects. As Tilstone, Florian and Rose (1998, p. 15) claim, “the task of integration has been about how to join in the mainstream, how to become like others”. In line with these authors, Bowman (1986) assumes that integration refers to the education of disabled pupils alongside their non-disabled peers in the same educational settings.

Inclusion has been similarly understood and defined. Villa and Thousand (2000), for example, define inclusion as the process of placing pupils labelled disabled alongside their non-disabled age-appropriate peers in mainstream classrooms in their neighbourhood schools, making sure that all efforts are made to meet the requirements of all students and that curricula are justified and/or expanded to meet disabled students’ academic requirements. Sebba and Ainscow (1996) report that inclusion should be defined as a process that requires schools to respond to each individual’s requirements through reconsidering curricula and services provision, thereby minimising the need to exclude pupils from their neighbourhood schools. In agreement with this, Ysseldyke, Algozzine and Thurlow (2000) describe inclusion as a process by which disabled and non-disabled students are educated

together for all or part of the school day. The authors claim that inclusion does not mean that disabled pupils must remain in mainstream classrooms without receiving special educational support from special education specialists. Rather it means they should remain alongside their non-disabled peers to the maximum extent possible. In this sense, integration and inclusion have been described as a process in which, it can be argued, neither term is fixed, but which is in an ongoing developmental status that strives to ensure that all pupils, regardless of differences, enjoy high-quality teaching/learning experiences as well as being recognised as valued and welcomed members of their mainstream schools and in society as a whole.

However, scholars of disability studies and inclusive education have distinct views (see for example, Barton, 1997, 2003; Thomas, 1997; Avramidis, Bayliss & Burden, 2000; Villa and Thousand, 2000; Slee & Allan, 2001; Avramidis & Norwich, 2002; Vislie, 2003; Goodley, 2011, 2017; Slee, 2011). They do not conflate integration and inclusion (Goodley, 2011; 2017). They understand integration as a deficit term which has a lot in common with special education (Hocutt, 1996; Thomas, 1997; Avramidis, Bayliss & Burden, 2000; Slee, 2001, 2011; Vislie, 2003) and with the American policy known as the LRE (Avramidis & Norwich, 2002). These deficit concepts identify the disabled child as the problem although he or she suffers from different forms of exclusion and inequalities (Barton, 1986). This is an explicit sign of these concepts being produced, or at least heavily influenced, by the medical model of disability (Slee & Allan, 2001; Barton, 2003, 1986; Sauer & Jorgensen, 2016). Special education, integration and the LRE are interrelated concepts (Avramidis, Bayliss & Burden, 2000a) which act to reinforce differences, diagnosis, exclusion, medicalisation and narrow education for children labelled disabled (Goodley, 2011; Slee, 2011). The only difference between integration and special education is the emphasis of integration on the presence of disabled pupils in mainstream schools (Goodley, 2011).

For scholars of disability studies and inclusive education, inclusion is a policy of empowerment and justice and is an important topic of the agenda of disability studies. Therefore, it is the antithesis of integration and special education. As Goodley (2011, p. 141) states, “Inclusion is therefore a response to special education and integration”. Avramidis, Bayliss and Burden (2000a), Vislie (2003) and Slee (2011) all point out that inclusion comes to replace the theories and practices of integration and special education. Further, Barton (1997; 2003) and Armstrong, Armstrong and Barton (2000) state that inclusion is about troubling the use of deficit terms such as ‘special teachers’ and/or ‘ab/normal children’ because, as Ballard (1995), Slee (2011) and Hodge (2017) note, inclusive education is not about specialisation and labelling, it is about providing quality education and social opportunities as well as promoting justice, recognition and value for everyone irrespective of background, attainment or dis/ability.

Inclusion, then, in this sense, problematises and challenges the deficit policy, discourses and practices associated with integration and special education (Barton, 1998, 2001; Booth & Ainscow, 2002; Slee, 2011). It demands that mainstream schools change their disabling policies, practices and organisations to respond to the requirements of all learners (Barton, 1997, 2003; Armstrong, Armstrong & Barton, 2000; Booth & Ainscow, 2002; Slee, 2011; Goodley, 2014). It condemns all forms of exclusion and acknowledges the right to education for all in mainstream classrooms (Barton, 1997; Thomas, 1997; Villa & Thousand, 2000; Armstrong, Armstrong & Barton, 2000; Goodley, 2011, 2014) and calls for the celebration of diversity and for ending inequality and discrimination against minority groups, including pupils labelled disabled (Corbett & Slee, 2000; Booth & Ainscow, 2002; Barton, 2003; Slee, 2011; Goodley, 2017). Inclusion stresses the roles and responsibilities of schools to eliminate structural and non-structural disabling barriers (Barton, 1997, 2003; Lindsay, 2003; Goodley,

2011, 2014), to make sure that teaching instructions and curricular contents are fully accessible for all students (Salisbury et al., 1994; Avramidis & Norwich, 2002) and change the roles and responsibilities of school personnel, particularly teachers, to take care of all students not only those deemed 'normal' (Rainforth, York & Macdonald, 1992; Slee, 2011) so that everyone can feel welcomed and important as members of the mainstream school he or she attends (Villa & Thousand, 2000; Avramidis & Norwich, 2002). As Barton (1997, p. 234) carefully puts it, inclusion:

*“involves a serious commitment to the task of identifying, challenging and contributing to the removal of injustices. Part of this task involves a self-critical analysis of the role schools play in the production and reproduction of injustices such as disabling barriers of various forms... It is more than mere questions of access that are at stake here. It is a quest for the removal of policies and practices of exclusion and the realization of effective participatory democracy”.*

Inclusion, in this sense, captures the field and has had global recognition since the 1990s (Vislie, 2003; Goodley, 2011) because it aims to promote community, value and respect of everyone (Hodge, 2017) and to eradicate exclusion, injustice and disabling assumptions and practices (Goodley, 2014). Although the terms integration and inclusion in English, particularly in the disability studies sense, are not synonyms and each represents a different philosophy, they both translate and mean the same in Arabic (دمج/damge) (see section 4.9 for details related to language complexity). Therefore, the term inclusion is used throughout this thesis because of its theoretical and practical philosophy corresponding to the theoretical framework of my study which includes Vygotsky's theories, including sociocultural theory, ZPD and his view of inclusion versus exclusion, as well as critical disability studies theories, including models of disability and disablism and ableism.

## **Summary of the Chapter**

This chapter theorises inclusion, disability and the label of intellectual disability. It presents a critical review of theories from a range of disciplines, including educational psychology, critical disability studies and education theory. It begins by presenting Vygotskyian key theories as a theoretical basis due to their usefulness to explain the phenomena explored in this research as well as their correspondence to the methodological and epistemological framework of this study. This was followed by a discussion of four models of disability in terms of how they are interrelated and different in explaining what constitutes the problems of disability and in how they view disabled people. This reveals how these models sometimes intersect with one another although they have significant differences. This chapter also presents disablism and ableism in terms of how they follow different paths to damage the lives of disabled people but also interrelate in supporting the production of one another (Goodley, 2014). This was followed by a critical discussion about the social status of people labelled with intellectual disabilities, how this label was produced and how it impacts on the lives of people so-labelled. This chapter then explained the universal design concept and its educational models as manifestations of the effort of the field of disability studies to promote inclusive education for all. The chapter concluded by stating how the terms integration and inclusion are defined and used as similar terms but also as contradictory terms by scholars of disability studies and inclusive education in which the former is regarded as a deficit term but the latter as a term that promotes justice and demands the radical change of schools.

## **Chapter 4: Methodology and Methods**

### **Introduction**

The key focus of this research was to achieve a critical understanding of how Saudi teachers understand inclusion, disability and the label of intellectual disability. This research also explored the experiences and perspectives of Saudi teachers regarding the implementation of two models of inclusion/special education in mainstream schools where they are employed. My main research question and the sub-research questions are presented in section 1.3. This present chapter sets out the research methodology and methods of data generation and analysis adopted for the purpose of this research as well as my ontological and epistemological assumptions. As such, Chapter 4 addresses the following parts sequentially: Methodology and methods; methods of data generation: semi-structured interviews, semi-structured face-to-face and telephone interviews; purposive selection of participants in social science research; ethical considerations; pilot interviews; data generation journey: in-depth explanation and justifications; WhatsApp; schools: how and why they were chosen; number of participants and duration of interviews; recording of interviews; transcription of interviews; translation: process and challenges; and analytical process and justifications.

### **4.1. Methodology and Methods**

According to Wellington et al. (2005, p. 97), “Methodology refers to the theory of acquiring knowledge and the activity of considering, reflecting upon and justifying the best methods”. Method is the technique used to generate data (Wellington et al., 2005). Mason (2002) also explains methodology as the methods of data generation and analysis that are related to a researcher’s philosophical view of the world, and methods as the actual instruments used for data generation. The construction of an appropriate research methodology is an important part of any study because it influences how a researcher answers the research questions,

chooses the research participants, generates (Biklen, 1992; Wellington, 2015) and analyses the research data (Biklen, 1992; Creswell, 2007). Therefore, a researcher's ontology (i.e. one's own belief about the nature of reality) and epistemology (i.e. one's own belief about how the world should be understood) play a vital role in shaping the research methodology (Creswell, 2007), as well as in guiding the research project as a whole (Biklen, 1992; Hammond & Wellington, 2013). As Biklen (1992) argues, researchers should be aware of the different theoretical paradigms so they can follow the one that best suits their research. Qualitative research reflects the interpretive research in which it "regards knowledge as socially constructed [and] concerns with meanings and the way people understand things" (Denscombe, 2007, p. 333). Furthermore, interpretive research considers social reality to be subjective rather than objective, and thus knowledge is constructed through each individual's own interpretation and experience (Gall, Gall & Borg, 2010; Denscombe, 2014; Wellington, 2015). As noted by Merriam (2009), interpretive research perceives reality as socially constructed and accepts various interpretations of a single phenomenon. Thus, the view of each individual matters.

Interpretivism and constructivism are closely related. They do not perceive meaning as fixed, but rather as a socially constructed and changeable situation based on an individual's personal experience and how he or she understands the world (Creswell, 2007; Hammond & Wellington, 2013). Interpretivist researchers often seek to understand their participants' experiences and opinions regarding social, cultural or institutional practices and to acknowledge such experiences and viewpoints as valuable, unique and worth exploration (Merriam, 2009; Hammond & Wellington, 2013; Grove, Burns, & Gray, 2013). As Schwandt (2007) argues, a phenomenon cannot be understood unless the experience and views of those people who have lived it are explored. Therefore, interpretive research often generates novel

findings if it is critically implemented (Bryman, 2012; Denscombe, 2014). Interpretive research also privileges the researcher's knowledge and encourages him or her to reflect on the data in light of discussions with participants and participants' interpretations and viewpoints regarding the phenomenon under exploration (Bryman, 2012; Denscombe, 2014). Such an interactive relationship between an interpretive researcher and a research participant suggests that both will be influenced and informed by the research activities which, I believe, will enrich the data. As Kvale (1996, p. 125) puts it, "knowledge evolves through a dialogue" between humans.

Positivism is a common contrasting paradigm to interpretivism. Positivism is often regarded as a quantitative and scientific philosophical paradigm which views knowledge and social reality as objective and value-free (Wellington, 2015). Positivists also view behaviour and causal relationships as measurable and seek generalisations and replications of quantitative data (Bryman, 2012; Wellington, 2015). Although interpretivism and positivism are contrasted, a researcher must choose the more appropriate philosophical paradigm and method of inquiry that meets the research requirements and answers the research questions (Cassell & Johnson, 2006). Therefore, this study follows the interpretive paradigm in order to critically explore how Saudi disabled and non-disabled teachers understand inclusion, disability and the label of intellectual disability, as well as their experiences and perspectives regarding the implementation of inclusion of disabled pupils in the schools where they are employed. This philosophical orientation is also concurrent with Vygotsky's constructivist belief about the world (Jaramillo, 1996) (please see a detailed discussion of Vygotsky's constructivism in Chapter 3: Section 3.1).

#### **4.2. Method of Data Generation: Semi-Structured Interviews**

An interview is a conversation between the researcher and a participant (Hammond & Wellington, 2013, p. 91). Kvale (1996) defines interviews as a conversation between the researcher and the interviewee about a phenomenon of mutual interest. When a researcher conducts an interview, he or she is interested in the interviewee's viewpoints about a phenomenon or phenomena (Bryman, 2012). Kvale (1996, p. 124) supports this view when he defines the purpose of a qualitative research interview as to "obtain qualitative descriptions of the life-world of the subject with respect to interpretation of their meaning" of the described phenomena". Interviews can also "reach the parts which other methods cannot reach... We can probe an interviewee's thoughts, values, prejudices, perceptions, views, feelings and perspectives" (Wellington, 2015, p. 137).

Hammond and Wellington (2013) and Wellington (2015) classify interviews into three types: structured, unstructured and semi-structured. Structured interviews include fixed questions that are used in a set and standardised order, and thus are not flexible to engage in an open conversation with interviewees (Gray, 2009; Hammond & Wellington, 2013; Wellington, 2015). Semi-structured interviews "may be more manageable than unstructured ones, while avoiding the inflexibility of the fully structured approach" (Hammond & Wellington, 2013, p. 92). Gray (2009) further supports this, stating that the semi-structured interview is situated between the structured and unstructured, providing the researcher more flexibility to explore the interviewees' views and experiences and to capitalise on particular areas emerging in participants' stories. A researcher who undertakes semi-structured interviews often generates rich and detailed answers to his or her research questions (Bryman, 2012). For these reasons, I chose semi-structured interviews to explore disabled and non-disabled teachers' experiences, perceptions, opinions, feelings and prejudices regarding the phenomena of

disability and inclusion, believing that knowledge is socially constructed and thereby each teacher who took part in my research has a unique experience, view and story to tell.

#### **4.2.1 Semi-Structured Face-to-Face and Telephone Interviews**

Different modes can be used to conduct qualitative semi-structured interviews (Irvine, 2010 & Opdenakker, 2006), yet face-to-face and telephone interview modes are the most common (Novick, 2008; Opdenakker, 2006 & Hot, 2010). Holt (2010) believes that the telephone interview is the best alternative to the face-to-face interview. In contrast, Sweet (2002) states that both are valuable and productive interviewing modes in which neither should be counted as an alternative to the other. A number of researchers reflect on their personal experiences in conducting face-to-face and telephone interviews in their studies (Tausig & Freeman, 1988; Miller, 1995; Chapple, 1999; Carr, 1999; Sweet, 2002; Sturges & Hanrahan, 2004; Opdenakker, 2006; Stephens, 2007; Holt, 2010). In general, their reflections showed that both modes can generate similar and useful data when carefully conducted. Chapple (1999), for example, reflects on her experiences undertaking both face-to-face and telephone interviews and describes the telephone qualitative data as “unexpectedly rich” (p. 91). Similarly, Carr (1999) reports that she generated rich data from her telephone interviews. Sweet (2002) and Sturges and Hanrahan (2004) point out that they conducted studies which involved both face-to-face and telephone interviews. They state that their transcripts revealed no noticeable differences in the quality and quantity of data between the two interviewing modes. In line with this, from undertaking face-to-face and telephone interviews with elite and ultra-elite macroeconomists, Stephens (2007, p. 211) points out that four of the five telephone interviews “attained a friendly rapport equal to any of my face-to-face interviews”, whereas the fifth telephone interview was of “a less friendly tone but still provided excellent data”. Therefore, Sturges and Hanrahan (2004) and Stephens (2007) conclude that face-to-face and

the telephone interviews are both productive and valid qualitative research options. A similar conclusion is provided by Sweet (2002, p. 58) when she states that “qualitative researchers should not rely exclusively on the face-to-face interview, as the telephone interview can be an equally valuable data collection approach”. In my study, I conducted both face-to-face and telephone interviews. My experience in using both modes concurs with the above studies: my findings revealed no significant differences in the quality and quantity of data between the two interviewing modes. Therefore, I analyse and present them together in Chapters Five and Six.

My study was originally designed to include only face-to-face interviews, but it became necessary to conduct telephone interviews to involve female participants. It was actually an ethical reason beyond undertaking telephone interviews as gender segregation is strictly implemented in Saudi Arabia and it is unacceptable for nonrelated males and females to meet (further discussion is presented in the Data Generation Journey section 4.6). As Irvine (2010, p. 6) carefully puts it, “ethical motivations for using telephone interviews may be reason enough to justify that mode”. A researcher can use telephone interviews to access participants who do not want to meet face-to-face or to access participants who otherwise would not be accessible (Tausing & Freeman, 1988; Miller, 1995). Moreover, I was acting in compliance with the University of Sheffield’s Ethics Policy which states that it is the obligation of the researcher to be sensitive to a culture’s norms and requirements (see section 4.4. on ethical considerations).

### **4.3 Purposive Selection of Participants in Social Science Research**

Participants are “the segment of the population that is selected for investigation” (Bryman, 2012, p. 187). There are two basic techniques of selecting participants in social science research: probability-based and non-probability-based techniques (Creswell, 2007; Bryman,

2012). With the probability-based technique, researchers choose their participants by random strategies in which each individual of the population has an equal chance of being selected as a research participant. The aim of this technique is to choose representative participants from the targeted population in order to generalise the study's results. This technique relies primarily on numbers instead of words.

For the non-probability technique, however, the selection of participants is based on non-random strategies by which some individuals and/or sites have a greater chance of being selected than do others (Merriam, 2009; Bryman, 2012). This system relies on the generation of non-numerical data. The non-probability technique is the most commonly used and appropriate technique for carrying out qualitative research (Merriam, 2009). This technique comprises three strategies: convenience, quota and purposive (Cozby & Bates, 2012). Convenience strategy is explained as a take-them-where-you-find-them method of selecting participants (Cozby & Bates, 2012, p. 148). Quota strategy is used to reflect “the numerical composition of various subgroups in the population”. The purposive strategy, however, gives the qualitative researcher an opportunity to select research participants (sites and individuals) that meet pre-determined research criteria (Merriam, 2009; Cozby & Bates, 2012) and serves the research purpose and objectives (Willington, 2015). As Merriam (2009, p. 77) puts it, the purposive strategy is used “based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned”. Although this depends on the nature of the research project, participants who are purposively chosen are more likely to provide the most valuable data (Denscombe, 2007). The purposive technique also provides researchers the opportunity to understand their participants' views and opinions about a phenomenon of mutual interest in a given context (Patton, 2002). For this reason, I purposively chose the teachers involved in this study from

four Saudi mainstream schools according to the criteria presented in Table 3. Merriam (2009) supports this stance when she points out that it is important for the researcher to determine the criteria that will guide the selection of individuals and sites to be studied as soon as the purposive strategy has been chosen.

Table: 3

*Purposive Selection Criteria of Participants*

Criteria element	Number of Participants
<ul style="list-style-type: none"> <li>• Disabled teacher and teach disabled pupils</li> </ul>	3 participants: 2 males and 1 female
<ul style="list-style-type: none"> <li>• A family member of a disabled person as well as being a teacher for disabled pupils</li> </ul>	6 participants: 3 males and 3 females
<ul style="list-style-type: none"> <li>• Teachers who did not fit the above two categories but have more than five years of teaching experience with disabled pupils in mainstream schools</li> </ul>	23 participants: 11 males and 12 females.

Note: detailed information about participant teachers is provided in Table 6

#### 4.4 Ethical Considerations

Researchers are always expected to conduct their research in an ethical way (Denscombe, 2014). As Wellington et al. (2005, p. 104) put it:

*“Nowadays researchers are often required to have their research proposals approved by ethics committees before they can proceed or are, at least, exhorted to ensure that they adhere to ethical guidelines or codes of practice devised by professional or discipline based organisations (for example, and in Britain, the British Psychological Society [BPS], the British Sociological Association [BSA], the British Educational Research Association [BERA]).”*

Considering this, I reviewed the Ethical Guidelines for Educational Research published by BERA (2011, p. 5) which stresses that all research participants:

*“should be treated fairly, sensitively, with dignity, and within an ethic of respect and freedom from prejudice regardless of age, gender, sexuality, race, ethnicity, class,*

*nationality, cultural identity, partnership status, faith, disability, political belief or any other significant difference.”*

I also understand from the BERA guidelines that it is my responsibility as a researcher to: 1) Obtain voluntary informed consent before starting my research, which I did – each participant read the information sheet and then signed the informed consent form before undertaking the interview (see Appendix 2 information sheet, Appendix 3 consent form- English version and Appendix 4 consent form- Arabic version); 2) Let all my research participants know of their right to withdraw from my study at any time and even without reasons – this right was clearly stated in the information sheet and consent form. It was also confirmed orally before starting the interview; and 3) Ensure privacy, confidentiality and anonymity of data – all participants’ and schools’ names as well as any other information participants asked me to secure was disguised. I was keen to conduct my research with honesty, integrity, minimal possible risk to both participants and to myself, and to be sensitive to cultural norms and requirements (the University of Sheffield’s Ethics Policy, version 6). This research project was ethically approved by the University of Sheffield ethical review panel on the 25 August 2015 (see Appendix 5 approval letter). This research was also approved by the Saudi Ministry of Education on the 6 January 2016. All the above ethical considerations were taken into account and fulfilled regardless of the interview mode – face-to-face and telephone interviews (see section 4.6 for additional details).

#### **4.5 Pilot Interviews**

“It is often difficult to predict how participants will interpret the questions in [an interview] guide, particularly if these have been translated into another language” (Hennink et al., 2011, p. 149), which is the case in this study. Therefore, pilot-testing the interview schedule is

critical in order to try out particular questions and to determine and avoid potential problems that might occur in the actual study (Teijlingen & Hundley, 2002; Hennink et al., 2011).

In order to test the clarity and appropriateness of my interview guide, in September 2015 I arranged with my supervisor to conduct three pilot interviews with three Saudi teachers who have interests similar to those who will take part in the main study (Turner, 2010), including two special education teachers and one general education teacher (see Table 4).

Table: 4

*Summary of Participants Involved in the Pilot Study*

Participant	Gender	Age	Teaching Specialty	Qualification	Teaching Experience	Interview Date
Teacher 1	M	28-35	General Education Teacher	BA in Education	6 years	06/09/2015
Teacher 2	M	28-35	Special Education Teacher	BA in Special Education	7 years	10/09/2015
Teacher 3	M	28-35	Special Education Teacher	BA in Special Education	6 years	17/09/2015

The purpose here was to assess the interview guide in terms of clarity, length, order and the structure of questions and topics, in addition to determining whether any revisions were required. As Hennink et al. (2011, p. 149) put it, piloting an interview guide “involves asking the discussion questions to a group of people with similar characteristics to the study population (if possible), assessing how the questions are understood and considering any revisions”. These teachers expressed agreement regarding the clarity, difficulty, sequence and structure of my questions and topics, although one teacher suggested that I omit question

number 3 in section 1 which he felt duplicated question number 1 in section 3 (see Appendix 6 interview guide- Arabic version). I took note of this and revised my interview guide accordingly as I agreed with the point raised. I recorded all the pilot interviews using my iPhone-Recording system, Voice Memos, which I also used when I conducted the interviews during the main study. To conclude, the pilot interviews allowed me not only to assess my interview guide but also to assess my recording system and to gain confidence in speaking with interviewees.

#### **4.6 Data Generation Journey: In-depth Explanation and Justifications**

I (the researcher) am the actor of data generation (Merriam, 2009; Gall, Gall & Borg, 2010). I started the data generation journey on the morning of the 1 January 2016 when my wife, our two children and I left Sheffield by taxi for London Heathrow Airport to fly to Riyadh, Saudi Arabia, where the data generation was to take place. The flight lasted about 6.5 hours.

I spent a couple of days visiting with my parents and other family members, then contacted the Ministry of Education to get the school access approval letter. As Hennink et al. (2011, p. 66) put it, “seeking permission is an essential part of any research project”. To get approval, I had previously emailed a copy of the facilitation letter that I had received from the Saudi Cultural Bureau in London (see Appendix 7 facilitation letter- Arabic), a brief summary of my research, Arabic and English versions of my interview schedule, and a copy of the University of Sheffield Ethical Approval letter to the Ministry of Education in Saudi Arabia. On the 6 January 2016, I received the approval letter (see Appendix 8 approval letter from the Saudi Ministry of Education- Arabic) but was unable to visit the schools until the 17 January 2016 due to their two-week exam schedule.

I approached the schools on the 17 January and met the principals. I began by introducing myself as a researcher and handed over the approval letter and the information sheet so that they would understand the purpose of my research and goals. I discussed the recruitment criteria for my research with each principal. The prospective participants needed to be teachers who were themselves disabled and teach disabled pupils, teachers who were closely affiliated with someone who is disabled in addition to being a teacher of disabled pupils, or teachers who have significant work experience with disabled pupils. I asked each principal to provide a list of names, phone numbers and concise accounts of prospective participants who met the research criteria. The principals welcomed me and expressed their willingness to help. That first day, with the prospective participants' permission, I received a list of teachers' names, the times that they preferred to be contacted, and a brief account of their teaching experience. To preserve the anonymity of my participants, I informed the principals that the lists of teachers were merely suggestions. Final selection of participants for my research would depend on teachers' consent and how many participants I would include in my research, relating to the point of saturation. Following the initial meeting, I had no further contact with the principals to avoid being asked who participated in the research. When I got home, I reviewed the lists and the concise accounts and selected teachers I thought would best inform my research questions. I then created a uniform message (greeting, concise information about me as researcher and my research, asking if they were interested in participating in my research and stating my willingness to respond to any further inquiries regarding the project). I sent the message to the selected participants via WhatsApp. As Novick (2008, p. 7) highlights, "the use of technology is actually well-accepted in qualitative research".

I used WhatsApp for the following reasons. First, it is the most popular messaging application both among Saudi people and globally. As stated on the WhatsApp-website (2016), WhatsApp users number one billion worldwide. Second, it facilitates the exchange of instant messages, pictures, documents, videos and calls securely and cost-free (Montag et al., 2015). Third, the use of instant messaging apps such as WhatsApp has recently become popular in qualitative research studies (Opdenakker, 2006). However, this application has downsides including that any data/information held on the App can only be downloaded using smart phones and needs access to the internet to send and/or receive messages (see section 4.6.1 for more information about WhatsApp).

All selected teachers replied positively, indicating their initial consent to participate by texting or calling me back, except for one teacher who asked that I text him the following week as he was busy at that time. I texted him again but he apologised, stating that he could not participate – I accepted his apology and thanked him for informing me. After chatting back and forth to make arrangements, almost all male participants determined an appropriate day, time and place for face-to-face interviews. Three teachers identified a day and time but asked me to suggest a place to meet. For example, one participant said, “Today at 7 pm suits me but can you find a place to meet as I can’t think of any right now”. I said, “We can meet at my parents’ house if you don’t mind”. He said, “I have no problem meeting there. Send me the address and please don’t forget to make coffee for me”. Of the teachers who chose the meeting locations, two chose their own homes and nine preferred the School of Education at King Saud University where they were enrolled in part-time masters’ degrees in education, so we met there either before or after class. The three teachers who left the choice of location to me accepted my suggestion to meet at my parents’ home where I could guarantee the absence of noise and interruption.

Conservatism is rooted in Saudi society, based on cultural norms, customs and religious values. This promotes maintaining traditional institutions and resistance to change (see the Context Chapter for more information). As a result, males and females attend separate schools. This made it difficult for me to approach female participants. However, a male school principal phoned two female school principals, introduced me and my research to them, assured them that my research was approved by the Saudi Ministry of Education and by the University of Sheffield Ethical Review Panel, and asked their permission for me to contact them. They agreed and I phoned them later. I again introduced myself as a researcher and explained the purpose of my research and goals, and sent them copies of the information sheet and consent form via WhatsApp, as they preferred. They were cooperative and more than happy to help. I asked them to speak with their teachers about my research and to let me know if they had any teachers who met my research criteria and were interested in participating. With the prospective participants' permission, each female principal sent me a long list of female teachers, more than I needed, who were willing to participate. However, it was an advantage as I had the chance to choose those whom I felt were the most suitable and that I could learn the most from.

As I had requested, the lists included the participants' names, preferred contact information, the time to be contacted and a brief account of each teacher's teaching experience. I reviewed the list of female teachers and identified those who I felt best fit my research criteria and would inform my research questions. I got contacted each selected female participant using the same manner adopted for contacting male participants by sending a uniform message via the preferred contact information (WhatsApp, email, cellphone) from the list. With prior consent, I sent each teacher a copy of the information sheet and consent form via email or

WhatsApp, as they preferred, and asked each participant to let me know the day and time that suited her to conduct a telephone interview. I received confirmation regarding the day and interview time from all selected participants. Each telephone interviewee was asked to sign the consent form and send me a copy via their preferred method (email or WhatsApp) before the actual telephone interview took place, which they all did. Oral consent was also taken at the beginning of each interview.

The number of prospective participants increased as each interviewee (both male and female) suggested one or two colleagues who were interested in taking part. These teachers were probably not on the principals' lists because they had not been informed about this opportunity or they had waited to learn how their colleagues' interviews would go. After conducting several interviews, I received emails and WhatsApp messages from a number of additional female teachers interested in participating. I got back to them, saying that I would contact them later if I needed to interview further people which I did not. All female participants wanted to do telephone interviews, as it is culturally unacceptable in Saudi Arabia for unrelated men and women to meet. The women also preferred that their voices not be recorded and such requests were honoured (Wellington, 2015) (see section 4.7 for more information). However, I recorded detailed notes after obtaining each interviewee's permission along with asking for clarification and repetition when I needed.

#### 4.6.1 WhatsApp



WhatsApp is the most popular messaging App globally and among Saudi people. WhatsApp Messenger is:

*“a cross-platform mobile messaging app which allows you to exchange messages without having to pay for SMS. WhatsApp Messenger is available for iPhone, BlackBerry, Android, Windows Phone and Nokia and yes, those phones can all message each other! Because WhatsApp Messenger uses the same internet data plan*

*that you use for email and web browsing, there is no cost to message and stay in touch with your friends” (WhatsApp, 2017).*

WhatsApp is a secure App, as confirmed by the WhatsApp-Website home page:

*“When end-to-end encrypted, your messages, photos, videos, voice messages, documents, and calls are secured from falling into the wrong hands... WhatsApp's end-to-end encryption ensures only you and the person you're communicating with can read what is sent, and nobody in between, not even WhatsApp. This is because your messages are secured with a lock, and only the recipient and you have the special key needed to unlock and read them. For added protection, every message you send has its own unique lock and key. All of this happens automatically: no need to turn on settings or set up special secret chats to secure your messages” (WhatsApp, 2017).*

It was a top priority for me to protect and encrypt my interviewees' data. Therefore, a unique identification code was allocated to each interviewee before the interview was conducted, as shown in the first columns of Table 6. I used each interviewee's identification code in the informed consent documents, audio files, transcripts, interview notes, and in my iPhone as names (including the WhatsApp App).

#### **4.6.2 Schools: How and Why They were Chosen**

I invited disabled and non-disabled teachers to participate in this research from four primary mainstream schools in Riyadh, Saudi Arabia (see Table 5). These primary schools were chosen because they implemented the two models of inclusion/special education which this research seeks to explore. These schools contain pupils whose ages range from 6 to 12 years of age. Each includes between 200-300 pupils, with 25-35 of the pupils in each school labelled as disabled. All pupils were educated in their neighbourhood mainstream schools as these schools seek to include disabled pupils in one of the two models based on the children's conditions and circumstances (sic). The implementation of these two models are the same across the selected schools, as the implementation plan and strategies are enforced by the Ministry of Education. Schools might be different in terms of deciding who should be

inclusively educated in model one or educationally excluded in model two based on teachers' and principals' conviction and assessment of the children's minds and bodies (sic). The Saudi education system is based on sex-segregation, therefore, of the four schools, two were male-only schools and two were female-only schools. Eight participant teachers were interviewed from each school.

Table: 5

*Type of School and Number of Participants Selected*

Schools	Number of Participants
Male Primary School A	8 Participants
Male Primary School B	8 Participants
Female Primary School A	8 Participants
Female Primary School B	8 Participants

#### **4.6.3 Number of Participants and Duration of Interviews**

There is no clear and precise answer for the question: How many subjects and sites should a researcher include in a study (Merriam, 2009; Bryman, 2012). However, Merriam (2009) suggests that an adequate number of individuals or sites which answer the research questions and meet its objectives be established. A total of 32 semi-structured interviews were conducted: 16 face-to-face semi-structured interviews with male teachers; and 16 telephone interviews with female teachers. However, I decided to exclude one female interviewee because I spilled coffee on the notes from her interview before I could type them up and the data was lost. Therefore, I am presenting the details of 31 teachers in Table 6. As discussed above, these teachers teach at four different mainstream inclusive schools as shown above in Table 5.

Each of the 31 interviews lasted between 30.32 minutes and 100.15 minutes, with the average interview lasting for about an hour. The face-to-face interviews lasted between 30.32 minutes

and 79.39 minutes, and the telephone interviews lasted between 40.32 minutes and 100.15 minutes (shortest and longest durations).

Table: 6

*Detail of Interviewees and Interviews*

Participant Code	Gender	Interview Method	Teaching Experience	Qualifications	Interview Length	Interview Date
MP1	M	Face-to-Face	Since 2003	BA and MA	01:13:95	17/01/16
MP2	M	Face-to-Face	Since 2008	BA	00:46:55	17/01/16
MP3	M	Face-to-Face	Since 2005	BA	00:48:59	18/01/16
MP4	M	Face-to-Face	Since 2006	BA	00:58:48	18/01/16
MP5	M	Face-to-Face	Since 2007	BA	00:43:57	19/01/16
MP6	M	Face-to-Face	Since 2006	BA	01:07:15	20/01/16
MP7	M	Face-to-Face	Since 2005	BA	00:31:10	20/01/16
MP8	M	Face-to-Face	Since 2010	BA	00:48:05	25/01/16
MP9	M	Face-to-Face	Since 2000	BA	00:30:32	25/01/16
MP10	M	Face-to-Face	Since 1999	BA	00:54:13	28/01/16
MP11	M	Face-to-Face	Since 2005	BA	00:42:10	01/02/16
MP12	M	Face-to-Face	Since 2006	BA	00:44:04	01/02/16
MP13	M	Face-to-Face	Since 2000	BA	01:19:34	08/02/16
MP14	M	Face-to-Face	Since 2005	BA	00:38:04	08/02/16
MP15	M	Face-to-Face	Since 2010	BA	00:55:27	15/02/16
MP16	M	Face-to-Face	Since 2006	BA	00:48:12	15/02/16
FP1	F	Telephone	Since 1999	BA	01:15:06	29/01/16
FP2	F	Telephone	Since 1996	BA	01:00:02	29/01/16

FP3	F	Telephone	More than 10 years	BA and MA	01:10:22	02/02/16
FP4	F	Telephone	Since 2005	BA and MA	01:30:04	04/02/16
FP5	F	Telephone	Since 2008	BA and MA	01:15:00	08/02/16
FP6	F	Telephone	Since 2008	BA	01:10:11	09/02/16
FP7	F	Telephone	Since 1999	BA	00:45:16	15/02/16
FP8	F	Telephone	Since 2002	BA	00:45:03	15/02/16
FP9	F	Telephone	Since 1998	BA	00:45:20	16/02/16
FP10	F	Telephone	Since 2006	BA	01:20:36	18/02/16
FP11	F	Telephone	Since 2003	BA	00:40:32	18/02/16
FP12	F	Telephone	Since 2010	BA	01:00:23	19/02/16
FP13	F	Telephone	Since 1998	BA	01:20:09	19/02/16
FP14	F	Telephone	Since 1998	BA	01:10:21	20/02/16
FP15	F	Telephone	Since 2001	BA	01:40:15	01/03/16

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#### **4.7 Recording of Interviews**

Qualitative interviews are usually audio-recorded whenever possible (Denscombe, 2014). Participants usually agree to have their voices recorded but the possibility of refusal exists (Bryman, 2012; Wellington, 2015). In my research, as mentioned in section 4.6, I interviewed a total of 32 teachers and audio-recorded, transcribed and translated 16 of them. The other 16 interviewees (female) preferred their voices not to be recorded. However, I made detailed notes with their permission. As Denscombe (2014, p. 226) states, “under certain circumstances interviewers will need to rely on field notes. Most commonly this occurs when interviewees decline to be recorded”. Bryman (2012, p. 483) also states that “[w]hen faced with refusal, you should still go ahead with the interview, as it is highly likely that useful information will still be forthcoming”. This was true in my experience; I acquired important

data from both recorded and unrecorded interviews, as presented in detail in the findings Chapters (5 and 6) and in the discussion Chapter (7).

I audio-recorded the interviews using my iPhone6s-recording system, Voice Memos. The iPhone was switched to airplane mode before the interview to stop in-coming calls and texts that might distract both myself and the participant. The advantages of this digital system are the superior recording and sound quality, and ease of importing the audio-recorded interviews onto my mac computer. The process was simple, simply requiring connecting the iPhone to my computer via the iTunes software. This was synchronised with my iPhone and I downloaded the selected voice memos to my computer. While transcribing the interviews from my computer, I was able to start and stop the recording and use the replay function as often as required in order to listen to any unclear and/or garbled parts. I recommend this recording strategy to qualitative researchers as it is a simple, high-quality recording and multifunctional system.

#### **4.8 Transcription of Interviews**

Audio-recorded qualitative interviews are normally transcribed (Bernard & Ryan, 2010; Denscombe, 2014). Transcription is the first step to systematically analysing qualitative data (Bernard & Ryan, 2010). I began transcribing my interview data as soon as I completed the first interview. This decision, along with deciding to transcribe all recorded interviews myself, offered great benefits in terms of allowing me to engage in the initial stages of data analysis (such as identifying key themes and issues) early in the data generation process. I could thus identify new issues and add them for consideration in subsequent interviews (Pope, Ziebland & Mays, 2000). For example, my first interviewee raised the issue of the special education bonus as a barrier for inclusive education and my third interviewee raised

the issue of the exploitation of disabled pupils. I added these issues to my interview schedule and discussed them with subsequent interviewees. I was also able to identify when to stop recruiting participants and data generation (data saturation) (Hennink et al., 2011).

Although transcribing and translating (see section 4.9 for detail about translation) was, indeed, time-consuming and tiresome, I decided not to assign it to someone else for the following reasons: such delegation would have prevented me from obtaining the significant benefits discussed above, it would also have compromised the anonymity and confidentiality of the data and introduced the high possibility of the data being impacted on by the transcriber or translator. It took me between five and seven hours to transcribe a one-hour interview, which is longer than the suggested four to five hours (Hennink et al., 2011) or five to six hours (Bryman, 2012) to transcribe a one-hour speech. However, such suggested time durations depend on the experience of the transcriber/researcher, the amount of data to be transcribed (Kvale, 1996; Denscombe, 2014) and both the speed of the speaker and typist (Denscombe, 2014). I transcribed each interview verbatim in Arabic then translated it into English on a one-by-one basis.

All my participants were offered the chance to receive a copy of the Arabic transcript for verification. However, 11 audio-recorded participants told me that there was no need to send the transcripts to them for verification. One participant said, “I know what I said... I don’t need to do verification”. Another said, “Please, don’t send it to me. I am fine with what I said... if you send it I don’t think that I will get back to you”. The remaining four audio-recorded participants said they were fine whether or not they got the transcripts for verification but I decided to send them anyway. One preferred to receive the transcript by email, whereas the other three preferred the transcripts to be sent via WhatsApp because they

did not have email accounts. They all replied affirmatively and made no changes in the transcripts.

#### **4.9 Translation: Process and Challenges**

Arabic is the official or co-official language of several Asian and African countries. Native speakers of Arabic number more than 422 million worldwide (United Nations, 2016). Arabic is the native language of Saudi Arabia, but some Saudis also speak English as a second language. Therefore, my research participants were given their choice of interview language – Arabic or English. They all chose Arabic in which they felt they could more easily express their thoughts, beliefs, insights, experiences and feelings regarding the topics under exploration. Thus, it became methodologically and ethically vital for me to translate the interview data from the source language (Arabic) to the target language (English) and to be explicit and transparent about the process. In social science research, data translation can be an area of concern if it is overlooked (Temple & Young, 2004). As Filep (2009) and Hennink et al. (2011) put it, once the interview is conducted in a different language, the researcher needs to translate the interview data. It is up to the researcher to determine when and how the translation is done, which might rely on factors such as the researcher's bilingualism, the availability of funds and time, and the methodological and philosophical position of the research (Temple & Young, 2004). However, translation can be a big challenge for a researcher who generates the interview data in a language that is different from the language of production of the research paper (Nurjannah et al., 2014). Such challenges can be encountered at any point throughout the research project (Squires, 2009).

Different interpretations of the concept of translation have been produced. The dictionary defines it as the process of changing words or texts from one language into another. For

Crystal (1991, p. 346), translation is a process whereby “the meaning and expression in one language (source) is tuned with the meaning of another (target) whether the medium is spoken, written or signed”. Temple and Edwards (2002) point out that translation across languages involves more than just a literal transfer of information. However, it “carries accumulated and particular cultural, social, and political meanings that cannot simply be read off through the process of translation” (Temple & Edwards, 2002, p. 3). In this regard, Hui and Triandis (1985) define *conceptual equivalence* as the possibility of achieving a meaningful discussion of the constructs of the cultures concerned. Wang, Lee, and Fetzer (2006) state that conceptual equivalence is having the similar meaning of a construct of two cultures. This view is also supported by Brislin (1970) and Sechrest, Fay, and Zaidi (1972) when they argue that in qualitative research “the most important factor in achieving a valid translation is ensuring equivalence of meaning” (as cited in Nurjannah et al., 2014, p. 1). Further, Regmi, Naidoo and Pilkington (2010) argue that translation is mainly about achieving equivalence of meanings between two languages. Such a goal is arguably impossible to achieve through literal translation. Lee et al. (2008) and Révauger and Wilson (2001) state that a literal transition is not required, as it might lead to contradictions, sentence fragmentation and distortions of meanings. Although any translation technique contains shortcomings due to syntax and linguistic differences between languages (Suh, Kagan & Strumpf, 2009), I argue that translating Arabic to English is challenging because of the fundamental differences in terms of, for example, the language group to which each belongs, alphabet, phonology, morphology, vocabulary, and writing system.

While a detailed explanation of such differences is beyond the scope of this research, a brief discussion is necessary to show the complexity of languages and language translation. First, Arabic belongs to the Semitic language group whereas English is a Germanic language. As

Bateson (2003, p. 1) points out, the Arabic language operates by what is known as the “root and pattern system” which is a vital feature of languages belonging to the Semitic group. The root usually has three consonants that are sometimes unpronounceable and have multiple meanings according to the context. Second, the Arabic alphabet has 28 letters whereas English has 26. Third, English phonology has about three times as many vowel sounds as Arabic. Chejne (1969) points out that the Arabic language includes eight vowels and 32 consonants. Fourth, English and Arabic have very few similarities when it comes to their morphology and vocabulary. For example, the term ‘teacher’ is used for both male and female teachers in English, whereas in Arabic ‘mueallam/معلم’ denotes a male teacher and ‘maelimah/معلمة’ is the equivalent feminine term. Finally, Arabic differs from English in terms of the direction of writing (Arabic is written from right-to-left whereas English is written from left-to-write), grammar syntax and punctuation rhythm (Chejne, 1969).

Therefore, as a researcher who speaks both Arabic and English (Arabic is my native language and English is my second language), I strove to translate the nuanced meanings in the participants’ language (Arabic) to my thesis language (English). To be precise, I aimed for the *conceptual equivalence* of the Arabic words or phrases of my participants’ experiences, views, beliefs and feelings regarding the explored topics in English rather than making literal translations. As Polkinghorne (2005) states, a researcher must make sure that the meanings of the generated data are interpreted as close as possible to the participants’ experiences because, as Suh, Kagan and Strumpf (2009) point out, each culture has its specific cultural and social meanings embedded in the words, phrases and expressions of its people. This makes literal translation arguably impossible. In my experience as the researcher-translator of my interview data, I found this to be true: numerous formal and colloquial words and phrases could not be translated literally.

For example, one disabled teacher (DMP14) expressed his deep anger regarding how some teachers treat disabled pupils in his school saying, “بعض المعلمين ما تأمنه على تراب الله يكرمك” (Arabic colloquial language—Aleammih/العاميه). This cannot be literally translated into English but the closest English wording would be “Some teachers you can’t trust them on dust, God honoured you.” My interpretation of this phrase would be “Disabled pupils are being treated badly by some teachers in his school”. Another example, MP10 said, “اذا طحت” (Arabic, mixed between formal and colloquial language). My interpretation and the closet translated meaning of this sentence in English is “If you were in a society that accepts you as a disabled”. In this sentence, the Arabic word “طحت” contextually and meaningfully is “if you were” but the literal English translation is “fall down” which makes no sense in this context. As a third example, MP5 said, “تتريق عليه/Taatrig him”. This phrase is an idiomatic expression commonly used among people in the central region of Saudi Arabia. There is a great possibility that people in other parts of the country would not be familiar with it. This expression cannot be literally translated into English because there are no words to match it, however the closest translated meaning, based on my interpretation, would be “to make fun of someone” because you see yourself as superior. Last but not least, MP3, using colloquial language, described the teacher education and the in-service sessions that he completed as “empty talk/ فاض كلام”. Although the literal translation does not convey his message, the closest English equivalent, “rubbish talk,” can.

As translation work is a big challenge, Temple and Young (2004) and Nurjannah et al. (2014) suggest that the theoretical/philosophical paradigm of the research, the translator’s position, and the timing of translation need to be taken into consideration to achieve the translation of interview data that is as accurate as possible from one language to another. To begin with, the

researcher's ontological and epistemological position, and the person(s) who carry out the translation, all influence the translation process and warrant serious consideration. As Esposito (2001) states, although different social science research might reveal some similarities in the process of data translation, methodological assumptions have a significant influence on this process. In research with a positivist stance, in which knowledge is perceived as objective, non-transferrable, and value-free, translation is considered a simple process in which data can be translated from one language to another by the researcher or someone else (Temple & Young, 2004). However, in social constructivist/interpretative research, in which knowledge is a socially constructed and interactive relationship between the researcher and the research participants, translation requires caution. Assigning a translator raises concerns regarding his or her influence on the data (Nuriannah et al., 2014), in terms of both understanding the contextual or culturally specific meanings or colloquial language as well as familiarity with the research area and concerns. As Temple and Young (2004, p. 171) point out, "The translator always makes her [his] mark on the research", thus altering the data and impacting the analytical process (Nuriannah et al., 2014). Further, Nuriannah et al. (2014, p. 4) state that in qualitative constructivist research, "a professional translator may be considered inappropriate because translation is not considered to be a neutral technique to change words from one language into another". Since assigning a translator is not recommended, especially with qualitative interview data, and is expensive, as a constructivist researcher who speaks both Arabic and English, I translated all my qualitative interview data from Arabic to English, paying specific attention, as closely as I could, to the *conceptual equivalence* of data.

The timing of translation can also influence the quality of translated interview data. Suh, Kagan and Strumpf (2009) discuss three points with regard to the issue of timing in which the

translation of qualitative interview data can be conducted: (1) Before analysis (i.e. translation occurs immediately after the interview is completed in the source language); (2) during analysis (i.e. transcription and initial coding in the source language occurs, followed by translation into the target language); and (3) after analysis (i.e. translation of the research findings into the targeted language after the research is completed). The authors recommend that translation be undertaken during the analysis stage (which is the timing I used) because they believe that such a strategy enhances the possibility of capturing both explicit and implicit meanings from the transcripts. This timing of translation is recommended if the researcher understands the participants' language (Nuriannah et al., 2014). In my case, the participants' language is my native language. However, the authors critique translation before analysis, believing that such a strategy often increases the possibility of loss of meaning, whereby implicit meanings might not be captured. Nuriannah et al. (2014) indicate that this translation strategy is recommended if no one on the research team is bilingual. The translation after analysis strategy means that the research process occurs completely in the source language, but that translation is usually conducted for the purpose of publication (Suh, Kagan & Strumpf, 2009). Nuriannah et al. (2014) maintain that the characteristics of the researcher(s) need to be taken into consideration when identifying the suitable timing of translation. In my research, I translated my interview data during the initial stages of analysis, transcribing the interview data in the source language and then translated these transcripts into second transcripts in English (Regmi, Naidoo & Pilkington, 2010). Although the process was quite time-consuming, challenging and tiresome, I viewed it as a valuable form of analysis as it allowed me to immerse myself in my data and to maintain constant contextual comparisons between meanings from the two versions of the transcripts. The analytical process is discussed next.

#### **4.10 Analytical Process and Justifications**

Wellington (2015, p. 260) provides a highly pertinent quotation regarding the analytical process for qualitative research: “It starts from the premise that there is not one single correct way of doing it”. Therefore, many qualitative scholars suggest useful analytical methods to use when conducting a thematic analysis (see for example, Miles & Huberman, 1994; Ritchie & Spencer, 2002; Braun & Clarke, 2006; Wellington, 2015; Bryman, 2016). Thematic analysis is the common approach used to analyse qualitative data (Bryman, 2012).

For my study, I used framework analysis (Ritchie & Spencer, 2002) to analyse data and identify a thematic framework. Subsequently, I then coded transcripts systematically per the framework. I found the framework approach suggested by Ritchie and Spencer (2002) to be the most suitable, as it involves clear, dynamic and flexible stages which allowed me to jump back and forth between stages to analyse and manage my interview data. Ritchie and Spencer (2002, p. 310) define a framework as “an analytical process which involves a number of distinct though highly interconnected stages”. The framework approach has been used in applied social policy research since the 1980s but “the general principles of the approach have proved to be versatile across a wide range of studies” (Ritchie & Spencer, 2002, p. 306). There are five framework analytical interconnected stages which I used as a general approach to guide my analysis, arrangement and coding of the textual data and to inform my reflections on discussions that took place between the participants and myself regarding the phenomena of mutual interest:

1. Familiarisation;
2. Identifying a thematic framework;
3. Indexing;
4. Charting; and

5. Mapping and interpretation (Ritchie & Spenser, 2002, p. 312).

In qualitative research, the researcher is usually the primary analyst of his or her data (Merriam, 2009; Gall et al., 2010). Therefore, I will now discuss and reflect on each of the five stages in relation to my research analysis.

#### **4.10.1 Familiarisation**

Familiarisation refers to the process in which the researcher ensures that he or she is familiar with and immersed in the data as much as possible (Ritchie & Spencer, 2002; Mason, 2002; Wellington, 2015). I started to familiarise myself with my data as soon as I undertook my first interview on the 17 January 2016. This was achieved through engaging in active conversation with each interviewee, taking and reviewing my field notes and repeatedly listening to the audio-recorded interviews. The process of familiarisation and immersion in my data continued through transcribing, translating, reading and re-reading the Arabic and English versions of the transcripts (Pope, Ziebland & Mays, 2000). I felt that the data was speaking to me while I was falling asleep after a long day of listening and transcribing the recorded interviews. I know this might sound weird but it is what happened.

I believe the familiarisation stage is not isolated, but is a continuing process throughout the data generation, analysis, and writing up. I was immersing myself more and more in the data as I continued with my project. At this stage, I was able to read and re-read each interview transcript, make marginal notes and initial coding. Such immersion in the data allowed me to begin to analytically read and conceptualise the data. I started to ask myself questions about the data, to think about the implicit meanings of words and to try to connect the concepts found in the data to the concepts that exist in the literature. As Hennink et al. (2011, p. 224)

put it, “reading data analytically is an important process for developing more refined codes that are deeply rooted in the data”. This supported the development of my initial thematic framework, which I will discuss below.

#### **4.10.2 Identifying a Thematic Framework**

Ritchie and Spencer (2002) define thematic framework as a guideline by which qualitative data can be shifted and sorted. To construct a robust basis for my thematic framework, I further developed the concepts, themes and key issues that were generated in the familiarisation stage to label and code my textual data. I was able to do this through making connections between the concepts, themes and issues and determining whether an overarching concept or theme tied a certain group of issues together (Hennink et al., 2011). I identified major issues and concepts by drawing upon a priori themes (Pope, Ziebland & Mays, 2000) that came from my interview schedule, literature of disability studies and inclusion, and Vygotskyian theory. I allowed the data to speak for itself and allowed further issues to emerge from the participants’ voices. To be clear, I approached my textual data with three lenses: a priori knowledge and themes; an open mind and a desire to generate new ideas/theories; and my own reflection and interpretation. This means that my coding frame came from both deductive and inductive approaches. As Hennink et al. (2011, p. 218) states, “[i]deally, a study would have a mix of deductive and inductive codes”. Pope, Ziebland and Mays (2000) also state that analysing qualitative data is usually derived by utilizing deductive and inductive approaches. Ryan and Bernard (2003) and Bryman (2012) agree with this view when they point out that most qualitative researchers construct their thematic framework using both inductive and deductive ideas. However, I found the process of analysis to be tentative and subject to ongoing development and refinement as new themes and codes emerged while I was reading and analysing the transcripts and interview notes. As Ritchie

and Spencer (2002, p. 314) explain, “[d]evising and refining a thematic framework is not an automatic or mechanical process, but involves both logical and intuitive thinking”. Therefore, at an initial stage of coding, I generated 140 codes under nine major themes, which led me to develop *a codebook* to use it as a reference and to track the evolving and changing codes (Hennink et al., 2011) (see Appendix 9 for a sample).

I divided the codebook into nine sections, reflecting the nine major themes, one major theme per section, with the related codes listed under the major theme. I then started reducing the high number of codes by reviewing and considering the data at a more abstract level. I judged the meanings and looked for connections between codes listed in the codebook in relation to other codes, as well as the major theme under which they were listed. I also studied my transcripts and interview notes in relation to the codes and themes in other sections of the codebook to make sure that all codes and themes were coherent and relevant to the identified categories. To achieve this, I grouped similar and repeated codes together and combined codes and ideas that had explicit and implicit connections. As Ritchie and Spencer (2002, p. 314) put it, designing a thematic framework “involves making judgements about meaning, about the relevance and importance of issues, and about implicit connections between ideas”. I ended up producing nine major themes with sub-theme(s) under each (see Table 7). This process was applied to five randomly chosen transcripts, yet the developed thematic framework was now ready to be applied to all transcripts and interview notes. This was the indexing stage (Ritchie & Spencer, 2002), to which I will now turn.

Table: 7

*Conclusion of Themes and Sub-Themes(thematic framework)in Relation to Research*

*Questions*

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Research Questions	Themes and Sub-Themes
Research Question 1	5.1 Findings Concerning Inclusion; 5.1.1 Participants' understanding of inclusion; 5.1.1.1 Traditional special education understanding of inclusion; and 5.1.1.2 Social model understanding of inclusion.
	5.2 Findings Concerning Disability; 5.2.1 Participants' understanding of disability 5.2.1.1 Medicalised understanding of disability; 5.2.1.2 Social model understanding of disability; 5.2.1.3 Interactional/relational understanding of disability; and 5.2.1.4 Cultural and religious understanding of disability.
	5.3 Findings Concerning the label of Intellectual Disability. 5.3.1 Participants' understanding of the label of intellectual disability; 5.3.1.1 Medicalization definitions/understanding; 5.3.1.2 Processes and procedures of identifying pupils as intellectually disabled; and 5.3.1.3 Criticism of processes and procedures of diagnosis
	5.4 Disabled Pupils' Educational Experiences; 5.4.1 Model one: Mainstream classrooms coupled with special support in a resources room; and 5.4.2 Model two: Self-contained classrooms in mainstream schools.
	5.5 Disabled Pupils' Social Experiences; 5.5.1 Models one and two: Mainstream classrooms coupled with special support in a resources room and self-contained classrooms in mainstream schools.

Research Question 3	6.1 Schools' systems and attitudes; 6.1.1 Disablist physical environment; 6.1.2 Negative attitudes, language and beliefs; 6.1.3 Policy barriers; 6.1.3.1 Self-contained classroom-size barrier; 6.1.3.2 Special education bonus barrier; and 6.1.4 Exploitation of disabled pupils.  6.2 Teachers/Teaching's Quality and Learning Facilities; 6.2.1 Poor and Medicalised teacher education programmes and in-service training; 6.2.2 'Normal' teaching; 6.2.3 Lack of or inappropriate use of resources and fund; and 6.2.4 Disabled pupils' classroom condition and location
Research Question 4	8.1 Important Suggestions; 8.1.1 Raising Awareness; 8.1.2 Creating an Inclusive Space for All; 8.1.3 Reviewing Policy and Regulations; and 8.1.4 Promoting the Core Values of Inclusive Education.

### 4.10.3 Indexing

Indexing is “the process whereby the thematic framework or index is systematically applied to the data in their textual form” (Ritchie & Spencer, 2002, p. 316). All my textual materials were indexed using the thematic framework shown in Table 7. The indexing reference 5.2.1.1 Medicalised understanding of disability, for example, was recorded in the right, left, upper or lower margins of the transcripts and interview notes. To be clear, I attached the themes in a numerical system to the segments or sections that represent it. The process of indexing was tiresome and required abstract thinking “as it involves making numerous judgements as to the meaning and significance of the data... making judgements is subjective, and open to differing interpretations” (Ritchie & Spencer, 2002, p. 316). Indexing the numerical system to the textual material made the data ready for charting, which is the fourth stage.

#### **4.10.4 Charting**

Ritchie and Spencer (2002) define charting as arranging the responses of participants that were indexed in the previous stage into charts according to the appropriate thematic references. In other words, textual data are lifted from their original context and placed in the appropriate cells in a chart according to the relevant themes and sub-themes. To do this, I created charts using Microsoft Word – one chart for each major theme and its sub-themes corresponding to each research question (see Appendix 10 for an example). I then lifted the relevant data from their original texts to the appropriate cells in the chart, either by entering quotations or by a filtered summary of participants' views, with the original source cited so I knew which interview they came from. As Ritchie and Spencer (2002, p. 319) point out “[e]ach passage of text, which has been annotated with a particular reference, is studied and a distilled summary of the respondent's views or experiences is entered on the chart”. Once this was completed, I moved onto the stage of mapping and interpretation, which I will discuss in the next section.

#### **4.10.5 Mapping and Interpretation**

The final stage is the mapping and interpretation of shifted and charted data according to the appropriate themes and concepts as well as the research questions (Ritchie & Spencer, 2002). Therefore, at this stage, my analysis and interpretation of charted data was guided by my research questions, themes and issues that emerged from the data itself in the previous analytical stages. I conducted this by reviewing the charted data and research notes. I also compared and contrasted my participants' responses and sought connections and explanations from within the data, as well as from my own interpretation and reflection as a researcher-analyst (Ritchie & Spencer, 2002). For example, I used my respondents' responses to define

concepts such as disability and inclusion in which more than 31 definitions were listed, charted then compared, contested and grouped according to concepts/themes that I derived from the disability studies literature. The effort that I made in this stage cannot be easily described because it involved defining concepts, finding associations, and providing explanations (Ritchie & Spencer, 2002) congruent with the responses and views of my participants. However, it is noticeable and identifiable in the findings Chapters (5 and 6).

### **Summary of the Chapter**

This chapter provides a critical discussion of the methodology, methods and justifications underpinning my choice of an interpretive paradigm and semi-structured interviews. These choices were based on my philosophical assumptions and my research questions and aims. This chapter also includes detailed information about my data generation journey, which involved challenges and justifications for the decisions that were made to ensure that research ethics are maintained and that the research aims are achieved. This chapter also provides an in-depth explanation of how the data was organised and analysed and what challenges were involved in the processes of, for example, interview recording, transcription, translation, defining themes, coding, categorising, charting, until the data becomes ready for presentation (see Chapters 5 and 6) and discussion (see Chapter 7).

## **Chapter 5: Systematic Analysis and Presentation of Findings 1**

### **Introduction**

The following two chapters (Chapter 5 and Chapter 6) present the findings of this research. Both chapters involve the systematic analysis and synthesis of the research findings. Chapter 5 here comprises two major sections corresponding to research questions one and two. Chapter 6 is devoted to data relating to research question three. In other words, my analysis, synthesis and presentation of data were guided by my research questions. Wellington (2015) recommends this tactic when he states that matching textual data to individual research questions can be a valuable strategy for structuring and writing up qualitative research findings. Both chapters involve reporting interviewees' viewpoints, experiences, feelings and prejudices in the form of paraphrasing responses and direct quotes. I have also linked the responses to relevant literature and theorists, but Vygotsky has been emphasised as a key theorist in this study. The two chapters also encompass my interpretations, comments and explanations. However, this was kept brief as a detailed interpretation and connection of the data with related literature and theories are presented in-depth in the discussion Chapter (Chapter 7).

The two major sections in this chapter are as follows: Systematic analysis and presentation of data relating to research question one, and systematic analysis and presentation of data relating to research question two. Each major section is divided into a number of themes and sub-themes in which relevant data were accordingly presented in a systematic way. It is important to keep in mind that it is impossible to represent every participant's voice due to the word limit of the thesis and the large data set (Wellington, 2015). As Bernard and Ryan

(2010) state, semi-structured interviews usually generate a large amount of qualitative data which requires filtering. Therefore, selective quotes from participant teachers' responses are presented to illustrate or reinforce the key themes (Bryman, 2012; Denscombe, 2014; Wellington, 2015) and to convey the issues more vividly than my own words (Hennink et al., 2011). Braun and Clarke (2006, p. 93) support this strategy when they advise researchers to "choose particularly vivid examples or extracts which capture the essence of the point you are demonstrating".

In the two findings chapters the reference system of participants' responses is as follows: D denotes disabled, M denotes male, F denotes female, P denotes participant and the number(s) following the letters signify the number of interviewees/transcripts (see Table 8 Guide system). The total number of interviewees is 31 participant teachers.

Table: 8

*Guide of Participants' Reference System*

Disabled	Male or Female	Participant	Interviewee's/transcript's Number	The Complete Reference Code
D	M	P	14	DMP14
D	F	P	4	DFP4
	M	P	1	MP1
	F	P	1	FP1

**Section One: Systematic Analysis and Presentation of Data Relating to Research Question One**

**Introduction**

This major section concerns research question one: How do teachers understand inclusion, disability and the label of intellectual disability? I organised this section into three sequential parts, with each part including a number of themes and sub-themes that emerged from the

data or derived from relevant literature (for example, Oliver, 1990; Shakespeare, 2006; Slee, 2011; Goodley, 2011, 2014, 2017; Ghai, 2015) (see Table 9). As Hennink et al. (2011, p. 225) put it, “Considering the data in light of concepts from the literature may help to refocus your attention on certain processes or phenomena that were unnoticed at first, but are indeed evident in the data”. Overall, as shown below, the data revealed complex meaning-making around inclusion, disability and the label of intellectual disability.

Table: 9

*Summary of The Organization of Data and Themes Relevant to Research Question 1*

	Part One	Part Two	Part Three
Research’s aims	5.1 Findings Concerning Inclusion.	5.2 Findings Concerning Disability.	5.3 Findings Concerning the Label of Intellectual Disability.
Themes	5.1.1 Participants’ understanding of inclusion;	5.2.1 Participants’ understanding of disability	5.3.1 Participants’ understanding of the Label of intellectual disability;
Sub-themes	5.1.1.1 Traditional special education understanding of inclusion; and	5.2.1.1 Medicalised understanding of disability;	5.3.1.1 Medicalization definitions/understanding;
	5.1.1.2 Social model understanding of inclusion.	5.2.1.2 Social model understanding of disability;	5.3.1.2 Processes and procedures of identifying pupils as intellectually disabled; and
		5.2.1.3 Interactional/relational understanding of disability; and	5.3.1.3 Criticism of processes and procedures of diagnosis.
		5.2.1.4 Cultural and religious understanding of disability.	

**5.1 Findings Concerning Inclusion**

This part includes a systematic analysis and presentation of data relevant to how my participants understand inclusion. It comprises one theme and two sub-themes.

### **5.1.1 Participants' Understanding of Inclusion**

A total of 31 participants responded to my question, 'How do you understand inclusion/what is inclusion from your point of view?' I have acquired more than 31 definitions of inclusion, as seven participants each gave more than one definition to articulate their understanding of inclusion. This shows the lack of consensus regarding this complex concept. As Booth and Ainscow (2002, p. 2) note, "everyone has his or her own view of a complex idea like inclusion". As the researcher-analyst of my data, I felt that my interviewees' responses reflect either the traditional special education understanding or the social model understanding of inclusion. Therefore, I grouped the responses according to these two categories, in order to provide a systematic, clear and accessible presentation of data both for myself and the reader. I also briefly reflected on my participants' responses based on my knowledge and understanding of the literature. The responses were also briefly connected to the relevant theories.

#### **5.1.1.1 Traditional Special Education Understanding of Inclusion**

A significant number of my participants (22 out of 31) provided definitions of inclusion which reflect the traditional understanding of special education theories. MP1's definition is an example. He said, "Inclusion is to teach disabled students in mainstream schools, whether in mainstream classrooms or separate classrooms attached to mainstream schools" (MP1, p. 3). MP6 held a similar view, defining inclusion as "to remove disabled pupils from being educated in segregated institutions and centers to be educated in their mainstream neighbourhood schools, whether in self-contained or mainstream classrooms" (p. 4). In these

definitions, MP1 and MP6 did not emphasise the radical change of schools and the inclusion of disabled pupils in mainstream classrooms because their main concern was to educate disabled pupils in mainstream schools regardless of whether they are in self-contained or mainstream classrooms. MP7 elaborated on these responses, saying:

*“I understand inclusion as to educate some disabled pupils in a mainstream school, as I believe that not all disabled pupils should be in mainstream schools. However, our goal as teachers should be to take disabled pupils [educated in self-contained classrooms] to mainstream classrooms as well as increasing the number of resources rooms to support pupils who require special supports instead of maintaining self-contained classrooms”* (p. 2).

MP7s understanding of inclusion agrees with the traditional understanding of special education because he believes that mainstream schools are only appropriate for some disabled pupils. As he argued, “I believe that not all disabled pupils should be educated in mainstream schools” (p. 2).

On the other hand, MP8, MP9, MP12, MP13, DFP4, FP10 and FP11 expressed terms which originated in American legislation, such as LRE or similar terms which include ‘inclusion to the maximum extent possible’ or ‘maximum extent appropriate’ in their definitions of inclusion. This reflects the influence of American legislation including the Education for All Handicapped Children Act (PL 94-142) and Individuals with Disabilities Education Act (PL 99-457), on the implementation of inclusion in Saudi mainstream schools and on Saudi legislation (i.e. Saudi Disability Code, 2000; DRRSEIP, 2001). As Alquraini (2011) and Aldabas (2015) put it, Saudi-disability-related legislations were developed after reviewing and considering the relevant American legislation.

Such influence on the implementation of inclusion and on Saudi legislation has affected teacher education and teachers’ understanding of inclusion. For example, MP13 said, “Inclusion is educating disabled pupils in the least restrictive environment, with the condition

of making sure that education and social needs (sic) of disabled pupils are met to the maximum extent possible” (p. 5). FP10 provided a broader definition, saying, “Inclusion is a societal philosophy that seeks to minimize the educational and social segregation of disabled pupils to the maximum extent appropriate” (p. 8). Similarly, FP11 defined inclusion as “To place disabled pupils alongside their non-disabled peers to the maximum extent possible (p. 1). DFP4 and MP8 offered definitions mixed between the teaching of special education (medical model) and disability studies (social model). DFP4 said, “Inclusion means including a disabled child in the least restrictive environment, with the assurance of a prepared environment that is free of educational and social barriers” (p. 2) and MP8 noted that, “... the least restrictive environment should be free of all restrictions because inclusion of disabled pupils couldn’t be implemented in an environment where restrictions are everywhere” (p. 2).

However, since its origination, the LRE concept has been subjected to criticism. For example, Taylor (1988), Villa and Thousand (2000) and Sauer and Jorgensen (2016) argue that the concept of LRE has gained attention and respect because it emerged in an era in which disabled children were completely segregated, but now it legitimates the segregation and exclusion of disabled children in special educational institutions and special classrooms within mainstream schools. Therefore, they believe that it is time for this concept to be changed in favour of new ideas and concepts that promote a culture of inclusion for all learners regardless of their differences.

In line with the above responses, DMP2 (disabled participant) understood inclusion based on his experience of inclusion in Saudi schools, which is the focus of my research – the two models of inclusion/special education implemented in school where he teaches. He understood inclusion as:

*“the education of disabled pupils in mainstream schools. I can classify it [inclusion] into two types, partial and full inclusion. First, partial inclusion (known as self-*

*contained classrooms) in which intellectually disabled students are mainly educated but receive other activities in mainstream settings. For example, in the inclusion practice in our school, disabled people are included in two [academic] subjects (i.e., sport and art) and in all non-academic activities. But, they receive other subjects in a self-contained classroom. Second, full inclusion means disabled and non-disabled students are included in the mainstream classrooms in all subjects and all activities. We have an inclusion model close to this, in which disabled and non-disabled students are fully educated in the same mainstream classrooms, but disabled pupils are removed to a resource room for special support ” (p. 2).*

In contrast, and as an introduction to the next section, MP5 stated that as long as segregation exists, it should not be counted as inclusion. Drawing on the above quote and MP5s view, I argue that inclusion as described by those two interviewees reflects the philosophy of the social model which stresses inclusion with no limits and Vygotsky’s (1978) socio-cultural and ZPD theories which emphasise inclusion as the right placement for all children and as critical for children’s learning and development (see Chapter 3). Other participants have provided similar understandings of inclusion which I will present in detail below.

### **5.1.1.2 Social Model Understanding of Inclusion**

The discourses of a number of respondents regarding inclusion reflect the philosophy of the social model represented in the writings of, for example, Oliver (1990), Barnes (1991) and Goodley (2011; 2014; 2017), as well as in Vygotsky’s view of inclusion versus exclusion in education discussed in Chapter 3. These responses were given by 14 out of 31 participant teachers. To begin with, MP5 said:

*“Real inclusion [as he described it] requires reconstruction of schools. It is also about educating all students, regardless of disability, in mainstream classrooms in all activities and at all time. Any pulling-out, even for a short-time, contradicts the philosophy of inclusion. I look forward to this inclusion being the goal of Saudi schools” (p. 2).*

A similar understanding of inclusion was provided by FP1, in which she stated that “inclusion is involving disabled pupils in mainstream classrooms in all academic subjects, regardless of differences, in primary, middle, secondary and postsecondary education” (p. 4).

In line with MP5 and FP1, MP9 provided a similar definition of inclusion; however, he expressed his opposition to the possibility of such a philosophy being successfully implemented in the real world. He opined that, “Real inclusion means educating all disabled pupils in mainstream classrooms... [however,] I believe this is impossible to achieve and I don’t agree with it” (p. 3). In contrast, MP10 defined inclusion in the same way, but was optimistic that such a philosophy could succeed in Saudi schools, saying:

*“Inclusion is to implement the policy of non-refusal in all neighbourhood mainstream schools for all students. In fact, I look forward its implementation in our school, in which I expect success if we make sure that support and teaching aids and services are provided for all students, not only non-disabled pupils”* (p. 4).

MP11 shared a similar view, setting out inclusion as “educating all students, disabled and non-disabled, together in mainstream classrooms in mainstream schools” (p. 2). FP3 succinctly put it, “Inclusion is a meaningful placement of a disabled child in a mainstream classroom” (p. 5). These responses raise an interesting argument by highlighting the contradiction between the philosophy of inclusion and inclusion in practice. Lindsay (2003, p. 3) concurs with this by arguing that “inclusion is, however, a complex and contested concept and its manifestations in practice are many and various”.

When FP6 defined inclusion, she used the concept of equality which is a critical in the social model and disability studies as a broader field discussed in Chapter 3. She said, “Inclusion is the equality of placement and accessibility to disabled and non-disabled pupils in all aspects and by all means” (p. 4). In line with FP6, FP15 defined inclusion as a right. As she carefully put it, “Each child has the right to be included not only in a mainstream school, but also in a mainstream classroom in academic and non-academic activities” (p. 1). FP7 emphasised adaptation and modification in her definition which is concurrent with Vygotsky’s ZPD theory. Vygotsky believes that when a learner is in ZPD for a particular task, he or she should

be provided with the appropriate assistance to achieve the task. This also concurs with the philosophy of the social model which requires schools to eliminate all forms of disabling barriers and to support and facilitate learning for all learners irrespective of differences. FP7 said:

*“I understand inclusion as educating disabled pupils in mainstream classrooms, taking into account the adaptation and modification of curricula and other classrooms’ activities. Such teaching strategies help not only disabled pupils but also non-disabled pupils to easy access to learning”* (p. 2).

MP16 expressed a broader definition of inclusion, which I argue reflects the essence of the social model. He said, “Inclusion, in my view, is about removing barriers to actively teach, train and engage disabled and non-disabled people together in all aspects of life, including education system, workplace, etc.” (p. 3).

## **5.2 Findings Concerning Disability**

This part concerns how my interviewees understand disability. It includes one main theme and four sub-themes that guided the data analysis and presentation of findings relevant to disability (see Table 9 part two for a summary, p. 117).

### **5.2.1 Participants’ Understanding of Disability**

The main question I asked my participants was: How do you understand disability/What is disability from your point of view? This was followed by the following probing questions: How, why, what and can you give an example. In response to these questions, my interviewees interpreted disability from different viewpoints, which reflect the interpretivist and constructivist stances of this research as well as the complexity of the phenomenon of disability. As Gronvik (2007, p. 751) puts it, disability is a complex phenomenon which encompasses “distinct meanings across decades, cultures and ideologies”. In the following

four sections, the sub-themes stated in Table 9 (part two, p. 117) will guide my systematic presentation and report of the participant teachers' responses.

### **5.2.1.1 Medicalised Understanding of Disability**

Almost all the interviewees' responses revolved around a medicalised understanding of disability when they were asked how they understand disability. They understood disability as an individual issue or viewed it from the viewpoint of normalcy. As Grue (2015) points out, disability is too often medicalised. This also concurs with both Davis (2013), who states that people tend to return to the concept of the normal to understand disabled people, and with the argument that the issue of disability is surrounded by the ideology of normality (Oliver, 1990). To exemplify, MP13 understood disability as "a deficit with-child. This summarises everything related to disability" (p. 6). Further, both MP9 (p. 3) and FP14 (p. 2) state that "Disability is lack of abilities". This reflects the traditional medical model theory, which is inherent in the Saudi dual education system (general and special), including legislation and the public and higher education teaching system. MP1 explained disability as "a mental, health or physical problem that prevents an individual from learning or functioning as his [her] normal peers of the same chronological age and grade level" (p. 4). Similarly, MP6 alleged disability is "the inability of an individual to function as normal whether such inability is related to physical, intellectual or sensory issues" (p. 5). FP3 and FP5 associated disability with anyone with a level of function different than the 'normal'. FP12 expressed a similar view, in which she believed that disability is "an individual's lack of intellectual abilities which lead him/her to not socially and/or educationally function well" (p. 3). These responses support the perspective of the medical individual model in which disabled people need to overcome their disabilities by some means in order to be accepted and included (Coleridge, 2000).

In contrast, a few participants (particularly MP4 and DMP14) expressed ambiguous or incomplete responses when asked the same question. However, I was able to capture their ‘medicalised’ understanding of disability when they responded to my probing questions. For example, when I asked MP4: How do you understand disability or, in other words, what is disability from your point of view? He said:

*“Well, disability is, um, um, let me arrange my thoughts for you. Disabilities are different. Some disabled people you can’t give 1% but others have a half disability, um, um I don’t know what to tell you”* (p. 2).

This is an example of an ambiguous response, yet in responding to a probing question related to the role of society towards the creation of disability, he expressed a medicalised viewpoint of disability and disabled people:

*“Society has no negative impact on disabled pupils. In contrast, society does almost everything to help them, such as allowing them access to mainstream schools and setting up disability organizations for them, but the problems are... their intellectual, physical or hearing abilities”* (p. 2).

In line with MP4, a disabled participant (DMP14) expressed his dislike of the word disability when asked about his understanding of disability, saying, “Um, disability, I don’t like this word...”. This clearly shows the complexity inherent in the term disability, and how people hold inconsistent attitudes towards it. However, in response to a probing question, DMP14 said:

*“As a person with special needs, it is right that I lack certain things. Thus I need assistance from others on these things, but everyone needs help. Therefore, I do not consider myself disabled or to have disability because I can take care of myself and my family, thanks God! I am married and I have children and career”* (DMP14, p. 3).

DMP14s view is consistent with the view of Joyce Kershaw (a self-advocate, as quoted in Goodley, 2000, p. 124), when she said, “...I don’t like that, disability makes you believe that

we are in wheel chairs and we can't do anything for ourselves, when we can. We've got jobs now, we've got paid jobs".

Poller and Wetherell (1987) point to ambiguous responses when they explain the complexity of language, saying it is possible for a researcher to select a response which the respondent did not really mean. Providing the respondent with the possibility to provide alternative responses may produce different ideas. However, the view of DMP14, in favouring the term 'special needs' over 'disability/disabled', reflects how deficit understanding of disability is rooted in the Saudi context which many disabled people and activists of disability in the UK reject, even though they were in favour of this term in the 1970s (Norwich, 2001; Runswick-Cole & Hodge, 2009). This term accumulated negative meanings over time because it locates 'the problems' of disability within-child; and has recently been regarded as a deficit term (Avramidis, Bayliss & Burden, 2000b; Booth & Ainscow, 2002; Runswick-Cole & Hodge, 2009). However, I think there is something positive associated with Saudi teachers holding uncertain views about disability, primarily that they are not so medicalised and fixed. This indicates that change is possible through clarifying the misconceptions and exposing them to different views and theories of disability. A few participants discussed the role of society in the construction of disability. Their responses are presented in the section below.

### **5.2.1.2 Social Model Understanding of Disability**

Only a few participants (FP13 and DFP4) understood disability in the social model sense, although they have not been exposed to it. To begin with, FP13 said:

*"Disability has nothing to do with the disabled child, things surrounding him cause disablism... society causes disablism, especially in mainstream schools, not only to disabled pupils but also to non-disabled pupils. [For example,] teaching strategies and curricula content are not appropriate, not only to some disabled pupils but also to some non-disabled pupils. They become unable to read and write properly... I believe if our society is adequately prepared in terms of people's mentality and*

*attitudes; with institutions' possibilities, resources and transportation, etc. to fit all people, disability will disappear from our society" (p. 6-7).*

A disabled participant (DFP4) expressed a similar view. She understood disability as a social issue in which things surrounding disabled people, such as institutions' practices and people's attitudes restrict them to functioning 'normally'. She, too, called for disabled peoples' empowerment, respect and for the reconstruction of society with disabled people in mind. She exhibited anger and irritation towards how society is constructed and how non-disabled people view and treat disabled people, stating:

*"Disability is a society problem. It is the problem of non-disabled people's lack of awareness, inaccessible physical spaces, curricula, teachings methods, etc.... Disability reflects the intellectual problem of non-disabled people and not the intellectual or physical impairment of disabled people... I mean by the intellectual problem of non-disabled people, the way that they [non-disabled people] perceive us [disabled people], marginalize us, segregate us, disrespect and disappreciate us and exploit us" (p. 2-3).*

These responses coincide with Goodley's (2007, p. 319) viewpoint when conceptualising the disablism of schools. He states that:

*"Educational environments, curricula content, teacher identities are all normatively associated with environments, standards and achievements that are at odds with the quirkiness of disabled learners. Schools continue to exclude children by virtue of their inaccessibility".*

The findings show that the social model understanding of disability is lacking among Saudi disabled and non-disabled teachers. I argue that such a lack reflects the effects of the medicalised thinking regarding disability in Saudi society, including teacher education and schools' curricula and discussion (all of which focus on the body or intellectual abilities of disabled people as the source of the problem and overlook how society is constructed to fit only 'normal' people). Teachers should not be blamed for their medical and psychological understandings and thinking of disability (see section 5.2.1.1 Medicalised Understanding)

due to the absence of social model and disability studies in pre-tertiary and tertiary education and in-service training. Specifically, they have never been exposed to how the theorists of disability studies conceptualise disability. For example, discussions concerning impairment and disability and how society's barriers and oppression constructed disability and privileged normalcy is absent from teacher education, school discussions and public curricula. The situation in the Saudi context, therefore, concurs with Goodley (2007, p. 319): "deficit thinking surrounds disabled people... Curricula content says nothing of the history of exclusion experienced by disabled people". Such a lack affects not only non-disabled people but disabled people as well in terms of how they perceive themselves and what constitutes disability, as shown in the disabled interviewees' responses (see section 5.2.1.1 Medicalised Understanding). Munyi (2012) supports this by arguing that the self-image of a disabled individual is largely affected by the dominant societal image about disability by which, as Oliver (1990, p. 8) puts it, "the disabled person has come to believe that his or her problems are caused by their own health/disability problems rather than by the organization of the society". However, a major theme of Vygotsky' theory of development is that a person's intellectual development about a particular phenomenon comes about as a result of education and discussion. Vygotsky believes that through education and discussion a bridge can be built between already held and new/potential knowledge (Geert, 1998). Taking this view into consideration, I believe that a bridge can be built between teachers' deficit theories of disability (already held knowledge) and disability studies' theories (potential knowledge) through introducing the latter theories to Saudi teachers in, for example, teacher education, in-service training and regular daily discussion. By doing so, I think that the potentially held theories will replace the former because they identify society and its social consequences as the player in the creation of the problems of disability.

However, several participants understood disability as both a medical and a social issue which reflects the interactional/relational model of disability. Their responses are reported below.

### **5.2.1.3 Interactional/Relational Understanding of Disability**

In my exploration of how teachers understand disability, a number of interviewees (MP15, FP6, FP7, FP8 and FP10) expressed general/open viewpoints which are subject to different interpretations. However, I asked probing questions to ensure that I precisely understood their points of view regarding disability. The general/open responses that my interviewees expressed include: “I perceive disability as ‘anything’ that handicaps a child from fulfilling his missions whether academically, socially or um, um, also affect his behaviors” (MP15, p. 4). FP6 also said, “Disability is ‘anything’ that handicaps a man from doing a certain thing” (p. 3). A similar response was expressed by FP7: “Disability is ‘anything’ that prevents a man from accomplishing a certain goal in life” (p. 2). Similarly, FP8 perceived disability as “‘anything’ that handicaps a person from achieving his aim regardless whether the person is disabled or non-disabled” (p. 2). FP10 expressed a general but unique statement, giving herself as an example to articulate her view:

*“Disability is ‘anything’ that prevents an individual from achieving his/her goals... a person doesn’t have to have an apparent or hidden disability, it can be anything that prevents a person from achieving a goal that he/she seeks to accomplish. For example, I wish to complete my PhD studies overseas but I can’t because I wasn’t able to get the required English score to achieve such goal. So, I perceive myself as linguistically disabled” (p. 3).*

All the above respondents provided general statements, using the word ‘anything’, when expressing their understanding of disability which is open to multiple interpretations. However, in response to my probing questions, the participants demonstrated an interactional understanding of disability that unpacked their general statements or the ‘anything’. They

viewed disability through both medical/individual and social lenses. MP15, for example, clearly argued that:

*“Oh God, indeed, disability is a medical/individual and social problem... Society can produce or relieve disability. Also, the medical field can cure and/or accelerate an individual disability... I view disability as both a social and a medical/individual issue”* (p. 5).

In line with this, FP6 said, “In the first place, disability is a social issue but social and medical/individual issues might overlap with one another to construct disablism” (p. 6).

A similar response was expressed by FP8. She said, “Disability is a social issue, to some extent, but also a problem of the disabled person” (p. 3). MP6 also argued that:

*“It depends on the disability. Sometimes, the disability can be a result of only social barriers (e.g. physical disability) but, in some cases, removing all social barriers will not resolve the issue, in which a medical intervention is needed alongside the social intervention to resolve the problem. However, I would conclude by saying that society has a significant role which needs to be tackled”* (p. 5).

This view is also supported by MP5:

*“It is a medical/individual issue when it comes to disabled people who need to take medication to help them stay calm and focused. [For example,] mu, I have an intellectually disabled pupil, medication helps him a lot to be comfortable and focused”* (p. 4).

The above responses revealed that a number of interviewees understood the disability and disablism of disabled pupils as a consequence of biosocial factors, not as a consequence of biological-only or social-only factors. However, the majority of responders stressed the significant role of social over biological factors towards disablism in Saudi mainstream schools. Vygotsky arguably concurs with this position when he argues that both social and biological barriers “have a formative effect on [a child’s] development” (Daniels, 2009, p. 33). In line with Vygotsky, Thomas (1999; 2004b) and Shakespeare (2006) agree that impairment and disablism affect disabled people or, as Thomas (1999; 2007) states, impairment effects and disability affects disabled people’s lives. As Shakespeare (2006, p.

57) argues, “Thomas and I both agree that...the disability is a relationship between intrinsic factors (impairment, etc.) and extrinsic factors (environment, support systems, oppression, etc.)” To further illustrate how some participants’ understanding of disability (particularly MP15, FP6, MP6, MP5 and DMP14) concurs with the interactionist perspective, they argued that, in some cases, disability is a result of a combination between impairment or impairment effects and social barriers.

FP10s response serves to introduce the next section, as her response demonstrates the interactional model of disability but also hints at the cultural and religious model of disability. She expressed a complex understanding of disability. She talked about disability and impairment and viewed impairment from a cultural and religious perspective:

*“Disability is a social issue. In my view, there is no disability but society creates this phenomenon through its barriers... we create this term to justify our failure to construct the society to fit all people. However, an individual might have an impairment which can be the result of, for example, medical, environmental...factors. Thus, social barriers and impairment are sometimes interpenetrated to impact on a disabled individual’s life. As a Muslim, I view impairment as a mercy and grace in which the person and his family will be rewarded for it in the hereafter” (p. 2).*

The next section includes a detailed presentation of findings relevant to the cultural and religious model of disability.

#### **5.2.1.4 Cultural and Religious Understanding of Disability**

Culture and religion are intertwined in constructing people’s way of life (Bryant, 2012). More specifically, culture and ideology have been determined to have a significant influence in constructing how professionals understand disability (Oliver, 1990; Ingstad & Whyte, 1995). This view was also emphasised by Vygotsky when he stated that individuals construct their sense of a certain phenomenon from socially/culturally available meanings and understandings (Daniels, 2009). As McLeod (2014) puts it, Vygotsky stresses the central role

of an individual's culture and community in the process of making meaning and interpreting the world.

This theme of cultural and religious understanding emerged in the first interviews as cultural and religious regulations and beliefs form the basis of many people's thinking in Saudi Arabia. In our conversations about how they understand disability, some interviewees saw disability as a kind of punishment from Allah (God); others criticised this, instead viewing disability as a mercy, a gift or *abtila* (test) from Allah. They also talked about predestination, with disability being a result of an evil eye and prayers from oppressed people. As a Saudi researcher, I recognise that such viewpoints are inherent in the Saudi culture, especially with elderly people. Therefore, I was led to construct this sub-theme as a consequence of a good deal of thinking about the history of disability.

A few participants (MP1, MP2, MP3, MP4 and MP7) made a connection between people's sins and disability. They believe it is possible that Allah punishes a disabled person or a family which has a disabled person as a consequence of disobeying Allah. For example, MP7 said: "...I believe disability can be a punishment from Allah as a result of sins committed by the person or his [her] parents" (p. 3). Or as MP4 argued:

*"Being disabled as a consequence of Allah's punishment is possible. To confirm this, I will tell you a story. I know an elderly woman who prayed against a couple because they oppressed her. As a result, they had a disabled child. Allah punished them through their child because they oppressed her"* (p. 2).

However, the majority of interviewees (17 out of 31) rejected this claim, instead connecting disability to other cultural and religious beliefs which include: disability being a gift, mercy and *abtila* (test) from Allah. For example, MP8 and MP11 stressed that disability cannot be a punishment from Allah because Allah does not punish his servants; however, they believed

that everything that happens is predestined and under Allah's control. FP10 shared a similar rejection. She stressed that "Such a view is completely contradicted with our faith [Islam]" (p. 3). Similarly, MP13, MP15, MP16, FP1, FP2, FP3 expressed their personal rejection of this claim, but acknowledged that such belief exists among some Saudi people. This suggests that Islam has the potential to promote an affirmative model of disability.

MP9 believed in predestination, but found it difficult to judge whether a disability can be a punishment from Allah or not. He preferred not to talk about this. As he opined, "Everything that happens on earth is in the hand of Allah; however, I think it is difficult to identify whether a disability is a punishment from Allah or not. I would rather not to talk about this as such an issue is complicated" (p. 3).

MP10 believed that disability is a grace from Allah, not a punishment. As he said, "Everything that occurs to us is predestined. If a person has a disability, this is not a punishment but a grace from Allah as Allah will reward him [or her] by removing his [or her] sins in the hereafter" (p. 6). In line with this view, FP5, FP9, FP13, FP14 rejected viewing disability as a kind of punishment. Instead, they believed that disability could be an *abtila* (test) from Allah to test people's patience, love and faith in Allah. They believed that a disabled person and his/her family will be rewarded for this when they are in desperate need of Allah's rewards (الأجر). In addition to viewing disability as an *abtila* (test), FP14 added that disability is a gift and a mercy. As she said, "...disability is not a punishment from Allah, but an *abtila*, a gift and a mercy" (p. 3).

In contrast, six respondents (MP7, MP12, MP13, FP9, FP13 and FP14) believed that the evil eye is also real and can lead to a person being disabled. As MP7 argued: "I believe a person's

disability can be a consequence of an evil eye. As both Muslim and Albukhari (two Islamic scholars) reported, Prophet Mohammed, peace be upon him, said, ‘eye is real’ (p. 7).

Similarly, MP12 argued that disability can be a consequence of the evil eye. He also provided an example to support his view, saying:

*“...a consequence of an evil eye, God protect us! my older brother became disabled ‘hemiplegia’ when he was a year and half of age. However, being disabled doesn’t prevent him from being a success. He has completed his BA and MA degrees in Business and now he heads a department at [...] company”* (p. 4).

FP13 supported the above views, by recounting a hadith (i.e. a saying of the Prophet Mohammed) and a story to support her argument:

*“Prophet Mohammed, peace be upon him, said ‘Evil eye puts a man into the grave and a camel into the cooking pot. [She also reported a story saying,] an evil eye hit one girl in our school after she did an awesome performance at the end of the school year’s celebration. As a consequence, the girl became physically disabled the day after, God preserve us!”* (p. 3).

Ingstad and Whyte (1995) agree with these findings by acknowledging that disability has been viewed as a form of punishment for sins or a gift from God. I argue that in Saudi Arabia people’s interpretation of disability as being a punishment, an *abtila* (test), a gift or mercy from Allah or from an evil eye depends on their relationship with the disabled person or his/her family. If they have a good relationship, they view disability as an *abtila* (test), a gift and/or mercy to make the people involved feel comfortable, pleased and proud that Allah chose a person to be disabled or to have a disabled child. In contrast, if the relationship is bad and someone wants another person to feel shocked, distressed and shy about being disabled or having a disabled child, they view disability as a result of the evil eye or a punishment from Allah for the bad deeds that they have done. This shows that the interpretation of Islam and the behaviour of Muslims does not often represent Islam. Islam is clear and innocent from these narratives (Miles, 2001; Almusa & Ferrell, 2004; Bazna & Hatab, 2005; Rispler-

Chaim, 2007; Blanks & Smith, 2009; Hassanein, 2015a; Al Khatib, 2017). All human beings are equal in the sight of Allah irrespective of race, colour and dis/ability (Ahmed, 2007) and Islam views impairments as a part of human beings' diversity (Bazna & Hatab, 2005; Rispler-Chaim, 2007).

### **5.3 Findings Concerning the Label of Intellectual Disability**

This next part concerns the label of intellectual disability. As one of the themes emerging in the first couple of interviews, this led me to subsequently take it into consideration. The analysis and presentation of the data relevant to this topic will be guided by the theme and three sub-themes shown in Table 9 (part three, p. 117).

#### **5.3.1 Participants' Understanding of the Label of Intellectual Disability**

The emergence of this theme was not really surprising because pupils identified by the Saudi education system and schools as intellectually disabled represent the majority of the total disabled pupils in mainstream schools (see section 2.5 for more information). As Al-Jadid (2013) explains, people who are classified as intellectually disabled form the majority, with a prevalence rate of 26.3 per 10,000 as compared to other categories of disability. Several interviewees confirmed this. As MP4 put it, for example, "Intellectually disabled pupils represent the majority in our school [in self-contained classrooms]" (p. 3). Although they represent the majority, I argue that they are the most marginalised and oppressed learners in Saudi mainstream schools. As Goodley (1997) and Parmenter (2001) state, individuals labelled as intellectually disabled remain one of the most marginalised and oppressed around the world because they challenge the knowledge and arrangements of people who see themselves as 'normal' or 'intellectually superior'.

While reading the presentation of my participants' responses relating to this theme, I noticed

how the traditional deficit model, and the American version in particular, influences the Saudi education system in terms of understanding and diagnosing intellectually disabled pupils. This is obvious in their definition of the label of intellectual disability, classification, vocabularies and the diagnostic criteria that they use to identify learners as intellectually disabled. This plays a significant role in the construction of the medicalisation of thinking and practices in Saudi schools. From a disability studies perspective, I believe such medicalisation must be deconstructed, and that a shift towards the philosophy of disability studies should take place because, as Ferguson and Nusbaum (2012) state, disability studies are anti-diagnosis, anti-differentiation and anti-labelling. I will present my interviewees' responses below under the relevant sub-themes.

#### **5.3.1.1 Medicalisation Definitions/Understanding**

Discourses expressed by all respondents regarding intellectual disability reflect the medicalisation/deficit understanding of intellectual disability and disability more widely. Many of the interviewees used the definition of intellectual disability produced by the American Association on Intellectual and Developmental Disabilities (AAIDD) (see <https://aidd.org/intellectual-disability/definition#.WBnsKnecauU>) and expressed their agreement with it. Others devised similar definitions. The AAIDD definition has also been used by the Saudi DRRSEIP legislation which highlights the penetration of the American version of the medical/deficit model into Saudi disability-related legislation (see Ministry of Education, 2001). Such influence even reaches Saudi educators' understanding and institutional practices. For example, a disabled interviewee (DMP2) said that intellectual disability is "limitations in a pupil's intellectual abilities, um, on an intelligence test, as compared to the normal pupils". He continued, "These pupils do not comprehend, receive and retain information as normal students" (p. 3). From a disability studies' point of view,

this definition is inherent in the medical/deficit model by all means in terms of viewing intellectual disability as a limitation based on the intelligence test and by viewing disabled pupils from the point of normalcy.

MP10 quoted the AAIDD definition of intellectual disability, stating that intellectual disability “is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18” (p. 4). In line with this, MP11 expressed his understanding, then stated his concurrence with the AAIDDs definition. He viewed intellectual disability “as a decline in an individual’s mental function, associated with insufficiency in the individual adaptive behavior, occurring within the first 18 years of age... I agree with the AAIDD definition of intellectual disability” (p. 3). Similarly, MP15 quoted the AAIDD definition when he responded, saying, “I agree with AAIDDs definition because it is comprehensive and rigorous” (p. 5). FP14 defined intellectual disability as “a lack of intellectual abilities” (p. 2). Finally, MP4 understood intellectual disability as “mild, moderate or severe mental limitations based on the intelligence test score” (p. 2). These responses show that teachers are subjected to AAIDD because teacher education and professional training at Saudi universities and schools depend on such publications and knowledge to teach pre-service and in-service teachers about the label of intellectual disability. This requires deconstruction and a concomitant shift to the philosophy of disability studies which strives to eliminate deficit practices and labels and to reconstruct societies to include all people (Davis, 2013; Goodley & Runswick-Cole, 2016). Now, I will present my participants’ explanations of how pupils are identified as intellectually disabled in their schools, followed by my participants’ criticism of this.

### **5.3.1.2 Processes and Procedures of Identifying Pupils as Intellectually Disabled**

The vast majority of interviewees (except MP9, DMP14, FP1, FP6, FP8 and FP9) talked about the process of how their schools identify pupils as intellectually disabled which reflected the predominant medicalisation of the dual education system (general and special). There was consensus among participants regarding the significant role of the Wechsler and Stanford-Binet scales in producing the label of intellectual disability, whether mild, moderate or severe. MP1 described the whole process, saying:

*“Identifying a pupil as intellectually disabled in our school as well as in other Saudi schools involves three steps: First, observation of a student’s abnormality whether by teachers or parents. Detection of such abnormality leads us to conduct the Second step, which is to hold an interview with the student. Then, the student is sent to the school’s educational psychologist to take intelligence tests that are adapted to the Saudi environment. Final decision is made based on the student’s IQ test scores. These scores determine whether the student is non-disabled and should attend a mainstream classroom or intellectually disabled and should attend a self-contained classroom”* (p. 7).

MP3, MP9 and MP11 explained similar diagnosing processes. However, the remaining 21 participants stated that their schools depended solely on IQ tests conducted by the educational psychologist. MP4 said, for example, that “The school’s educational psychologist is the main actor of this diagnosing process. He uses the IQ tests” (p. 3). Similarly, FP3 said, “Saudi schools depend on educational psychologists and IQ tests” (FP3, p. 4). On the other hand, FP14 opined that “We depend on the intelligence tests to determine whether a pupil is intellectually disabled or not... the educational psychologist does it” (p. 3).

The critical factor is that all those interviewees (except MP1) expressed their opposition to the use of IQ testing, and felt that such a diagnostic tool is biased due to its critical downsides, which I will report and interpret in detail in the following section.

### 5.3.1.3 Criticism of the Processes and Procedures of Diagnosis

In the 1930s, Vygotsky was one of the first educational psychologist scholars who criticised standardised IQ tests (Gindis, 1999). He defined the limitations of IQ tests based on his understanding of intellectual disability as a social/cultural phenomenon, which the IQ test fails to measure (Gindis, 1999). Similarly, almost all participants criticised the diagnostic tools and intelligence tests in particular that their schools used to identify people as intellectually disabled. Among them, DMP2 (a disabled interviewee) said, “As a teacher, I admit that we have critical problems in the diagnostic process. Many students have been oppressively identified by the IQ tests as intellectually disabled, when in reality they were not” (p. 4-5). In line with DMP2, MP7 criticised IQ tests, saying:

*“It is a naive and inaccurate tool... a student’s teacher has no role and the content of the IQ and social tests do not respond to the student’s culture, background knowledge and unique educational and social requirements...These tests are biased and shouldn’t be used”* (p. 4-5).

MP8 provided a similar criticism and gave an example to support this, saying:

*“The Ministry of Education might view labeling people as scientific diagnosis, but in our society, if a person is labeled as intellectually disabled, this is like putting him or her into prison forever... in our school, pupils are judged according to their IQ scores which is problematic and, as a consequence, some pupils have been put in the prison of “intellectually disability” [meaning the category of intellectual disability] despite being non-disabled. This label destroys their life. For example, in our school, a student had been diagnosed as intellectually disabled by the educational psychologist for a few years, because he did not effectively react with the IQ test due to his shyness and usual silence. When the educational psychologist retested him after two years, the result indicated that he was ‘normal’, so he was shifted to the mainstream classroom from the self-contained classroom”* (p. 4).

This view is supported by Soder (1992) who argued that:

*“The label might from the perspective of the labeller, be seen as a neutral, descriptive or scientific diagnosis, but in fact is something much more. It puts a person in a category that is loaded with social meanings and preconceptions. As a result, diagnosing disability is far more than simply describing some peculiarities in that person’s behaviour. It is putting him in a special category, making him a special person. The characteristic of being disabled is ascribed to the whole person and all his other characteristics become interpreted in light of his disability”* (p. 248).

Furthermore, MP10 believed that IQ tests were not only biased, but also failed to measure students' different mental abilities. He described these tests as outdated, and that they failed to respond to pupils' diverse requirements in terms of culture, norms and background knowledge. In line with MP10, MP15 expressed a similar criticism of the IQ test as not being culturally sensitive, saying:

*“The second problem concerns the IQ tests’ content in terms of terminology, vocabulary and information that couldn’t respond to each student’s sub-cultural and background knowledge. Saudi Arabia is a big country in which people have different dialects, sub-languages and cultural norms. For example, I remember asking one student to give me “money”, using the Arabic word “فلوس”, yet he did not respond to my order because it is not the commonly used word in his sub-cultural. However, when I used the word “دراهم”, he immediately responded because it was the common word that his family and relatives usually use” (p. 3-4).*

The IQ test was originally developed in America but has since been translated and adapted by the Saudi Ministry of Education to fit the Saudi environment.

On the other hand, MP11 criticised the process, highlighting that the educational psychologist was usually in a hurry when diagnosing pupils as intellectually disabled. He also criticised the IQ tests and provided an example of their failure:

*“The educational psychologist is usually in a hurry when making decisions about students as intellectually disabled. He identifies a student as intellectually disabled within two hours. As a consequence, the student is educated in a separate classroom. As an example of its bias, I have taught a student who was identified as mildly intellectually disabled by the IQ test. However, his educational development was fine. Therefore, I discussed his case with the principal and insisted they transfer him to the mainstream classroom, in which he has been successful ever since... I argue that the MoE must reconsider its dependence on IQ tests” (p. 4-5).*

In line with this, MP16 also criticised this tool. He used slang language, saying, “The diagnostic criteria are a terrible mess. The school depends on the intelligence test, says 55, we say 55” (slang phrase) (p. 6). The closest translated meaning of this phrase in English is

“schools don’t question the IQ scores”. Similarly, a disabled interviewee (DFP4) angrily offered her view, saying: “We (disabled people) have been suffering from the dominant diagnosing procedures in schools. This process is a wallow in which many girls have been oppressed by IQ tests. As a result, they were excluded and inferior” (p. 3-4).

Drawing on the above criticisms, I argue that intelligence tests or IQ tests are one of the most significant professional practices that perpetuate dis/ableism in Saudi schools, by which pupils are categorised, segregated and marginalised. The further a pupil’s score is from ‘normal’, the more he or she will be segregated, marginalised and oppressed. IQ tests have been criticised by leading educators for not being dynamic, thus being unable to measure the potential of disabled people – what they can do without assistance tomorrow (Vygotsky, 1978) and for being tied to capitalism (competition and production) (Davis, 1995, 2013; Baughman, 2006; Goodley, 2007), thus increasing the number of segregated and marginalised groups who do not fit society’s concept of normalcy (Davis, 1995, 2013; Goodley, 2007). As Jenkinson (1997) puts it, labeling an individual with ‘abnormality’ immediately removes the so-labelled individual from mainstream society.

## **Section Two: Systematic Analysis and Presentation of Data Relating to Research Question Two**

### **Introduction**

This section addresses the findings of my second research question: What are teachers’ perspectives of the extent to which the two models of special education/inclusion respond to disabled pupils’ educational and social requirements? I addressed this question by analysing and reporting the participant teachers’ views regarding their disabled pupils’ educational experience, followed by the participant teachers’ perspectives on their disabled pupils’ social experience. One key theme is that disabled pupils in these schools are placed into two models

– the mainstream classroom coupled with special support in a resources room model and the self-contained classrooms model (see details in Chapter one—section 1.1). My participants’ responses revealed that disabled pupils in model one have a different educational experience from the disabled pupils in model two, although their social experiences are mostly alike. Therefore, to correspond to my participants’ responses and differentiation, the analysis and presentation of data relevant to this research question are guided by two themes and three sub-themes (see Table 10). I felt that such an arrangement would allow me to present and interpret the participants’ viewpoints in a clear and transparent way.

Table: 10

*Summary of The Organisation of Data and Themes Relevant to Research Question 2*

Theme One	Theme Two
5.4 Disabled Pupils’ Educational Experiences	5.5 Disabled Pupils’ Social Experiences
Sub-Themes	Sub-Themes
5.4.1 Model one: Mainstream classrooms coupled with special support in a resources room; and	5.5.1 Models one and two: Mainstream and self-contained classroom models in mainstream schools.
5.4.2 Model two: Self-contained classrooms in mainstream schools.	

**5.4 Disabled Pupils’ Education Experiences**

This theme concerns participants’ viewpoints regarding disabled pupils’ educational experience and requirements in schools where they teach in response to the question: To what extent do you think the implemented models of special education/inclusion in your school respond to disabled pupils’ educational requirements? This was followed by the probing

question: What is your viewpoint regarding disabled pupils' educational experience in your school? Please explain in detail.

As mentioned in the introduction to this section, the interviewees differentiated between the educational experience of disabled pupils educated in mainstream classrooms coupled with receiving special support in a resources room (model one) from the educational experience of disabled pupils educated solely in self-contained classrooms (model two). Therefore, I constructed two sub-themes (i.e. model one and model two) to present and interpret their responses as shown in Table 10 (first column).

#### **5.4.1 Model One: Mainstream Classrooms Coupled with Special Support in a Resources Room**

Vygotsky stresses that inclusion is crucial for children's (disabled and non-disabled) upbringing and education (Vygotsky, 1993). As Gindis (1995, p. 79) puts it, Vygotsky believes that the higher mental functions and overall personality of children, particularly disabled children, can only fully develop if they are educated in "a truly differentiated learning environment". Consistent with Vygotsky's theory, the majority of the participant teachers showed generally positive views regarding the educational experience of disabled pupils educated in mainstream classrooms (model one). However, a few participants (MP4, MP6, MP9, FP3, FP7 and FP10) stated that they had not taught in the model. As such, they preferred not to discuss it. For example, FP7 said, "In regard to model one, sorry, I have no teaching experience in it, so I would rather not to talk about it" (p. 2).

To begin with, MP5 expressed his viewpoint regarding model one, saying, "Model one is a good example of inclusion because disabled and non-disabled pupils are educated together.

They have the chance to engage and to support one another. Disabled pupils in this model [model one] are on the right track in terms of their learning and educational development” (p. 2). MP12 had a similar view. He said, “As a teacher in this model, I have no doubt that this model significantly responds to disabled pupils’ educational requirements because they are included in mainstream classrooms and have access to support from their teachers and non-disabled peers. It is an awesome model. I hope it becomes accessible for all disabled pupils, not just a very small number (p. 5). FP2 also said, “...disabled pupils have a positive educational experience in this model... they are learning and interacting properly” (p. 1).

In line with MP5, MP12 and FP2, participants DFP4, FP11 and FP13 showed a positive attitude towards disabled pupils’ educational experience in model one, yet they also highlighted shortcomings. FP11 opined that “This model of inclusion is the hoped-for one for all disabled pupils. However, curricula, math and science in particular, require reform to be more accessible for disabled pupils” (p. 2). A disabled interviewee (DFP4) expressed a similar concern regarding curricula not being accessible for some learners in addition to acknowledging the positive educational experience of disabled pupils in model one. Similarly, FP13 felt that disabled learners are learning and acquiring knowledge as a result of being in mainstream classrooms model, although she expressed concerns regarding its mechanism:

*“It’s a real model of inclusion. it is educationally... effective for disabled pupils, yet there is no clear mechanism of when a disabled pupil should be taken to the resources room and when she [he] shouldn’t be taken, which impacts on disabled pupils’ learning and feelings to where they belong. As consequence of no clear mechanism, some teachers use the removal action to either reinforce or to punish pupils [e.g. if you do this, I will let you go to the resources room, and vice versa] and teachers [mainstream classroom teachers and resources room teachers] lack collaboration and coordination” (p. 1).*

The key message here is that the removal practice becomes a problem and a way that some teachers take advantage of in dealing with irrelevant issues of students. On the other hand,

FP12 compared the educational experience of disabled pupils in this model with disabled pupils in the self-contained classrooms model (model two). She said, “This inclusion model [model one] is academically effective for disabled pupils as compared to the self-contained classrooms [model two]” (p. 3). I felt this response was open to interpretation, so I asked her a probing question: Does this mean that you see model one as a model that responds to disabled pupils’ educational requirements and model two does not, or do you have a different view? She said, “Yes, this exactly what I meant” (p. 3).

FP12s viewpoint regarding model two is shared by almost all my interviewees, as I will present below.

#### **5.4.2 Model Two: Self-Contained Classrooms in Mainstream Schools**

This sub-theme is concerned with the educational experiences of disabled pupils educated in self-contained classrooms (model two). According to Vygotskaya (1999), Vygotsky was critical of segregated education models provided for disabled children at that time in Russian schools because, as Vygotsky (1978) puts it, individuals need to socialise and to learn from each other in order to develop. Further, Gindis (1995) adds that Vygotsky criticised exclusion models because they are associated with stigma, low expectations, special curriculum and limited opportunities for group-working and scaffolding. Data concerning disabled children’s educational experiences in self-contained classrooms reflect Vygotsky’s view concerning segregated models of education. All interviewees here (except FP14) agreed with the negative educational experiences of disabled pupils in self-contained classrooms (model two). To be precise, there was consensus that this model does not respond to disabled pupils’ educational requirements and schools are not really concerned about the educational experience of disabled pupils placed in this model. As DMP2 (a disabled teacher) carefully put it:

*“In my view, there are no educational benefits for disabled pupils, especially intellectually disabled pupils, in self-contained classrooms. Such very poor educational experience exists in almost all Saudi mainstream schools for people educated in self-contained classrooms. This shows the failure of the dual education system. The reasons for this are that self-contained classrooms are segregated, have unqualified teachers and insufficient resources. Curricula are designed for students with ‘normal’ abilities... decision-makers, principals and teachers are careless and not really concerned about the academic experience of disabled pupils in this model...” (p. 5).*

In a similar sense, MP4 said:

*“The school system is not really concerned about disabled pupils’ educational experience [meaning disabled pupils in self-contained classrooms]. They asked us to focus on disabled pupils’ social experience rather than meeting their educational requirements... They believe that as long as they are placed in self-contained classrooms, they can’t learn” (p. 2).*

DMP2s and MP4s responses reveal how Saudi mainstream schools in general, and the self-contained classrooms model in particular, are ableist and disablist (Goodley, 2014). They are fettered with disabling practices such as segregation within the schools, inaccessible curricula and privileging the ‘normal’ learners with learning resources at the expense of disabled learners. They are ableist in terms of retaining the belief that some pupils can learn but ‘Others’ cannot and that some learners are intellectually superior to the ‘Others’. The empirical findings of Holt’s (2004) qualitative study reveal similar findings. Holt’s research demonstrated that the primary mainstream educational setting where the study took place is an ableist institution, as it was physically and systematically constructed to cater to the requirements of learners who have ‘normal abilities’ without considering the diversity of learners. Goodley (2014) concurs with these findings when he says that ableism and disablism are arguably inherent in mainstream schools in which they contribute to the production of one another.

The majority of participant teachers (21 participants) shared the viewpoint of DMP2 and MP4 concerning model two. They all attributed such negative educational experiences not to

disabled pupils but to how their schools are organised and equipped and to how disabled pupils are viewed by staff. This reflects clear evidence of how disablism is inherent in Saudi mainstream schools. As FP14 put it, "...if a student doesn't learn from school, it is the failure of the school and the education system as a whole. It is not the failure of the student...all people can learn. In fact, even animals can learn if they are taught properly" (p. 4). These findings are supported by Goodley (2014, p. 104) when he states that "disability exposes the failings of educational institutions that still, after years of disability advocacy and activism, fail to anticipate their responsibilities to a wide body of students and to the varied bodies of individual learners".

In conclusion, almost all participant teachers agreed that it is the problem of how schools and learning environments are constructed and not how pupils think, walk, write or read that is responsible for the negative educational experiences of disabled pupils in self-contained classrooms. The disabling factors that the participant teachers mentioned include: segregation within the schools; dis/ableist attitudes of school staff towards disabled learners' ability to learn; 'normal' curricula and teaching; inadequate human and material resources; poor teacher education and teachers' indifference; lack of schools' personal understanding of disabled pupils' requirements; and the disablist diagnostic tests (Chapter 6 is devoted to these issues). Davis (2013, p. 1) emphasises the above findings when he states that "the 'problem' is not the person with disabilities; the problem is the way that normalcy is constructed to create the 'problem' of the disabled person" or, as Villa and Thousand (2000) put it, the problems belong to the education system and not to the disabled individual. The teachers pointed out that these barriers are interrelated and feed into one another; therefore, they called and provided suggestions for these barriers to be tackled (see section 8.1).

The following section will look at disabled pupils' social experiences and requirements from perspective of the participant disabled and non-disabled teachers.

### **5.5 Disabled Pupils' Social Experiences**

The role of social interaction in children's learning and development is a major theme of Vygotsky's sociocultural theory (Vygotsky, 1978; 1993). Therefore, this section concerns the extent to which the two models of special education/inclusion implemented in Saudi mainstream schools respond to disabled pupils' social requirements. This exploration is based through carrying out in-depth interviews with Saudi disabled and non-disabled teachers. Unlike the disabled pupils' education experience, there was almost unanimous agreement about the positive social experience of disabled pupils educated in Saudi mainstream schools (both models) despite model two being less inclusive (see section 1.1 for details about the two models implemented in Saudi mainstream schools). Interviewees also concurred that implemented models of inclusion/special education, in schools where they teach, respond to disabled pupils' social requirements to a different extent. For example, MP15 stated:

*“The two models of inclusion/special education implemented, in my school, respond to disabled pupils' social requirements to a great extent... but to the lowest extent when it comes to the educational requirements of disabled learners educated in self-contained classrooms, which might be because they are academically excluded in self-contained classrooms”* (p. 8).

As FP9 and FP14 expressed it, “disabled pupils' social experience is much richer than their academic experience” (p. 1 & p. 2). However, some negative social experiences and attitudes such as being subject to inappropriate language, behaviour and financial exploitation were mentioned (see sections 6.1.2, 6.1.4 and 7.6 for further detail).

The majority of interviewees did not differentiate between model one and model two regarding disabled pupils' social experience, as shown in their responses about disabled pupils' educational experiences and requirements. This is because, as many of them said,

pupils (in both models) share the same social activities such as recess, breakfast and prayer times, sport and art periods, and trips as part of their learning. Thus, their responses are presented under one sub-theme, models one and two, as these responses are closely interrelated and no differentiation was made by teachers (see Table 10 second column for a summary, p. 142).

### **5.5.1 Models One and Two: Mainstream and Self-Contained Classroom Models in Mainstream Schools**

As discussed previously, almost all interviewees agreed that disabled pupils share mostly the same positive social and cultural experiences regardless of the model in which they are educated. There was also consensus (except MP12 and FP3) that the implemented models of special education/inclusion responded to disabled pupils' social requirements. To begin with, MP3 talked about his view and gave a personal example:

*“Yes, I do believe that implemented models of inclusion benefit both disabled and non-disabled pupils in their social experience. Non-disabled pupils’ knowledge and understanding increased regarding pupils’ differences. They became more aware that disabled pupils’ differences don’t make them unable to learn or socialise, but some of them might do such things differently... Such inclusive experience exposed disabled and non-disabled pupils to each other and gave them the chance to make friendships and to learn about each other. Unlike the past, nowadays, they get used to each other’s differences and the level of acceptance increased in schools and outside schools. For example, I used to be afraid of disabled people before being a teacher in an inclusive school. [this is] because I hadn’t been exposed to [disabled people], yet now the stereotypes that I had have changed as a result of a direct interaction with them. However, I think we still need to build upon the progress that we made, as change and development never end” (p. 6-7).*

Similarly, MP5 opined that “Disabled and non-disabled pupils gain significant social benefits from being together in mainstream schools ...no doubt about the significant positive social experience of students [as a result of] implemented models [of inclusion/special education]” (p. 4). Other teachers expressed similar viewpoints. I will briefly present each interviewee’s voice. “The positive social experience is evident...” (MP6, 2); “I would say that the social

benefits are the fundament advantage of implemented models of inclusion” (MP7, p. 6); “yes...significant social benefits for disabled and non-disabled” (MP8, p. 8); “implemented models of inclusion/special education, in the school where I teach, respond to disabled pupils’ social requirements to a great extent” (MP15, p. 8); “in response to your question regarding social aspect, it is evident that inclusion in our school is socially beneficial for disabled and non-disabled students and teachers” (FP1, p. 3); “inclusion in our school responds to disabled pupils’ social requirements to a great extent” (FP6, 2); “disabled pupils’ social experience is much richer than their academic experience” (FP9, p. 1; FP14, p. 2); “disabled pupils love being in school. In fact, they don’t want the school’s day to end because they are enjoying the social activities” (MP9, p. 4); “our school is a rich social milieu for disabled and non-disabled pupils” (p. 10, p. 2 & FP12, p. 1); “... our social activities’ organiser is a disabled pupil...he has the characteristics of a future leader, other students learn from him” (MP15, p. 8) and, “mutual social learning is significant among disabled and non-disabled pupils in the school as a result of being together in the same school” (FP14, p. 2).

The above concurs with a major theme of Vygotsky’s (1978) theoretical framework which emphasises the critical role of the school’s social and culture environment on children’s learning and development. Vygotsky (1978) believes that everything is learned on two levels: through social interaction with others, and later, on the individual’s level. More specifically, he believes that disabled and non-disabled children’s learning and thus development are significantly influenced by their social cultural milieu, particularly in the development of language and signs (Rieber & Robinson, 2004).

The same participants also highlighted the social features they observed, which included: students develop friendships with each other and such friendships are extended outside school (MP4, MP6; MP11; MP13; FP15; MP16; FP2; FP12); disabled and non-disabled students spend breakfast time together, exchange Facebook names and phone numbers, text, call and WhatsApp each other (MP4; MP8; MP16). MP6, MP7, MP9, FP15 and FP8 also observed the ongoing development of mutual respect, acceptance and collaboration among them. Further, stereotypes continued to decrease over time as a result of being together, polite language is becoming more and more common (MP6; MP15), and ongoing development of self-esteem and independence of disabled pupils are also noticeable (FP2; FP7). In this regard, research revealed contradictory findings. For example, the work of Cole and Meyer (1991) and Vaughn, Elbaum and Schumm (1996) show that inclusive education has a positive influence on learners' social aspects such as developing relationships, self-esteem and accepting assistance and collaboration. In contrast, teachers and non-disabled learners tended to ignore and reject interacting with learners labelled as disabled (Pearl, 1987; Heron & Harris, 1993), which leads disabled learners to feel a sense of loneliness in the mainstream schools that they attend (Asher & Gazelle, 1999; Pavri & Luftig, 2001). Moreover, MP11, FP2 and FP13 felt that their disabled pupils were proud, pleased and feeling a sense of belonging as a result of attending the neighbourhood mainstream schools that their brothers, neighbours and friends attended. Maslow (1962) deems the sense of belonging to be a critical factor in people's success throughout life. FP6 also noticed that her intellectually disabled pupils and their parents felt happy and proud that the bus from the institution of intellectual disability no longer comes to their neighbourhood to pick up their children. Instead, the mainstream school buses now come to pick them up.

However, FP8, FP10 and FP15 expressed concern that disabled pupils not only learn good things because of their interaction with peers but also acquire bad things such as “inappropriate verbal and non-verbal behaviours” (FP8, p. 2). However, these teachers acknowledged their role in reinforcing the good things and eliminating the bad things. As FP10 put it, “Our role as teachers is to minimise the negative social behaviours that pupils acquire through interaction with peers. We tackle this through supervision, discussion and clarification of what is considered good and bad behaviours” (p. 2).

MP1 expressed a viewpoint which individualised disability. His view contrasted with the above responses. He believed that the two implemented models of inclusion/special education – explored in this research – as he alleged:

*“100% respond to disabled pupils’ social requirements as compared to segregated educational institutions. However, the extent to which disabled students’ benefit differ from person to person based on a student’s age when he was included, his learning speed and ability, his social personality and, his type of disability”* (p. 12).

MP1s view attributed a pupil’s possible negative social experience to the individual instead of the school system, culture and people’s attitudes. This view contradicts with the view of many educationists and disability studies scholars about disability. For example, Villa and Thousand (2000), Barton (2003) and Slee (2011) argue that disability is not in the person, but rather that disability is in the education system, schools’ organisation and people’s assumptions. Such thinking about disability is absent among Saudi educationists and disability-related scholars due to the dominant medical teaching about disability and the absence of disability studies in Saudi teacher education and professional training. Goodley (2007, p. 319) concurs with this argument when he states that “while individual, medical and deficit models continue to dominate thinking about disabled people, critical disability studies call for counter-hegemony with disabled people”. Therefore, I believe it is time to take an

initiative that exposes Saudi educators, disability-related scholars and activists as well as decision-makers to the philosophy of disability studies and how this philosophy differs from traditional special education in terms of, for example, viewing disability as a normalcy-constructed issue instead of an individual-relevant one (Oliver, 1990; Davis, 1995, 2013; Goodley, 2011, 2017), in order for radical change initiatives to take place.

### **Summary of the Chapter**

This chapter addresses my first and second research questions. It provides an in-depth analysis and presentation of how participant teachers conceptualise the complex phenomena of inclusion, disability and the label of intellectual disability. Overall, data manifests complex meaning-making around these phenomena. This chapter also includes how participant teachers view and evaluate the academic and social experiences of disabled pupils in schools where they teach, differentiating between the two common models of inclusion/special education in Saudi mainstream schools (mainstream and self-contained classrooms models). The analysis of participant teachers' responses reveals that disabled pupils educated in mainstream classrooms (model one) enjoy positive schooling experiences, to a different extent when compared to the schooling experiences of disabled pupils who receive their education in self-contained classrooms within mainstream schools (model two). However, there was an almost complete consensus regarding the positive social experiences of disabled people irrespective of the educational model because, as the participant teachers argued, the social activities are shared among all students regardless of where they are educated. The next chapter concerns the disabling barriers and oppression that disabled people suffer from in Saudi mainstream schools which prevents them from active inclusion and participation.

## Chapter 6: Systematic Analysis and Presentation of Findings 2

### Introduction

This chapter includes a systematic analysis and presentation of interviewees' responses regarding the disabling barriers and problems that limit the implementation of inclusive education in the schools where they teach. The findings are relevant to my third research question: What are teachers' perspectives of disabling barriers with regard to disabled people and the implementation of inclusive education in mainstream schools where they teach? The organisation of this chapter and data relevant to this research question is guided by two themes and a number of sub-themes under each of the two themes (see Table 11).

Table: 11

*Summary of The Organisation of Data and Themes Relevant to Research Question 3*

Theme One	Theme Two
6.1 Schools' systems and attitudes	6.2 Teachers/Teaching's Quality and Learning Facilities
Sub-Themes	Sub-Themes
6.1.1 Disablist physical environment;  6.1.2 Negative attitudes, language and beliefs of disabled learners;  6.1.3 Policy barriers; 6.1.3.1 The self-contained classroom-size barrier; 6.1.3.2 The special education bonus barrier; and  6.1.4 Exploitation of disabled pupils.	6.2.1 Poor and Medicalized teacher education programmes and in-service training;  6.2.2 'Normal' teaching;  6.2.3 Lack of and inappropriate use of resources and funds; and  6.2.4 Disabled pupils' classroom condition and location

## **6.1 Schools' Systems and Attitudes**

This theme is created as a broad category in which data relevant to schools' systems, spaces, policy, and non-disabled people's attitudes are sequentially reported according to the six sub-themes shown above in Table 11 (first column).

### **6.1.1 Disablist Physical Environment**

A disablist physical environment denotes spaces which are "implicitly and explicitly designed in such a way as to render certain spaces 'no go' areas" (Kitchen, 1998, p. 346). The DRRSEIP (e.g. Article 3, sub-article 26 & Article 12, sub-article 4) clearly states that schools should be free of environmental barriers (see section 7.6 for further information) (Ministry of Education-Saudi Arabia, 2001). However, 21 out of 31 participants expressed concern regarding the physical construction of their schools as being inaccessible for physically disabled pupils. This draws attention to who belongs and who does not (Sibley, 1992) and who is considered an insider and who is deemed an outsider (Villa & Thousand, 2000). It also gives disabled people a clear message that 'you are out of place', 'you are unwelcomed' (Kitchin, 1998) and undesirable because you are 'abnormal' (Matthews & Vujakovic, 1995).

To begin with, MP1 pointed out that "The main barrier to inclusion is its enforcement in schools where physical barriers, such as narrow doorways and steps, are present everywhere, like our school" (p. 11). FP1, FP2, DFP4, FP5 MP7, MP8 and MP16 reviewed their schools' physical barriers such as the absence of ramps and inaccessible toilets as the biggest challenges restricting disabled pupils' free movement. MP16 also believed that the school where he teaches, as well as in other Saudi schools, "handicaps disabled pupils in terms of how they are physically constructed" (p. 9). As a consequence, disabled pupils are forced to,

as a disabled teacher (DFP4, p. 4) put it, “depend on others” or as MP5 stated, “ask for assistance and support from us or from their peers” (p. 5). MP5 elaborated:

*“Most schools’ spaces aren’t accessible for all pupils. Disabled pupils, in our school, are not independent due to the barriers that they face everywhere. This requires them to ask for assistance and support from us or from their peers... We are happy to help, but everyone wants to be independent... Inclusion shouldn’t be enforced in a school without freeing it from restrictions and barriers. Physically disabled pupils deserve this and they have the right to it”* (p. 5).

Similarly, MP3 explained that physically disabled pupils face many physical barriers in the school where he teaches. He pointed out that steps are everywhere and despite the construction of ramps recently in a few sites; they are inappropriately designed in terms of height and width. Both MP3 and FP15 pointed out that in the schools where they teach, even the toilets are dirty and inaccessible to disabled pupils. Physically disabled pupils seek their teachers’ assistance in order to get up the steps at the entrance to the toilet unit as well as to use the toilet itself. This means that without the help of non-disabled people, wheelchair users may need to crawl about, and blind pupils may have to crawl about and touch the dirty surfaces to reach the toilet. Furthermore, FP15 stated that she is worried when one of her disabled pupils wants to use the toilet as she is the only teacher present in the classroom, so she cannot leave. Furthermore, the toilet is not safe as it lacks an alarm system that the student can use to call for emergency assistance if something happens. FP15 also stated that she feels worried because the toilets are extremely dusty and dirty due to old equipment and the lack of proper cleaning. MP12 and FP15 felt that these barriers not only affected the free movement of disabled pupils but they also affected the pupils’ well-being and feelings about themselves and things around them. As MP12 put it, “They might feel that they don’t belong in this environment” (p. 7), or as FP15 opined, “The inaccessibility and unsuitability of toilets give a clear message that they [disabled pupils] are unwelcome” (p. 5). FP9 proved this when she reported that her sister’s daughter was unable to attend her neighborhood school because

it is inaccessible to wheelchair users. She reported that although the school had no problem accepting the child, they stipulated that they had no funds for the reconstruction of physical spaces to fit her requirements. FP5 and FP8 extended the above discussion by describing the huge barrier of the upstairs level of their schools as not being accessible for some disabled pupils because “the elevator has been inoperative for 30 years” (FP5, p. 9). Further, FP8 indicated that “it has been locked for a long time” (p. 2) so that non-disabled pupils would not misuse it. According to FP5, the school administration would not repair the elevator not only to prevent its being misused by ‘normal’ pupils – many strategies can be used to tackle this issue – but also because the administration believes that pupils who are ‘unable’ to use the stairs have no reason to be upstairs, as they are allocated classrooms on the ground floor. This clearly shows how disabled people are being discriminated against in-order to prevent ‘normal’ people from carrying out inappropriate behaviours. Removing such barriers has been a major concern of the social model of disability because the barriers render disabled people dependent on others, restrict their free-mobility and lead disabled people to be viewed as ‘unable’ (Oliver, 1990).

In contrast, MP4 and MP9, both are sport teachers, expressed a similar concern regarding the football fields, sport rooms and associated equipment. They stated that they usually divert disabled pupils into something else rather than have them join their peers to play football because the football field is unsuitable for disabled pupils. It is outdoors where it is very hot (42-48°C) in the summer, very cold in the winter and the surface is solid and dangerous. They also highlighted concern concerning the sport equipment, namely that it does not cater to disabled pupils’ requirements. The teachers agreed that some disabled pupils do not participate in any sport activities due to the unsuitability of the playing fields and sport equipment. According to these teachers, some disabled pupils spend such time talking to and

socialising with their peers. Similar findings were reported by Rimmer et al. (2004) in their exploration of barriers associated with participation in fitness and recreation programmes/facilities among disabled people. Conducted between 2001-2002, their study involved interviewing disabled consumers and professionals. The findings revealed the natural environment of the sport facilities to be inherently inaccessible. Three equipment-related barriers were identified which include inadequate space for wheelchair access, poor equipment maintenance, and lack of adaptive and/or accessible equipment. These findings were supported by Hodge and Runswick-Cole (2013, p. 314) when they argued that “physically inaccessible environments and lack of equipment, have often been identified as standing in the way of disabled children’s access to leisure”.

### **6.1.2 Negative Attitudes, Language and Beliefs of Disabled Learners**

Vygotsky (1995) believes it should be a priority of educators to change their negative attitudes and the attitudes of society towards disabled people because, as Gellman (1960) puts it, attitudes are learned and passed on to future generations. Additionally, Verenikina (2010) highlights Vygotsky’s belief that the quality of teacher-student relations and interactions influence learning and development. In agreement with Vygotsky, DRRSEIP (Article 3, sub-article, 23) states that attitudinal barriers towards disabled individuals affects them much more than the impairment itself. Sub-article 24 also deems teachers’ acceptance of disabled pupils in mainstream classrooms as a focal point towards achieving a successful inclusive education. The negative attitudes of professionals and peers have been found to have a significant impact on disabled pupils’ feelings of self-worth and on their relationships (Baglieri & Shapiro, 2012) as well as in their free movement in public spaces (Butler & Bowiby, 1997). Nevertheless, the interviewees’ responses here demonstrated predominantly negative attitudes, language and beliefs towards disabled pupils in the schools where they

teach, which I argue reflects the views and practices of wider Saudi society towards disabled people. As Oliver (1990), Barnes (2012) and Munyi (2012) argue, disabled people face, to a varying degree, systematic exclusion and oppression across societies or, as Davis and Watson (2001) put it, the unquestioned assumptions of teachers towards disabled children reflects the views of society as a whole.

Many different manifestations of explicit and implicit oppression and prejudice were reported by disabled and non-disabled teachers towards disabled people in the schools where they teach. This involved, for example, inferiority, rejection, negative views, language and internalised assumptions and beliefs. This shows how non-environmental disabling barriers affect the daily life experiences of disabled pupils in Saudi schools. MP1 and DMP2 (a disabled teacher) reported their observations of disabled pupils being subjected to verbal and physical oppression from their non-disabled peers during non-academic activities. MP1 stated:

*“I have observed some disabled pupils being assaulted by their non-disabled peers... hitting and verbalising bad words toward them. This not only impacts on their inclusion experience but also on how they [disabled pupils] feel about themselves, and their identity. It causes them [disabled pupils] to hate the identity of others”* (p. 11).

In addition to relating how he observed disabled pupils being subjected to verbal and non-verbal discrimination, DMP2 narrated a story which shows how non-observable ableist practices can lead disabled pupils to hate school and education:

*“One of my disabled pupils was absent from school for a couple of days without notifying us [the school]. I contacted his father, who said, ‘We wake him up every morning for school but he refuses to go and we don’t want to force him. We don’t know why he doesn’t want to go!’... When the father insisted that the child tells him why, the child said, ‘students label me mad, hit me and push me during recess’. The disabled teacher continued, this usually happens without our observation; however, if we observe such a thing happening we take action against it”* (DMP2, p. 5).

MP16 supported the occurrence of such behaviours when he reported that he observed two non-disabled pupils mockingly speaking, "... see how he walks, hahaha" (p. 8), pointing towards a disabled pupil. Fitzsimons (2009) argues that violence affects disabled people four to ten times more compared to non-disabled people. This agrees with the conclusion of the paper by Goodley and Runswick-Cole (2011, p. 602) which stated that violence against disabled people is inherent in the relationships and institutions which "says more about the dominant culture of disablism than it does of the acts of a few seemingly irrational, unreasonable, mean or violent individuals".

Furthermore, a number of participant teachers' responses clearly demonstrated that disabled pupils are discriminated against and oppressed not only by non-disabled peers but also by teachers and principals. Their responses showed how disablism is inherent in Saudi schools.

FP12, for example, pointed out that:

*"Discrimination against and oppression of disabled pupils exist in the school. Disabled pupils are usually accused of being responsible for every bad thing that happens in the school... We have teachers in mainstream classrooms who go to the principal and say something like, 'the stupid girls [disabled girls] disturbed us. They need to be taken to the intellectually disabled pupils classroom'[self-contained classroom]... Other inappropriate terminology is also apparent among teachers and pupils, such as fools, mad, sick and unable to learn" (p. 1, 6, 8).*

Kumashiro (2000) agrees with this, arguing that schools are harmful spaces for pupils considered as 'Others'. FP10 expanded on this, showing how disablism and ableism even impacted on the teachers of disabled pupils. As she put it, "Even teachers of disabled pupils are being labeled as teachers of fools and seen as inferior to other teachers" (p. 10). Vygotsky highlighted such consequences when he objected to the labelling of disabled people with labels such as developmental disability and developmental delays (Gindis, 1995; Daniels, 2009) due to their relevant damaging social status, which has a negative impact not only on

the so-labelled individuals but also on their teachers, friends and family members (Rieber & Robinson, 2004).

MP9 sadly expressed how some teachers teach their non-disabled pupils to exercise ableism – through encouraging them to think that they are mentally superior to pupils identified as intellectually disabled – when she stated that “Some teachers tell their non-disabled pupils not to make friends with intellectually disabled pupils because, as they [some teachers] termed it, they are mentally ‘sick people’” (MP9, p. 3). Such action might be understood as a “hate crime [which] is an extreme form of psycho-emotional disablism carried out by a perpetrator whose actions are based at least in part, on their assumptions about the invalidity and less-than-human view of someone they perceive as disabled” (Reeve, 2012, p. 25).

FP2, FP6, FP9, FP13, FP14, DMP14 shared the view that mainstream classroom teachers’ rejection of disabled pupils is common in schools where they teach. According to these participants, such rejection is a result of teachers’ belief that disabled pupils have difficulties in learning which will require them to change their already designed teaching plans and to make additional effort to accommodate learner diversity. Slee (2011, p. 86) agrees with these findings when he argues that disabled learners challenge “the habituated teaching developed for the other children who are seen as normal”, but he also acknowledges that such habituated teaching crushes disabled learners’ hopes and dreams.

To begin with, FP2 acknowledged teachers’ rejection of disabled people by saying that “The majority of mainstream classroom teachers reject the education of disabled pupils in their classrooms” (p. 2). FP9 and FP13 pointed to different strategies that these teachers used to remove or reject disabled pupils. According to FP9, these teachers “randomly label pupils

[the undesirable pupils], for example, as autistic and/or intellectually disabled so the principal can transfer them to self-contained classrooms or special schools” (p. 3). Similarly, FP13 revealed that some teachers pretend that disabled pupils fear them and avoid having any type of interaction with them, so that the principal does not assign them any responsibility over disabled pupils. FP13 stated that when she asked these teachers, “Why do you do this?” They usually responded, saying “We need time to get used to them [disabled pupils]” (p. 11). The key argument here is that labels and segregation make disabled people strangers and people to fear. Therefore, exclusion and labels should be challenged by disabled people and their families and allies.

FP6 believed that teachers in the school where she teaches have implicit and explicit feelings of either pity or sympathy towards disabled pupils which elicits excessive care or abhorrence and thus rejection. FP2 expressed her implicit feeling of pity and sympathy, saying, “Some teachers, including myself, support inclusion because we feel sorry for disabled pupils and their families.” (p. 9). The feeling of abhorrence and oppression was also apparent when a colleague of FP6 opened her classroom and said, “Why do you teach these students [intellectually disabled pupils] here? Leave them home or return them to segregated institutions” (FP6, p. 4). A colleague of FP5 said to her, “Those are fools, how would you teach fools!” (p. 8), in referencing to intellectually disabled pupils. FP3 encountered a similar attitude when a colleague of hers ironically said in a school meeting, “How do you want to teach fools alongside ‘normal’ pupils?” (p. 8). This was in response to FP3s suggestion for an initiative to be adopted to teach all disabled pupils educated in self-contained classrooms (model two) in mainstream classrooms (model one). Ableism is rooted in Saudi mainstream schools since teachers believe mainstream schools are for “non-fools [sic]” (as they termed it). This demonstrated the teachers’ tragedy model understanding of disability which views

disabled people as ‘abnormal’, and thus that they must “be avoided, eradicated or ‘normalized’ by all means” in order to fit in mainstream schools (Swain & French, 2004, p. 2).

Other teachers (MP3, MP4, FP6 and MP12) expressed their own ableist belief, saying, “We have some pupils who are ‘unable’ to learn”. To illustrate this, MP3 claimed that:

*"Whether I make efforts or I don't make efforts in teaching, in the end, some of my students frequently lose and forget things... I take it easy and I don't really bother myself...these students are 'uneducable' but 'trainable' [sic]. In fact, they are supposed to be in segregated institutions but we have been forced to teach them here... I don't know why we teach them {disabled pupils}... job opportunities are not available for 'normal' people so disabled pupils are more likely not to find work"* (MP3, p. 12).

A disabled teacher (DMP14) provided support for this when he illustrated how some non-disabled teachers exercised disablism: “Disabled pupils often face challenges of their non-disabled teachers being implicitly or explicitly unfriendly towards them... they don't accept them, which affects the attitudes of non-disabled pupils towards their disabled peers” (p. 1).

He argued that teachers with such negative attitudes, beliefs and language towards disabled pupils should not be assigned to teach in inclusive schools, or at least, as he put it, “shouldn't be assigned to teach in classrooms where disabled pupils are included” (p. 4). He believed that these teachers not only destroy disabled pupils' feelings and experiences of inclusion, but also affect non-disabled pupils' attitudes and language towards their disabled peers. Teachers are considered models for their pupils so they can positively or negatively influence them. This view is shared by Antonak and Livneh (1988) when they state that teachers' negative attitudes and stereotypes towards disabled learners are usually imitated by non-disabled pupils.

FP10 reported with ire that a colleague cautioned her not to continue teaching disabled pupils as this kind of job might affect her personality and behaviour over time. DMP14 concluded his talk by saying:

*“Even us [disabled teachers] are ignored and discriminated against by some non-disabled colleagues. Sometimes, we hear them using ‘improper talk’ towards us [disabled teachers]... For example, once a non-disabled colleague said, ‘You [disabled teachers] wouldn’t find any girl who would accept you as a husband’” (p. 2).*

Reeve (2012) problematises and challenges this when she says that hurtful comments are a form of psycho-emotional disablism which undermines an individual’s emotional well-being and sense of self. I will now report on findings relevant to policy barriers.

### **6.1.3 Policy Barriers**

Policy barriers are frequently related to either a lack of awareness or enforcement of existing policies and regulations that were developed to protect disabled people (Cushing et al., 2005). In line with this, MP5 pointed out that “I am sure that many teachers and principals of mainstream schools have no idea about the DRRSEIP policy. I am sure that some of them might not even have heard of it” (p. 4). Besides MP5, many interviewees stated their frustration regarding the barriers created by the lack of awareness or enforcement of existing Saudi laws and regulations concerning disabled pupils. Under this theme, two sub-themes generated from the data concern how the policy of the self-contained class-size was violated in schools where they teach and how the policy of a special education bonus (i.e. monetary reward) creates conflict, disagreement and a lack of collaboration and coordination among teachers. I will now present data relevant to the two emergent sub-themes in individualised form below.

#### **6.1.3.1 The Self-Contained Class-Size Barrier**

Twelve teachers expressed concern and frustration regarding their schools' violation of articles concerning self-contained class-size set out in the DRRSEIP policy. MP1 pointed out that each self-contained classroom in the school where he teaches has more than 15 pupils. MP5 expressed the same concern, saying that "The DRRSEIP policy stated that the number of pupils in a self-contained classroom should be between 5-8, but in the real world, self-contained classrooms in our schools contain between 15-20 pupils" (p. 4). MP15 shared MP5s view, commenting that

*"The DRRSEIP policy clearly stated the number of pupils should not exceed eight in a self-contained classroom. However, in reality, the number is much more. My classroom has 15 pupils and my friends in other schools teach between 15-20 in one self-contained classroom"* (p. 10).

MP3 expanded on this when he acknowledged that Saudi schools violate not only the class-size articles but many other articles set out in the DRRSEIP policy, which demonstrates the disrespect towards the policy and regulations concerning disabled pupils.

MP11 and FP15 elaborated by explaining that self-contained classrooms are not only overcrowded and taught by just one teacher, but that the school administration also places students of different ages and educational levels together in one self-contained classroom. MP11 provided support for this when he explained that "My classroom houses second graders, third graders and fifth graders... It is a second-grade class but due to the lack of classrooms they [school administration] combined all [disabled pupils] together which makes it impossible for me to teach effectively" (p. 4). MP13 expressed a similar concern when he said, "I teach 21 mildly intellectually disabled pupils in a self-contained classroom... It is a big challenge because of the large number of pupils and I am the only teacher" (p. 12). Further, FP6 noted that "Saudi schools have no teaching assistants [TAs]" (p. 12). TAs are considered vital for inclusive schools because they support the main teachers' meeting the requirements of all pupils (see for example, Rose, 2001; Alston & Kilham, 2004; Symes &

Humphrey, 2012). A disabled teacher (DFP4) shared the same concern, stating that “If you inspect the field you will find a self-contained classroom with 65 pupils, taught by one teacher. In fact, the teacher becomes a guard instead of a teacher”. Then she angrily concluded, “They don’t really care about the experience and feelings of disabled pupils” (p. 6). The key theme/finding of this section is that “self-contained class-size is an issue that must be addressed” (FP10, p. 12 & FP13, p. 14). This call is shared by many of the participant teachers, as shown in sections 7.6 and 8.1.3.

### **6.1.3.2 The Special Education Bonus Barrier**

Eight teachers shared the view that the ‘special education bonus’ (i.e. a monetary reward for teachers and principals who teach or interact with students labeled as disabled) is a barrier to constructing an inclusive education. They believed that the bonus contributes to sustaining conflict among school professionals and perpetuates negative attitudes and practices towards disabled pupils. As MP10 carefully opined:

*“The bonus contributes to perpetuating negative attitudes and rejection of disabled pupils from teachers who don’t get it... some teachers deny doing anything related to disabled pupils, arguing that they don’t receive the bonus. This significantly contributes to slowing the movement towards more inclusive opportunities for disabled pupils. In sum, it is a fundamental barrier which must be addressed” (p. 8-9).*

MP5 described the bonus as “a problem-maker”. He stated that the bonus gives teachers who teach disabled pupils an additional 30% above their salary, in addition to providing principals with an additional 20% above their salary. MP5, however, noted that “Once inclusion is implemented in the school and they get the bonus, the majority do not really care about disabled pupils’ experiences, whether good or bad” (p. 2). FP5 and FP13 concurred with this. They believed that the majority of their schools’ cadres were against the inclusion of disabled

pupils in schools where they teach but that the bonus acted as a motivation for them to accept inclusion.

MP6 expressed a similar view in which he perceived the bonus as a focal factor for disabled pupils' unpleasant educational experiences, stating that "I deem it [bonus] as a focal factor for disabled pupils' academic underachievement because it attracts teachers to teach disabled pupils even if they aren't qualified, have negative beliefs, and don't have the internal motivation to do this job" (p. 8). MP7 viewed it as a conflict-creator when he said:

*"The bonus policy creates conflicts among teachers who receive it and those who don't. This affected their teaching collaboration, coordination and disabled pupils' inclusive experience more widely. Those who don't receive it reject disabled pupils being in their classrooms or to doing anything that is related to disabled pupils" (p. 7).*

Drawing on this, DMP2, MP5, MP11, FP8, FP10 and FP15 reported that the lack of collaboration and coordination of teachers among themselves and other school personnel affected the enforcement of an inclusive milieu in schools where they teach. MP11 confirmed this when he said that the "School administration doesn't encourage teachers to collaborate and coordinate with each other when it comes to disabled pupils. They want the teachers to be guardians in the classroom...as long as they receive the bonus every month" (p. 4). Deci and Ryan (1992), Kohn (1999) and Palardy (1988) (as cited in Witzel, Mercer & Cecil, 2003) support the above criticism of the monetary reward by arguing that the use of long-term extrinsic rewards might significantly affect receivers' inner motivation and commitment to their job.

To conclude, MP13 stated a critical viewpoint which explains how dis/ableism is enhanced by maintaining the special education bonus. He said, "Teachers who receive the bonus are being discriminated against, labeled with inappropriate terminology such as 'teachers of

fools’ or ‘teachers of abnormal pupils’ and are seen as inferior because they teach disabled pupils” (p. 12). Vygotsky warned of such consequences when arguing for the importance of treating all students in the same manner, as well as standing against the labelling and exclusion of disabled children because this not only affected the feelings and social status of disabled children but also their teachers, for example, by being labelled as ‘a teacher of fools’ (Rieber & Robinson, 2004).

#### **6.1.4 Exploitation of Disabled Pupils**

This section proves that disability hate crime is a global issue. Disability hate crime refers to different forms of hostile or violent behaviour or attitudes that disabled people often encounter in contemporary disabling society (Quarmby, 2008; Goodley & Runswick-Cole, 2011; Reeve, 2014; Sherry, 2016), particularly in educational institutions (Ansello & O’Neill, 2010). As Goodley (2014) puts it, schools are arguably one of the most harmful spaces for disabled people. In line with this, eight participant teachers raised the critical issue of exploitation that disabled pupils experienced in schools where they teach. They indicated that disabled pupils were subject to different forms of exploitation, including financial, food and resource exploitation. These findings support Ansello and O’Neill (2010) when they argued that disabled people are usually victims of multiple forms of exploitation in institutions where they are in attendance. I would argue that these findings say: “more about the dominant culture of disablism than it does the acts of a few seemingly irrational, unreasonable, mean, violent individuals” (Goodley & Runswick-Cole, 2011, p. 602).

To begin with, MP3, FP3 and FP15 reported that they encountered disabled pupils being subjected to financial exploitation by their non-disabled peers and from school canteen sellers. FP7 stated that she has dealt with the issue of a non-disabled girl repeatedly exploiting a disabled girl. The non-disabled girl would take the disabled girl’s breakfast meal

and money that the parents provided to her virtually every day, leaving the disabled girl to go hungry all day, with no money to buy something from the canteen. According to FP7, the disabled girl was silent about this but FP7 learned of it from another student. These findings agree with the argument by Sherry (2016) that theft from disabled people often involves something valuable to them such as money and other personal belongings. In line with this, a disabled teacher (DFP4) was concerned about the phenomenon of disabled pupils being financially exploited by family members. She commented that “they [family members] spend their disabled children’s monthly allowance [given by government for disabled people] on themselves without telling their children that they have an allowance...the government doesn’t question them on this” (p. 2). Ridgway (2009) was also concerned about such issues when she argued that it is a crucial problem that financial exploitation is often carried out by a family member or a friend who has been given the authority to act on behalf of a particular person. These findings also support the argument by Ignagni et al. (2016) that intimate relationships can be the source of abuse and hostility of disabled people. In contrast, FP10 stated that she has not personally experienced disabled pupils being exploited, although she knew colleagues who had come across such issues. DMP2 (disabled teacher) and FP10 disclosed examples of different types of exploitation of disabled pupils by the administration in schools where they teach. They stated that their schools usually exploit the financial support and equipment that the MoE provides for disabled pupils and use it for non-disabled pupils. She referred such action to a critical ableist belief held by school administrations that “It is much better to invest such resources in ‘normal’ pupils than to waste them on disabled pupils” (p. 8).

## **6.2 Teacher/Teaching Quality and Learning Facilities**

This is the second major theme to emerge from the data relevant to my third research question. I arranged, analysed and presented the data relevant to this broad category in a consecutive manner under four sub-themes as shown in Table 11 (second column, p. 154).

### **6.2.1 Poor and Medicalised Teacher Education Programmes and In-Service Training**

From a Vygotskian perspective, a teacher's professional identity is largely developed through teacher education (Huizen, Oers & Wubbels, 2005). Professional identity denotes individuals' attributes, beliefs, values and motives by which they define themselves and their professional role (Schein, 1978; Ibarra, 1999). This means that poor or medical teacher education and training about disability negatively affects inclusion and disabled pupils' schooling experiences. Drawing on this, 19 out of 31 participant teachers argued that their teacher education was significantly poor and medicalised because it focused on teaching them the characteristics of disabled children and how they are similar and different to and from 'normal' children (medical model teaching) or, as MP15 explained it, using medical discourses, "We were taught to inspect the deficit of pupils, not how to deal with such deficit [sic]" (p. 8).

These teachers believed that teacher education should focus on equipping them to meet each individual's unique requirements regardless of whether he or she was labelled disabled or 'normal'. They expressed the same concern about in-service training sessions as a counterpart to what they were taught in their Bachelor studies (teacher education). For example, MP6 opined:

*"I feel that my teacher education hasn't equipped me to teach disabled pupils...It provided me with extensive information about how disabled pupils look, their characteristics, types of disabilities and who should be accounted as disabled and who shouldn't. However, it didn't teach me how to respond to students' diversity and to be an inclusive school teacher"* (p. 9).

A similar view was expressed by a disabled teacher (DMP2). He talked about himself and his fellow teachers, saying:

*“In our Bachelor studies, we have been extensively taught about the different categories of disabled pupils and about the characteristics of each category but have not been equipped with the knowledge and skills to meet the different educational and social requirements of pupils which is critical for a teacher who teaches in an inclusive school... now, I clearly say it, I feel that I am failing to do what I am supposed to do with my pupils...we are not trained to adapt and modify the academic and non-academic activities... I sometimes do it but I don't know if I am doing the right thing or not”* (p. 6).

MP3 stated that his Bachelor studies (teacher education) and the 30 in-service sessions of professional development that he took were alike and useless. He described the teacher education and the in-service sessions that he completed, using colloquial language as ‘empty talk/ فاض كلام’ (MP3). The closest English equivalent is ‘rubbish talk’.

Twelve other participant teachers shared a similar view. They believed that the special education Bachelor programme at (anonymous) University did not prepare them very well to teach in inclusive schools or to teach disabled pupils in all academic subjects in a self-contained classroom. However, upon graduation, the Ministry of Education assigned them to be self-contained classroom teachers required to teach all subjects. For example, as FP5 put it, “The majority of teachers feel unqualified to teach disabled pupils all subjects in self-contained classrooms although they are forced to do so” (p. 1) because they were assigned as classroom teachers. FP14 stated that “The university didn't equip us to be teachers of all subjects such as math and science but when we started our teaching career the schools forced us to teach these subjects... Teachers suffer and feel unqualified but have no choice” (p. 5).

These teachers also shared the concern that their teacher education programme had no courses concerning inclusive education or how to teach in an inclusive environment. A

similar concern was acknowledged by Rouse (2008): “in Scotland, as in many other countries, there is currently very little time allocated within initial teacher education programs to cover issues of inclusion” (p. 7). FP7 expressed it clearly:

*“Our teacher education taught us the different categories of disabled pupils, how to be patient with disabled pupils and to view them as unfortunate and requiring pity and sympathy. Such teaching didn’t equip us with the required knowledge about inclusion issues, positive attitudes and effective skills to be good teachers in inclusive schools”* (p. 4).

Similar findings were identified in several countries, including the US, Canada, the UK and Australia (see for example, Trump & Hange, 1996; Wisniewski & Gargiulo, 1997; Lamband et al., 1998; Bandy & Boyer, 1994; Wishart & Manning, 1996; Avramidis, Bayliss & Burden, 2000a; Forlin, 2001). To exemplify, Trump and Hange (1996) interviewed 48 American teachers to explore their experience with inclusive education. The findings revealed that one of their major concerns was teachers’ preparation programmes, including both pre-service and in-service training. Bandy and Boyer (1994) surveyed the attitudes of 121 Canadian teachers towards including disabled learners in the schools where they teach. The majority of teachers surveyed felt unprepared for inclusion due to poor teacher education and professional training. Forlin (2001) examined the potential stressors of 571 Australian primary school teachers who teach in inclusive schools. Participating teachers determined their professional competence as the most stressful factor. Therefore, the vast majority of participant teachers in this study call for reforming Saudi teacher education programmes and professional training to equip teachers to teach in inclusive schools. These calls and suggestions are reported in Chapter 8—section 8.1 (relevant to research question 4).

### **6.2.2 ‘Normal’ Teaching**

This issue is strongly interrelated with the previous issue (i.e. teacher education). MP3 pointed out that teachers’ teaching strategies play a significant role in students’ learning.

Therefore, Vygotsky stresses the use of whatever teaching manners (e.g. speech and braille) that are accessible to the child if such a method conveys the intended meaning (Gindis, 1995; Daniels, 2009). However, a number of interviewed teachers showed their frustration with the education system being ableist in terms of lacking the resistance to, or sometimes, enforcing the traditional (DMP2; DFP4; MP8) or normal (MP5; FP13) teaching manners without consideration of student-specific, accessible or preferred learning methods. As a disabled teacher (DFP4) carefully put it, “Not everyone learns in the same way. This needs to be considered ...[but] the problem is that teachers, older teachers in particular, teach all pupils in the same manner regardless of their differences” (p. 7 & 9). FP6 pointed out that the school does not support her use of different teaching strategies, stating that: “They [the school] want all pupils to be taught in the ‘normal’ manner as they believe this is how fairness can be maintained” (p. 7). In contrast with the school’s view, I argue that such practice is ableist and oppressive. As Kumashiro (2000) puts it, the practice of ‘teaching to all students’ is a form of oppression since it is not accessible for all learners. Hehir (2002) argues that teachers need to not only acknowledge the diversity of their students but also to embrace such differences.

MP5 was annoyed and frustrated by the disabling pedagogy (Goodley, 2014) that the MoE supervisors force teachers to carry out. He stated that the MoE educational supervisors stand against teachers’ and pupils’ preferred teaching and learning manners (e.g. the use of sign-language or Braille system for teaching/learning). He recounted how an educational supervisor asked him not to use sign-language when teaching his deaf pupils. The supervisor believed in “the integrated method for teaching deaf pupils,” as a method that supports deaf pupils to acquire ‘normal’ (verbal) language. MP5 expressed his disagreement regarding this view and stated that even deaf pupils refused the use of such a method because it confuses them. According to MP5, this method requires the use of multiple senses – sign-language,

verbalising and gesturing – which makes it difficult for pupils to concentrate on all of them. Further, MP5 believed that such restriction and interference is “a barrier that shouldn’t be overlooked as it limits teachers’ creativity and prevents them from responding to pupils’ preferred and suitable teaching methods” (p. 4-5). FP5 shared the view of MP5. She noted that: “Teachers don’t freely teach. The MoE supervisors restrict us... they don’t give us the chance to use the strategies by which we feel our students’ diverse requirements can be met” (p. 9).

FP13 also expressed her frustration regarding the use of ‘normal’ methods of teaching by some teachers such as reading from the book or writing on the board without considering or following-up with learners who cannot acquire knowledge through such manners. As she termed it, “The methods that suit regular pupils” without paying attention to pupils who feel uncomfortable being taught by such methods. She believed that “This doesn’t only affect some disabled pupils’ learning experience but also some non-disabled pupils” (p. 6).

FP3 expressed a critical view regarding this. She pointed out that some teachers take advantage of schools’ and supervisors’ lack of resistance to or enforcement of ‘normal’ teaching to prove the claim that some disabled pupils are ‘unable to learn’ and thus should be taken out of mainstream classrooms. As she put it, “They neglect the use of strategies by which disabled pupils can learn [e.g. sign-language or Braille system] so they can use the lack of learning as an excuse to take them [disabled people] out of their mainstream classrooms” (p. 10). Vygotsky challenges this issue when he argues that the qualitative developmental differences of disabled children require teaching strategies that cater to each child’s particular sets of strengths (Daniels, 2009).

### **6.2.3 Lack of and Inappropriate Use of Resources and Funds**

Vygotsky believes that schools should make sure that all students are provided with adequate and suitable aids and tools for learning (e.g. audio and visual equipment, Braille system, computers) and that all students and teachers are educated to use such tools (Gindis, 1995; Robert & Robinson, 2004; Woolfolk, 2004). Vygotsky also emphasises that we should continue developing new educational tools (Gindis, 1995) as a result of his understanding of tools as a means by which students can learn and achieve their educational and social goals (Verenikina, 2010). In line with Vygotsky, the DRRSEIP document, in several places,<sup>1</sup> emphasises the provision of adequate and suitable facilities, equipment and teaching aids so that all students can learn, and feel valued and included (Ministry of Education-Saudi Arabia, 2001). However, all teachers participating in this study expressed critical concern about the poor condition of facilities, significant lack of equipment and teaching aids in schools where they teach, giving particular attention to their classrooms. Other research has reported similar relevant findings (e.g. Pivik, McComas & Laflamme, 2002; Glazzard, 2011).

To begin with, DMP2, MP5 and DFP4 explained that the self-contained classrooms where they teach are underequipped and completely unprepared to promote a positive educational milieu, or as FP6 put it, “to enrich the teaching and learning process and to help everyone to feel comfortable and supported” (p. 12). MP1 described the classroom where he teaches as lacking the technological equipment and teaching aids that could support teachers to create an effective teaching and learning environment. He viewed this as “a significant barrier to cater to pupils’ different requirements” (p. 11). A disabled teacher (DMP2) expressed a similar concern, saying “... my classroom contains the students, me, chairs and desks. That’s it” (p. 5). Similarly, MP13 critiqued the status quo of provisions when he said:

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<sup>1</sup> (i.e. Article 4, sub-article 4; article 5, sub-article 4; article 6, sub-article 4; article 7, sub-article 4; article 8, sub-article 4; article 9, sub-article 4; article 10, sub-article 4; article 11, sub-article 4; article 12, sub-article 4 and article 13, sub-article 4)

*“We suffer from the lack of classroom equipment and the teaching aids that could support us to teach....We teach using the traditional teaching strategies, such as reading from a book or writing on the chalkboard, which are outdated and don’t respond to the requirements of an inclusive setting” (p. 12).*

MP8, FP7 and FP8 felt annoyed at having to teach in 21<sup>st</sup> century classrooms which lack the internet and technological equipment. As MP8 opined, “...we have no access to internet and technological equipment despite being in the era of technology and internet” (p. 8). Similarly, FP8 stated, “We are in a time when computers and other technological equipment are necessary in teaching and learning, yet we don’t have them in our classrooms” (p. 6). Unfortunately, this contrasts with the technology and provisions enjoyed by some non-disabled learners and their teachers in the same schools, as the following responses show.

The majority of these teachers found it necessary to pay from their own pockets or to ask for support from parents in order to equip classrooms. For example, FP1 attributed the extent to which a self-contained classroom is equipped to how much the classroom’s teacher pays.

MP3 also said:

*“Although it is costly, I sometimes find it necessary to purchase some teaching aids from my pocket in order to support the teaching and learning in my classroom and to help every pupil understand the topic. For example, I have paid around 450SR [nearly £80] to buy a human body that could support my teaching of men’s organs, especially to support my pupils who are visual learners” (p. 4).*

Similarly, MP4 reported that teachers collect money from colleagues and parents to replace their self-contained classrooms’ poor carpets, to buy computers and other teaching aids which are supposed to be guaranteed by the MoE. He expressed his view with anger, “Disabled pupils and their teachers are devalued and ignored” (p. 4). MP6 provided support of this point, stating “All mainstream classrooms in the school have smart-board and a computer, except the self-contained classrooms. They [school administration] might think that it is much more beneficial to equip classrooms populated by ‘normal’ pupils than to equip

disabled pupils' classrooms [self-contained classrooms]" (MP6, p. 9). As MP15 carefully put it, "They favor equipping the mainstream classrooms at the expense of self-contained classrooms" (p. 10). He stated that God blessed him with a generous parent who paid to equip the classroom; otherwise the classroom would have remained unequipped. He said: "God blessed me with a generous father of one of my disabled pupils. He equipped the classroom with a TV and a PC. He also asked me to let him know if the classroom needs any further support" (p. 10).

In reaction to this, participant teachers called for the provision of adequate equipment and teaching/learning tools to support their teaching of diverse populations (see sections 7.6 and 8.1.3 for further details).

#### **6.2.4 Disabled Pupils' Classroom Condition and Location**

The interactive relationship between body and environment is crucial and influential on one's life (Vygotsky, 1978; Goodley & Runswick-Cole, 2015b). Therefore, disability should be prioritised when designing buildings because, as Boys (2014, p. 1) points out, "architecture is centrally concerned with both peoples' needs and desires (in all their diversity), and is one of the means through which our everyday social and spatial practices are orchestrated". The important point here is that the construction of buildings and spaces with disabled people in mind will lead to the production of buildings and spaces that are structurally attractive and accessible to everyone. The problem, however, is that buildings and spaces are often constructed to perpetuate people seen as 'normal' and to marginalise and exclude disabled people (Imrie & Wells, 1993; Imrie, 1996; Kitchin; 1998; Boys, 2014). As Goodley and Runswick-Cole (2015b, p. 5) put it, "Disabled people often feel unwelcome in mainstream spaces and are forced to struggle with a sense of belonging. This can have huge impacts on

one's sense of self". One of the most disablist mainstream spaces is the school (Imrie & Wells, 1993; Goodley, 2014) in which disabled students suffer from different forms of exclusion (Imrie & Wells, 1993; Slee, 2001b, 2011; Ryan, Cooper & Tauer, 2013).

In line with the above-mentioned literature, a number of teachers participating in this study (MP4, MP5, FP6, FP8 and FP12) expressed their concerns about the condition and location of the classrooms where they and their disabled pupils are allocated. They shared the concern that disabled pupils are always allocated a classroom that nobody else wants, whether because of its undesirable location and/or its bad condition. To begin with, MP5 expressed his frustration and annoyance regarding the condition and location of his classroom which affected disabled pupils, saying:

*"My classroom has no carpet and outside it is a football playing field which annoyed my deaf pupils. As you may know, they are very sensitive to noises. This disturbed my teaching and their learning. The school administration doesn't take into consideration pupils' unique requirements...disabled pupils are always allocated classrooms that nobody wants"* (p. 8).

MP4 expressed a similar concern, criticising how disabled pupils are "often placed without being asked whether they like it [the classroom] or not" (p. 3). FP6 recounted how she was forced to teach her pupils in the school kitchen for one academic term due to the inaccessibility of the upstairs room (where the actual classroom was located) for a wheelchair user (a new pupil in her class) and all first-floor classrooms were already occupied. FP8 reported a similar experience where she teaches as follows:

*"My classroom used to be a storage room and the school did not repair it well before making it a classroom... it [classroom] is very hot in the summer and freezing in the winter... the heater and air conditioner are old and faulty. The classroom smells bad! ... I have been asking the school's administration to replace [the heater and air conditioner] for two years but they haven't changed them yet"* (p. 6).

Moreover, FP12 believed that the unsatisfactory condition and inappropriate location of her classroom affected her teaching and the students' learning. She argued that a classroom in bad condition can "affect even the attitudes of teachers and pupils towards themselves and towards learning" (FP12, p. 7). Other research has identified similar findings (e.g. Karst, 1984; Earthman & Lemasters, 2009). Earthman and Lemasters (2009), for example, examined the attitudes of teachers towards their schools and classroom conditions. Participant teachers were recruited from 22 high schools in which 11 schools had unpleasant conditions and 11 had pleasant conditions, as determined by the schools' principals. Research findings showed that teachers in schools with pleasant states demonstrated significantly more positive attitudes towards teaching and learning than did teachers in schools with unpleasant conditions. As such, the findings showed a sturdy relationship between the state of schools and classrooms on the production of teachers and students.

In line with the above, a few teachers expressed critical concern about the inadequate and unsuitable furniture of the classrooms. They pointed out that such furniture is designed to fit 'normal' learners' requirements and exclude some disabled learners from active involvement in classroom activities. As a disabled teacher (DFP4) put it:

*"None of the chairs and desks are adjustable in terms of height...The school also didn't equip [the classroom] with, for example, fold-away tables and tables with tilting tops or cutouts to cater to disabled pupils' unique requirements which promotes inclusiveness. Everything I have in my classroom is designed for 'normal' pupils without taking into account pupils who have different requirements" (p. 6).*

FP12 shared the same concern, saying: "The furniture items such as chairs and desks are in a poor condition and don't cater to some disabled pupils' specific requirements. A student must adjust herself [himself] to sit on the chair or to write at the desk because they aren't adjustable" (p. 7 and 9).

This leads us to the conclusion that disabled learners are often placed in peripheral spaces and their requirements are often ignored because they are considered unproductive, passive (Kitchin, 1998; Boys, 2014), inferior and second-class citizens (Oliver, 1990; Ryan, Cooper & Tauer, 2013). In reaction to this, participant teachers suggested and called for adequate provision and satisfactory classroom conditions. For example, they called for furniture (e.g. chairs and tables) that are comfortable, suitable and adjustable to enable the active participation, involvement and inclusion of all pupils (see section 8.1.2 for further details).

### **Summary of the Chapter**

This chapter addresses data relevant to my third research question. It critically presents structural and non-structural disabling barriers that participant teachers uncovered in the interviews and links them to relevant theories and literature for the purpose of clarification. Overall, this chapter reveals that the Saudi education system is bound up with ableism and that Saudi schools are fettered with disabling barriers and practices (Goodley, 2014). This leads to the privilege of people who have ‘normal’ minds and bodies, to the exclusion, marginalisation and oppression of people who do not meet societies and, in particular, the education system and school standard of ‘normality’ (Davis, 1995; 2013). I detected this conclusion through participant teachers’ exposure to how disabled people struggle with explicit barriers (e.g. a schools’ architecture, education policy, teaching methods, learning facilities and school personnel’s attitudes) and with implicit barriers, which are just as harmful as the explicit barriers (e.g. internalised assumptions, feelings, fear and beliefs about disabled people). The analysis and presentation of data in Chapter 5 and 6 has established the right platform for a critical discussion, interpretation and critique of the findings in the next Chapter (Chapter 7 discussion).

## **Chapter 7: Discussion**

### **Introduction**

This chapter includes an in depth critical discussion and interpretation of the data in relation to Vygotskian, disability studies and education theories (Cone & Foster, 2006; Bryman, 2012; Wellington, 2015). In particular, Vygotsky has been emphasised and regularly mentioned throughout as a key theorist in this study. The data and theories were also considered in relation to the context of Saudi Arabia, especially the Saudi school context. This chapter is organised into six sections corresponding to the main aims of this research as follow:

- 7.1 Understanding Inclusion;
- 7.2 Conceptualising Disability;
- 7.3 Conceptualising the Label of Intellectual Disability;
- 7.4 Educational Experiences of Disabled Pupils in Saudi Mainstream Schools;
- 7.5 Disabled Pupils' Social Lives in Saudi Mainstream Schools; and
- 7.6 Disabling Barriers in Saudi Mainstream Schools.

### **7.1 Understanding Inclusion**

Vygotsky understands inclusion to be a powerful school culture for children's learning and development (Gindis, 1995). In line with Vygotsky, participant teachers were generally supportive of the phenomenon of inclusion in general and of inclusive education in particular (see section 5.1), although they have not been educated regarding inclusion nor trained or

prepared well for inclusive education (see section 6.2.1). This concurs with the findings of the Sudanese study conducted by Mohamed (2011), but contrasts with research conducted in the US (e.g. Buell et al., 1999; Van-Reusen, Shoho & Barker, 2000), the UK (e.g. Avramidis, Bayliss & Burden, 2000a); Australia (e.g. Center & Ward, 1987; Vaz et al., 2015) and Greece (e.g. Avramidis & Kalyva, 2007) which found teacher education and professional training on inclusion to have a positive influence on teachers' views and behaviours towards inclusion and inclusive education in particular. However, it is important to point out that participant teachers expressed complex and contentious understandings of inclusion (Barton, 1997, 2003; Thomas, 1997; Lindsay, 2003; Hick, Kershner & Farrell, 2009) which concurs with what Slee and Corbett (1996, as cited in Barton, 1997), Hick, Kershner and Farrell (2009), and Hodge (2017) state, that it is difficult and slippery to identify what the term 'inclusive education' means.

However, this dilemma can be simplified through understanding the differences between 'integration' and 'inclusion' (Barton, 1997). Inclusion/integration is a context-dependent phenomenon which requires understanding of context and culture (Hassanein, 2015a). In this sense, participant teachers' responses did not differentiate between inclusion and integration because the Arabic language does not have separate words which can capture the nuanced meanings of each concept. Both terms are expressed by the one Arabic word 'Damg/دمج'. In the interviews, the teachers used 'دمج /Damg'—which denotes inclusion/integration—to express their understanding of discourses and practices associated with the two different philosophies, as they are understood by Western scholars of inclusive education such as Barton (1997; 2003), Thomas (1997), Avramidis, Bayliss and Burden (2000ab), Slee and Allan (2001), Avramidis and Norwich (2002), Vislie (2003) and Goodley (2011; 2017). Despite such language complexity between Arabic and English (see section 4.9 for details), I

found it useful to discuss and interpret participant teachers' understanding of integration/inclusion as they are understood by the above-mentioned scholars, to determine where my participants' understandings are situated.

My analysis of the findings revealed a significant number of participant teachers' responses (see section 5.1.1) leaned strongly toward integration rather than inclusion. Integration is defined by many scholars of inclusive education as similar to special education (Hocutt, 1996; Thomas, 1997; Avramidis, Bayliss & Burden, 2000ab; Slee, 2001, 2011; Vislie, 2003; Goodley, 2011, 2017), to placement in the LRE (Hocutt, 1996; Avramidis, Bayliss & Burden, 2000a; Avramidis & Norwich, 2002; Sauer & Jorgensen, 2016) and thus to the medical individual model of disability (Slee & Allan, 2001; Barton, 2003; Kearney, 2011; Sauer & Jorgensen, 2016).

For most of the last three decades, integration has been a key topic of special education (Avramidis, Bayliss & Burden, 2000a). Special education, in turn, is based on the discourses of individualisation and decontextualisation (Barton, 1997), a distinction between 'normal' and 'special' in a practical way (Danforth & Rhodes, 1997; Kearney, 2011) and the exclusion of disabled children from full participation in society (Holt, 2004). Vislie (2003) explains this when she argues that in the 1960s and 1970s integration demanded the right of disabled children to receive special education when they were denied such right, to attend local schools when they were placed in segregated schools/institutions and to have a variety of special education provisions in and out of mainstream schools. In line with this, Avramidis and Norwich (2002) maintain that integration, special education and the American special education concept of LRE share the disablist notion that mainstream schools and classrooms are not appropriate for all students. These settings fit only learners whose academic and

social requirements are deemed 'typical' (Avramidis & Norwich, 2002). Avramidis, Bayliss and Burden (2000b) agree when they argue that integration emphasises the inclusion of learners who have 'normal' requirements but recommends 'special' education for pupils labelled as disabled. Thus, integration perceives the disabled child as 'the problem' of exclusion (Booth & Ainscow, 2002); he or she must, therefore, be either excluded or 'normalised' in order to be integrated into the dis/ableist school system (Goodley, 2014). In reaction to special education and integration, inclusion emerged in the 1990s to recognise disabled peoples' learning styles, the importance of their equal participation in mainstream educational settings (Goodley, 2011; 2017) and to challenge the disabling discourses and practices which have served to individualise the problems of disability and overlook society's constructed barriers (Oliver, 1990).

In line with this, other participant teachers' understandings of inclusion challenged the discourses and practices associated with 'integration'. They understood inclusion in education as a right for every child whether he or she fits the normative assumptions (Barton, 1997; Thomas, 1997; Villa & Thousand, 2000; Goodley, 2011, 2017). This challenges the issue of 'special education' due to its encouragement of exclusion, inequalities of provisions and opportunities, stereotypes and division between learners classified as disabled and non-disabled (Barton, 1997; Goodley, 2017). Inclusion, therefore, demands that mainstream schools identify and remove all forms of disabling barriers (e.g. physical and attitudinal) and discrimination (Barton, 1997, 2003; Lindsay, 2003; Goodley, 2014). Inclusion expects mainstream schools to make significant changes in curricular instruction (Salisbury et al., 1994) and that teachers' roles and responsibilities be modified (Rainforth, York & Macdonald, 1992) to ensure that everyone belongs to the mainstream environment (Thomas, 1997; Villa & Thousand, 2000; Goodley, 2017). As Goodley and Runswick-Cole (2015a, p.

246) state, inclusion in education urges “schools to rethink their priorities, their usual modes of operation and their cultural foundations”. Lewis (2009, p. 5) contends this when she argues that inclusion is “bringing about change in the education system, by identifying and solving barriers to presence, participation and achievement for every learner within mainstream settings”. In this respect, inclusion entails mainstream schools changing their dominant disabling definitions of success, failure and ability (Gillborn & Youdell, 2000, as cited in Barton, 2003) which were constructed based on the normative ‘able-bodied’ and ‘able-minded’ learners (Oliver, 1990; Goodley, 2014) or, as Thomas (1997) puts it, constructed based on the traditional deficit individual model.

Corbett and Slee (2000) and Barton (2003) challenge this when they argue that inclusion in education must be understood as a process of engaging with and celebrating diversity among students. This is supported by Goodley (2011) who adds that it is an opportunity for school personnel to rethink education and disability rather than to wonder how disability/diversity can be fixed. Giroux (2003) highlights the point that schools should take advantage of students’ differences as a resource of learning rather than carrying out different forms of oppression such as exclusion and punishment. In other words, “Inclusion therefore does not set parameters (as the notion of integration did) around particular kinds of putative disability” (Thomas, 1997, p. 103). Unlike integration, inclusion demands that schools reconstruct their environment and redesign and rethink their curricula and instruction to accommodate the unique requirements of all students (Avramidis, Bayliss & Burden, 2000a; Barton, 2003), making sure everyone belongs to a community (Villa & Thousand, 2000; Avramidis, Bayliss & Burden, 2000a). Thus, exclusion becomes a problem within-education system instead of a problem within-child (Villa & Thousand, 2000; Barton, 2003). It is in a broad sense a human-right and social-political issue rather than a personal one and regards all forms of exclusion as

unacceptable (Barton, 1997; Avramidis, Bayliss & Burden, 2000a; Goodley, 2014). Inclusive education then becomes a critical contributor towards the ultimate goal of an inclusive society (Barton, 2003; Franck, 2015). As one study participant (MP10) put it, “Inclusion is to implement the policy of non-refusal in all neighbourhood mainstream schools for all students... inclusion in this sense will definitely have a positive influence on the inclusion of disabled people in the Saudi society” (p. 4). I believe that inclusion struggles to be articulated in an education system bound up with ableism and disablism; however, finding such data in the Saudi context and placing them within the disability studies’ theories, and in inclusive education in particular, highlights the importance of deconstructing ableism and disablism (Goodley, 2014) in order to transform the Saudi system from ‘special education’ and ‘integration’ (the deficit model) to the discourses and practices of inclusion (the social model).

## **7.2 Conceptualising Disability**

Vygotsky perceives disability not as a biological problem but a sociocultural phenomenon (Vygotsky, 1983). However, disability is much more complex than this conception (Goodley & Runswick-Cole, 2014; Vehmas & Shakespeare, 2014; Grue, 2015; Ghai, 2015; Liddiard & Goodley, 2016). It has been similarly and often differently conceptualised across time, cultures, countries and faiths (Groce, 2006; Gronvik, 2007; Grue, 2015; Hassanein, 2015a). In the past and right up to today, disability has been religiously interpreted, medicalised, socialised and recognised as interactional of both individual and social issues (see for example, Vygotsky, 1983; Oliver, 1990, 1996; Morris, 1991; Thomas, 1999, 2004; Fougeyrollas and Beaugreard, 2001; Villa and Thousand, 2002; Shakespeare, 2006; Goodley, 2011, 2014, 2017; Oliver & Barnes, 2012). Thus, there is no single universal way of understanding disability (Goodley, 1997; Ghai, 2015) because what is no longer acceptable in

in a particular society is still acceptable and practiced in other societies today (Parmenter, 2001). In this study, participant teachers understood disability in different ways.

To begin with, a number of participants interpreted disability from cultural and religious points of view (see section 5.2.1.4). In Saudi Arabia, cultural and religious regulations guide people's interpretations of what they see or hear. As Miles (2002) and Bryant (2012) show, in many nations, culture and religious regulations are entwined in a dialectical relationship to construct people's conceptions of a phenomenon. Vygotsky agrees with this view when he states that individuals construct their understandings of a particular phenomenon from the common conceptions and meanings available in their society (Daniels, 2009). Shakespeare (1994), too, argues that the role of culture and meaning is crucial when considering disability. Oliver (1990), Ingstad and Whyte (1995) and Ghia (2015) identify culture and religion as influential in constructing how professionals understand disability. I found this in my research as all participant teachers (disabled and non-disabled) acknowledged the predestination of disability and some interpreted disability as abtila (test), evil eye, gift or punishment.

Acknowledging disability as predestination was not surprising because this reflects a fundamental principle in Islam—to believe that everything that happens is according to God's will. As stated in the Holy Qur'an, "Nothing will happen to us except what Allah has decreed for us: He is our protector: and on Allah let people! put their trust" (Al-Taubah, v. 51, as translated by Asad, 1980). In fact, the word *Islam* denotes 'peace and submission to the will of Allah'. However, disagreement and sometimes contradictions among participant teachers were present when it came to interpreting predestination in respect to disability as a consequence of the evil eye, prayers, punishment, mercy, gift or abtila (test) from God. As

Hassanein (2015a) puts it, “although Islam lays down certain beliefs and principles, their application is subject to interpretation” (p. 2). Therefore, a few participants interpreted disability as a consequence of the evil eye or a sort of punishment from God for sins, but the majority were completely against such interpretations. Some of those who rejected disability as a punishment or as a consequence of the evil eye, conceded that a disability might be a mercy, gift or abtila (test) from God. This concurs with what Miles (2002) notes, that in many parts of the world, some people might understand disability as ‘given’ for a particular purpose as a punishment for sins, mercy, gift, test, an inescapable consequence and a statistically probable consequence. Other participants decided not to interpret disability in relation to Islam. They believed this topic is too slippery and complicated and may affect their relationship with God if they interpreted it unsatisfactorily. Miles (2002) captures the essence of this belief when she says that questions considering disability in respect to religion are sensitive because both phenomena are delicate issues. Hence, I find it important that a researcher take into consideration the possibility of quarrels when exploring ‘what is disability?’ even if the research participants share the same wider cultural and religious features of beliefs and practices (Hassanein, 2015a).

In my view, these conceptions are superstition and not a true interpretation of how Islam views disability and disabled people. As Alajmi (2005, p. 10) puts it, “Saudi Arabia is a nation heavily influenced by tradition”. Bazna and Hatab (2005) as well as Hassanein (2015a) support this, arguing that the beliefs and practices of any religion are usually affected by cultural superstitions. Miles (2007) is in agreement with this when she states that it is true that the beliefs and practices of people of a particular faith often do not reach the standards taught by that faith. She further points out that religious beliefs and practices are usually conflated with secular ones which do not belong to that faith. The fact is that Islam does not

represent disability as a consequence of God's wrath, punishment for sins, the evil eye or similar superstitious concepts (Rispler-Chaim, 2007). Bazna and Hatab (2005) examine the position and attitudes of the Qur'an and Hadith (the two primary sources of Islamic teachings). Their findings are consistent with Rispler-Chaim (2007). They concluded that in Islam disability is "neither a curse nor a blessing" but a part of human beings' diversity (Bazna & Hatab, 2005, p. 24). To be specific, impairment is considered morally neutral in Islam (Bazna & Hatab, 2005; Rispler-Chaim, 2007). Furthermore, Islam recognises all human beings as equal and fights for people who are oppressed and marginalised (Ahmed, 2007; Blanks & Smith, 2009). Disabled peoples' rights are a common theme in the writings of Islamic jurisprudence (Blanks & Smith, 2009; Hassanein, 2015a). These writings stress disabled peoples' equal opportunities, inclusion, education, dignity, and personal freedom as well as their protection from all forms of harm and discrimination (Hamza, 1993; Fahmi, 1998; Bazna & Hatab, 2005; Hasnain, Shaikh & Shanawani, 2008; Blanks & Smith, 2009; Al Khatib, 2017). As Al Khatib (2017) succinctly puts it, "Islam calls for accepting all people and encourages including them. Prejudice against and exclusion of any group of people are opposed" (p. 85). Therefore, Islamic activities are mostly performed in a collective and inclusive manner, in which all Muslims (whether labelled disabled or normal) are required to participate to the extent of their potential. The Holy Qur'an states that:

*"O{people!} Behold, We have created you all out of a male and a female, and have made you into nations and tribes, so that you might come to know one another. Verily, the noblest of you in the sight of God is the one who is most deeply conscious of Him. Behold, God is all-knowing, all-aware"* (Al-Hujurat, v. 13, as translated by Asad, 1980).

The emphasis in this verse on creating all human beings out of one male (Adam) and female (Hawa) intimates the equal origin of all people (Hassanein, 2015a) and the verse 'Made you into nations and tribes' is meant to emphasise the value of diversity and the importance of mutual interaction, understanding and appreciation of each other regardless of differences of

race, colour and/or dis/abilities (Asad, 2008). Moreover, Almusa and Ferell (2004) and Bazna and Hatab (2005) state that Islam calls people to respect and support each other and to appreciate the ability and possibility of each individual, and that this reality is stable whether the individual is black or white, male or female, disabled or non-disabled. It is stated in the Holy Qur'an that "God does not burden any human being with more than he is well able to bear" (Al-Baqarah, v. 286, as translated by Asad, 1980). Further, the Holy Qur'an bans any teasing and contemptuous language or behaviour directed at a particular person:

*"...No men shall deride [other] men: It may well be that those [whom they deride] are better than themselves; and no women [shall deride other] women: it may well be that those [whom they deride] are better than themselves. And neither shall you defame one another, nor insult one another by [opprobrious] epithets..."* (Al-Hujurat, v. 11, as translated by Asad, 1980).

The conclusion is that Islam does not judge or differentiate human beings based on their physical appearance or mental superiority but on their spiritual maturity and moral values (Almusa & Ferell, 2004; Hasnain, Shaikh & Shanawani, 2008; Hassanein, 2015a). As Prophet Muhammad, peace be upon him, clearly says, "Verily, God does not look at your bodies or your appearances, but looks into your hearts" (Sahih Muslim, 1990, Hadith 2564).

Superstitious conceptions around disability have resulted in medicalising and individualising the problems of disability (Parmenter, 2001). The vast majority of participant teachers understood disability as a medical and an individual problem (see section 5.2.1.1 for details). This is consistent with Oliver (1990), Fougeyrollas and Beauregard (2001), Parmenter (2001) and Thomas (2007) when they acknowledge that medical and individual understanding of disability is still the predominant attitude along with the belief of Gronvik (2007) and Grue (2015) that the conception of disability as a medical and individual problem remains solid and pervasive through time despite the emergence of other conceptions.

The majority of teachers participating in this study conflated disability and impairment, hence they pathologised and individualised disability. This was clear in responses such as ‘disability is a deficit’ (MP13, p. 6) and ‘disability is a lack of physical or intellectual abilities’ (FP12, p. 3; MP4, p. 2; DMP14, p. 3), as well as in responses which conceptualised disability from the viewpoint of normality. To exemplify, MP1 and MP6 understood disability as the inability of an individual to function as ‘normal’ as non-disabled people whether physically or intellectually (p. 4; p. 5). This conception leads people labelled disabled to be stereotyped as weak, pitiful, childlike, dependent and tragic (Gilman, 1985). Davis (1995; 2006; 2013) and Grue (2015) agree that disability is usually examined in relation to the concept of normal, yet they problematise this by stressing that disability should be explored in relation to how normalcy is constructed to create the problems of disability. In fact, I do not blame the majority of participant teachers for holding such medical and deficit views of disability because these views were put into their heads through teacher education, professional training and legislation. They have never been exposed to other understandings of disability; hence they are going to accept this anyway. As Shakespeare and Watson (1998) put it, school professionals often pathologise disability and disabled people because their lives and education are full of the ideas of labels, dependence and exclusion. The problem is that the way in which teachers understand disability affects their non-disabled students (Kearney, 2009).

Like the International Classifications of Impairments, Disabilities, and Handicaps (ICIDH) by the World Health Organisation (WHO, 1980), Saudi disability-related legislation medicalises and individualises disability. For example, the Disability Code (2000, p. 20) defined disability as to be

*“affected by one or more of the following disabilities: visual disability, hearing disability, mental disability, physical and mobility disability, learning difficulties,*

*speech and language disorders, behavioral disorders, autism, double and multiple disabilities as well as other disabilities that require special care”.*

Similarly, DRRSEIP describes a disabled learner as “anyone with a total or partial permanent defect in his/her physical, mental, communication, academic or psychological abilities to the extent that it requires the provision of special education services” (Ministry of Education-Saudi Arabia, 2001, p. 8). To change people’s, particularly educators’, deficit understandings of disability, I believe these official definitions must be scrapped and replaced with social constructivist-based definitions. The point is to shift the attention of the education profession in general, including teacher education and professional training, from focusing on the individual to concentrating on the education system, school organisation and non-disabled people’s discourses of disability itself as the major problem (Oliver, 1990; Fougeyrollas & Beaugard, 2001). As Slee and Allan (2001) note, inclusive education requires the deconstruction of pathological forms of knowledge about disability because they affect practices. This position concurs with that of a number of teachers participating in this study: for example, they suggested raising the awareness of the public, and of education officials and teachers in particular, about how social construction creates the problems of disability. They also call for a review of existing policy in a way that promotes inclusive education for all (see section 8.1 for details).

In the Western world, definitions based on individual and medical models have been subjected to significant criticism by disabled people and scholars of disability studies. In fact, it is difficult to find such a scholar who is not critical of such definitions (Shakespeare, 2006; Grue, 2015). Oliver (1990), for example, problematises these definitions for their medical classifications of disabled people, for protecting “the nation of impairment as abnormality in function [and] disability as not being able to perform an activity considered normal for a

human being” (p. 4) and for not taking social barriers into account (Oliver, 1990; Bickenbach et al., 1999). Hassanein (2015a) criticises such definitions for defining disability in terms of deficits, or as Bickenbach et al. (1999) and Imrie (2004) put it, in terms of limitations within the child. Gure (2015) was also critical of such definitions for believing in the medical interventions as the only empirical solutions for disability to be fixed or for disabled people to be normalised. Moreover, these definitions often contributed to the perpetuation of dis/ableism (Goodley, 2014), to waste education and social resources (Davis, 1986, cited in Oliver, 1990) and to intertwine disability and impairment as synonymous terms (Goodley, 1997; 2011; 2017). Taken into account, such criticisms lead us to think about the wider social aspects of disability that these definitions have overlooked (Oliver, 1990).

Such social aspects of disability were, unfortunately, recognised by only a few study participants (FP13 and DFP4). They understood disability as a socially constructed issue and rejected superstitious conceptions, viewing disability as a physical or mental deficit (see section 5.2.1.2). Their views were consistent with the argument cited above by scholars of disability studies (e.g. Oliver, 1990; Goodley, 2011, 2017; Oliver & Barnes, 2012). Their recognition of disability in the social model sense was natural because they have not been exposed to how the social model theorises disability. FP13, for example, understood disability as disablism. She specifically explained her understanding of disability by focusing on how mainstream schools are inherently disablist (Goodley, 2014) in terms of exclusion, provision of special education and privileging normalcy (Davis, 1995; 2006). In a similar sense, DFP4 (a disabled teacher) conceptualised disability as a problem of how society, especially its schools, is constructed to exclude disabled people through spatial barriers, dis/ableist attitudes and practices and non-disabled people’s limited awareness of what constitutes disability. She expounded on this by discussing how such disabling barriers

predominate in the school where she teaches, and which distress disabled students' daily activities in the school. Hemmingson and Borell (2002) and Pivik, McComas and Laflammer (2002) generated similar findings. Hemmingson and Borell (2002) studied barriers to participation in Swedish mainstream schools from the perspective of disabled students. Participant students identified many disabling barriers in the schools they attended but they determined that architectural construction and how learning activities are organised and performed to be the most disabling barriers. Pivik, McComas and Laflammer interviewed 15 Canadian disabled students and 12 parents of disabled students from eight schools regarding the extent to which their schools are inclusive. Both groups agreed on four categories of disabling barriers common at their schools: "(a) the physical environment (e.g., narrow doorways, ramps); (b) intentional attitudinal barriers (e.g., isolation, bullying); (c) unintentional attitudinal barriers (e.g., lack of knowledge, understanding, or awareness); and (d) physical limitations (e.g., difficulty with manual dexterity)" (p. 97). FP13 and DFP4 and participants of the two studies cited above (i.e. Hemmingson & Borell, 2002; Pivik, McComas & Laflammer, 2002) identified disability as entirely a consequence of societal construction and its social consequences (Oliver, 1990; Fougeyrollas & Beauregard, 2001), focusing particularly on how the way mainstream schools are organised and constructed excludes disabled people from active involvement. In their writings some scholars of disability studies, particularly Finkelstein (1980; 1981), Oliver (1990) and Barnes (1991), advocated for this position. However, the research of other scholars such as Morris (1991, 1996), Crow (1996), Thomas (1999, 2004), Shakespeare and Watson (2001), Imrie (2004) and Shakespeare (2006) question its sufficiency for solving the problems of disability/impairment.

They argue for a relational (Thomas, 1999; Imrie, 2004) or an interactional (Shakespeare, 2006) understanding of the determinants of disability. In this notion, they stand against the

conceptions which revolve around a dichotomy of medical (disability is a consequence of deficits in the body or mind) and social (disability is a consequence of social construction) models of disability (Shakespeare, 1994, 2006; Imrie, 2004). Shakespeare and Watson (2001, p. 22) indicate that “Impairment and disability are not dichotomous, but describe different places on a continuum, or different aspects of a single experience. It is difficult to determine where impairment ends and disability starts, but such vagueness need not be debilitating”. Vygotsky (1983) is arguably supportive of this position when he explains the role of primary disability (organic impairment), secondary disability (caused by social factors) and the interaction between them as influential in disabled people’s lives. The understanding of disability by a number of participant teachers in this study (MP15, FP6, FP7, FP8 and FP10) concurs with this view of disability. They saw the problems of disability as a consequence of the interaction between individual and societal dimensions. According to these particular participants, intrinsic (within the individual) and extrinsic (how normalcy is constructed) factors are entwined in a dynamic relationship to produce the disablism of disabled people (Fougeyrollas & Beauregard, 2001; Shakespeare, 2006). In Norway and Sweden, this conception of disability has been dominant since the 1970s (Tøssebro, 2016). The WHO’s (2001) International Classification of Functioning, Disability and Health (ICF) which replaced the WHO’s ICIDH (1980) agrees with this position, defining disability as an interactive relationship between environmental factors (e.g. the attitudes of the society, architectural characteristics, the legal system) and personal characteristics. More specifically, the ICF (2001, p. 20) states that disability is “an integration of these two opposing models [i.e., medical and social models]”. Crow (1996, p. 66) stresses this by saying, “We need to focus on Disability and impairment: on the external and internal constituents they bring to our experiences”. Shakespeare (1994; 2006) views this understanding as holistic because it recognises disabled peoples’ impairment and disability experiences which the dichotomy of

social and medical models of disability fail to acknowledge. Drawing on the above argument of what constitutes disability, I view disability as a socially constructed issue but I see impairment as biological in which, in some cases, they entwine in a complex relationship to construct the problems of disability.

### **7.3 Conceptualising the Label of Intellectual Disability**

The understanding of almost all participant teachers of what constitutes intellectual disability (see section 5.3.1.1) contradicted Vygotsky's view of children labelled intellectually disabled. Vygotsky (1983) argued that such children are not simply less developed than their peers who are seen as non-intellectually disabled, but rather that they have developed differently due to consequences of the social and cultural milieu (Vygotsky, 1983). In this study, participant teachers expressed adherence to the AAIDDs (previously the AAMR) definition and classifications of what is described as intellectual disability (previously mental retardation) (8th edition, see Crossman, 1983). This is justifiable because most Saudi educational institutions, in either official records, legislation, teacher education or studies, have adapted the AAIDD definition and classifications (see for example, the DRRSEIP legislation; Alajmi, 2005; Alquraini, 2012).

The Saudi DRRSEIP legislation has translated and adapted the AAIDD definition and classifications to define intellectually disabled learners (see Ministry of Education-Saudi Arabia, 2001). Hence, participant teachers' (disabled and non-disabled) conceptions of the label of intellectual disability are inherent in the individual deficit model of disability because they assumed that the source of the disabilities lies within-individual-mind (Goodley, 1997). They understood what is considered intellectual disability as limitations on an individual's mental/cognitive functioning abilities, and that persons so-classified are labelled as mild,

moderate, severe or profoundly intellectually impaired according to ‘the significance of the intellectual impairment/limitations’, as the teachers term it. This highlights the significant role of the official definition in constructing people’s understanding of what is labelled intellectual disability not only because it is stated in the DRRSEIP legislation but also because it is taught in teacher education programmes.

According to participant teachers, the schools where they teach and other Saudi schools rely primarily on IQ testing (particularly the Wechsler and Stanford-Binet scales) to determine the ‘significance of intellectual impairment/limitations’. Consequently, the extent to which the labelled individual is excluded, as well as his or her eligibility for ‘special education services’, is identified. Consistent with these findings, the AAIDD (2013) claims that “One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning” (para. 3). This deficit understanding and medical-statistical assessment of what constitutes intellectual disability is praised by Luckasson et al. (1992; 2002) and Reiss (1994). But this is a problem and is challenged by Vygotsky (1978; 1983) and MacMillan, Gresham, and Siperstein (1993) as well as by disability studies scholars such as Davis (1995; 2013), Linton (1998), Goodley (1997; 2001), Parmenter (2001) and Gabel (2009). Ironically, Vygotsky (1983, p. 131) described medical-statistical IQ testing as an “arithmetical concept of [impairment]”, because it views disabled children in terms of mental deficits (Gindis, 1995) and compares their performance with the performance of ‘normal’ children in the world of normalcy (Davis, 1995; 2013; Linton, 1998). As Kress-White (2009) argues, Binet relied on what ‘normal’ children can do versus what children considered ‘Others’ cannot do when developing his intelligence test. According to Davis (1995; 2013), the birth of the ‘normal’ and ‘abnormal’ phenomena is closely connected to the birth of statistics, when the concept of average was

originated by the French statistician Adolphe Quetelet in the early 1800s: “Quetelet wrote in 1835, ‘all things will occur in conformity with the mean results obtained for a society’” (Davis, 1995, p. 26). Subsequently, the concept of average was employed to measure human beings’ intelligence (Kress-White, 2009) and to serve not only as an instrument to distinguish ‘able-minded’ from ‘disabled-minded’, but also to make “this distinction ‘real’ in a practical, lived way” (Danforth & Rhodes, 1997, p. 360). In other words, those who achieve average intelligence are considered ‘normal’ and ‘desirable’ but those who deviate from it are perceived as ‘abnormal’ and ‘undesirable’. Thus, they are sent to prisons, hospitals, almshouses, or educational institutions specified for pupils considered intellectually ‘abnormal’ (Davis, 1995). Gould (1981) supports this when he argues that schools use statistical IQ testing to justify the labelling and exclusion of children who do not meet the ‘average/normal’ conception of society.

In reaction to this, Vygotsky (1978) originated what is now commonly known as a dynamic assessment (as cited in Lidz, 1991; Jitendra & Kameenui, 1993; Shabani, 2011). An example of this is Vygotsky’s ZPD theory (Baek & Kim, 2003; Shabani, 2011) in which Vygotsky (1983, p. 121) called for a “positive differential approach” which directs educators to approach disabled learners from the point of strengths rather than impairment. He believed that students’ mental abilities and development cannot be measured through standardised normal or IQ testing but, rather, through what students can achieve in a supportive classroom environment merging interactive learning, teachers’ guidance and the use of different teaching/learning tools. As Vygotsky (1983, p. 54) carefully puts it, “Meaning is more important than the sign. Let us change signs but retain meaning” to accommodate each learner’s unique teaching/learning requirements. In this sense, Vygotsky’s theories and the social model of disability have commonalities in terms of rejecting deficit statistical

assessments but acknowledging the positive aspects of diversity and mutual support. At the same time, they demand the 'normal' environment be adjusted to accommodate the requirements of all people rather than requiring disabled people to adjust their minds and/or bodies to fit normalcy (Vygotsky, 1983; Goodley, 1997).

Teachers participating in this study (see section 5.3.1.3) agree with the above critiques of statistical IQ tests despite expressing deficit understanding of what is considered intellectual disability. They described the statistical IQ testing used in their schools to classify learners as intellectually disabled as 'problematic and oppressive' (DMP2, p. 4; MP8, p. 4), 'naïve and inaccurate' (MP7, p. 4), a 'tool towards the jail of intellectual disability' (MP8, p. 4), a 'terrible mess' (MP16, p. 6) and 'not culturally sensitive' (MP15, p. 4). Thus, as MP10 put it, it is not only biased, but also outdated and inadequate to measure human beings' cognitive abilities. Sadly, these deficit conceptions and medical-statistical assessments of what is viewed as intellectual disability are still acknowledged and practiced in many countries around the world where the dual education system (normal and special) is adopted, including Saudi Arabia. As Alajmi (2005) points out, in Saudi Arabia students' mental dis/abilities are measured by psychiatrists and psychologists. Psychiatrists conduct the medical screening and psychologists apply the IQ test. However, Saudi schools depend mainly on statistical IQ scores to determine a student's educational placement and the 'necessary' special education services (Alajmi, 2005).

Such deficit thinking, practices and traditional assessment procedures too often underestimate the abilities of pupils considered intellectually disabled (Rutland & Campbell, 1996; Danforth & Rhodes, 1997). Further, they focus the professionals' attention on the individual's mind thus reinforcing deficit views of differences. They also support the

production of more and more labels that marginalise and oppress the so-labelled persons (Danforth & Rhodes, 1997; Gould, 1981; Gabel, 2009; Hodge, 2016; Goodley, 2017); contribute to the expansion of ‘normal’ and ‘abnormal’ phenomena (MacMillan, Gresham & Siperstein, 1993; Kress-White, 2009); legitimise disablism through categorisation, exclusion and special education (Tomlinson, 1982; Goodley, 2014); and perpetuate ableism by allowing normal students to exercise power and mental superiority over students who deviate from such normality (Goodley, 2014). As Gould (1981) and Linton (1998) put it, IQ tests contribute to the perpetuation and expansion of disablism, negative labelling and devaluing of people considered different, including but not limited to, disabled people, people living in poverty and immigrants.

This emphasises the importance of challenging and problematising deficit assessment procedures, IQ testing in Saudi schools. In particular, in order to replace such procedures with dynamic assessment approaches that recognise each learner’s strengths irrespective of differences because no one is perfect and no one ever will be. Dynamic assessments in Vygotsky’s view lead “the child to the point of his or her achieving success in joint/shared activity” (Gindis, 1999, p. 337). This can be achieved if we turn our attention from focusing on the individual’s mind and body to examining the institutional and discursive traditions and practices (Goodley, 2001; Davis & Watson, 2001; Oyler, 2011) or, as Vygotsky (1983) puts it, if our focus is shifted to the strengths of disabled children and to what disables them—their social and cultural milieu.

#### **7.4 Educational Experiences of Disabled Pupils in Saudi Mainstream Schools**

Participant teachers’ perspectives and attitudes regarding their disabled learners’ educational experiences in schools where they teach were contradicted according to the implemented

models of special education/inclusion (see section 5.4—5.4.1 and 5.4.2). A clear majority of participants expressed positive viewpoints, although to a different extent, regarding the efficiency of model one (mainstream classrooms supported by a resources room) in meeting the learning requirements of disabled pupils (see section 5.4.1). They thought otherwise when it came to model two (self-contained classrooms in mainstream schools) (see section 5.4.2). They agreed that disabled pupils educated in model one have much more positive schooling and learning experiences than their counterparts educated in model two. They believed that the teaching and learning environment in model one is more supportive and the attitudes of educators and non-disabled pupils are more positive towards disabled pupils in mainstream classrooms (model one) than their counterparts in self-contained classrooms (model two). Therefore, they indicated that the academic performance and gains of disabled learners educated in mainstream classrooms (model one) significantly outperformed their disabled peers educated in self-contained classrooms (model two).

In contrast, findings of research conducted by Weiss and Lloyd (2002), Wischnowski, Salmon and Eaton (2004) and Iii et al. (2008) showed no apparent differences between mainstream and self-contained classrooms in meeting the academic requirements of disabled children. More specifically, Leinhardt and Pally (1982) claim that the educational placement of intellectually disabled pupils is not the main issue of concern; instead, “it is what happens in the settings” (p. 574). However, similar findings reported by a considerable body of research (e.g. Hunt et al., 1994; Ryndak et al., 1995; Rea, McLaughlin & Wather-Thomas, 2002; Keefe & Moore, 2004; Castro, 2007; Ekeh & Oladayo, 2013) demonstrate concerns about the effectiveness of self-contained classrooms in meeting the academic requirements of disabled children. For example, Ekeh and Oladayo (2013) examined the academic performance and achievements of 206 disabled and non-disabled pupils educated in inclusive

and non-inclusive classrooms in a number of Nigerian mainstream schools. Results revealed that non-disabled pupils outperformed their disabled peers academically in inclusive classrooms. However, the authors attributed the academic underperformance of disabled pupils in these classrooms to structural and non-structural barriers, including but not limited to, inaccessible facilities, information, curricula and teaching/learning methods. In line with this, some participant teachers (DFP4, FP11 and FP13), who praised model one, also identified the model's shortcomings, including inaccessibility of curricula, particularly in math and science, and the use of traditional teaching methods as barriers to inclusive education (see section 7.6 for details).

These findings agree with those of Suleymanov (2014) who examined the academic experiences of disabled students in three mainstream classrooms in Azerbaijani schools. The study concluded that traditional teaching methods were the main barrier preventing disabled pupils from learning and the deterrent to creating inclusive educational classrooms. These findings support Holt (2004) and Goodley (2014) who argue that mainstream schools are full of disabling barriers because they were mainly constructed to meet the requirements of 'normal' pupils. No consideration was given to students who, as Davis (1995; 2013) puts it, deviate from achieving such normality. Ekeh and Oladayo (2013) and Suleymanov (2014) call for the removal of all disabling barriers, particularly those concerning teaching and learning, to increase the academic performance and positive outcomes of all students. Moreover, Ekeh and Oladayo (2013) report other data that is highly relevant and consistent with my findings. Such data reveal significant differences in the academic performance and achievement of disabled pupils educated in mainstream classrooms compared to their peers in self-contained classrooms. This can be argued a result of the exclusion of disabled pupils in self-contained classrooms which prevents them from experiencing mutual opportunities of

support, observation, modelling, imitation and scaffolding (Vygotsky, 1978) available to their peers in mainstream classrooms. As Vygotsky (1978) notes, ongoing mutual supports, teachers' guidance and active learning experiences in an inclusive learning environment help all pupils in terms of learning and cognitive development through feeding knowledge to one another. In line with Vygotsky, Kohn (1996) and Slee (2011) argue that effective learning occurs in an environment where a sense of community and support rather than competition is emphasised. This is because competition increases prejudice (Kearney, 2009) and feeds into the production of ableism and disablism against pupils who do not achieve what is considered 'normal' standards (Goodley 2014).

Exclusion in education is a critical source of inequality and prejudice (Fishbein, 2002) and inclusive education deconstructs and eliminates all forms of inequality in education (UNESCO, 2005). In agreement with my findings above, research undertaken by Sharpe, York and Knight (1994) and McDonnell et al. (2003) highlights the significant academic benefits that disabled pupils educated in inclusive classrooms acquire compared to their peers in non-inclusive classrooms, with no negative impact on the academic performance and achievements of non-disabled learners. In fact, research shows that non-disabled pupils who have disabled classmates performed academically significantly better than their peers who did not have disabled classmates (see Saint-Laurent et al., 1998; Cole, Waldron & Majd, 2004). Moreover, Banerji and Dailey (1995), using a mixed methods approach, studied academic performance in reading and writing of two groups. Their study included 13 disabled pupils and 17 non-disabled pupils. These pupils were educated together for about three months. The findings showed no academic difference between disabled and non-disabled pupils in progress in reading and writing. Vygotsky agrees with these findings, pointing out that disabled children are capable of a far more competent performance when

they are educated in inclusive classrooms where they can receive proper support and assistance from educators and peers (Gindis, 1999). Therefore, I think Saudi mainstream schools should promote model one and eliminate model two due to the positive outcomes of mainstream classrooms and the opposite for self-contained classrooms. Now, I will move to discuss the social experiences of disabled and non-disabled pupils from the experiences and perspective of their teachers in mainstream schools where they teach.

### **7.5 Disabled Pupils' Social Lives in Saudi Mainstream Schools**

Children's positive social lives and experiences are an important factor of inclusion in schools (Vygotsky, 1978, 1983; Villa & Thousand, 2000; Shakespeare, 2006; Noonan, 2009; Koster et al., 2010). Saudi educators believe that the social benefits outweigh the academic benefits for disabled children included in mainstream schools (Alquraini, 2011). In agreement with this point, a significant number of participants in this study indicated that they pay more attention to disabled pupils' social experiences and benefits than to their academic accomplishments and outcomes. This was emphasised by MP6: "We are mainly concerned about the social learning and engagement of disabled pupils rather than their academic performance or achievements" (p. 4). Numerous research findings (e.g. Strully & Strully, 1985; Hunt et al., 1994; Kennedy & Ikonen, 1994; Fryxell & Kennedy, 1995; Ryndak et al., 1995; Ryndak, Morrison & Sommerstein, 1999; Fisher & Meyer, 2002) have reported that disabled pupils educated in mainstream schools gain important positive social benefits and outcomes. However, they found that the extent of these benefits and outcomes is linked to the length of time disabled and non-disabled pupils spend together, especially for pupils labelled with intellectual disabilities (Walker, 1974; Brinker, 1985; Cole & Meyer, 1991; Altman & Kanagawa, 1994; Kennedy et al., 1997).

This shows that the more time pupils are interacted together the more likely they are to acquire positive social benefits and outcomes. The findings of these studies are, to a large extent, consistent with the views of the vast majority of my participants. They agreed that disabled pupils enrolled in the mainstream schools where they teach gain notable social benefits and skills regardless of the model of inclusion/special education followed—mainstream classrooms (model one) or self-contained classrooms (model two) (see section 5.5 and 5.5.1). To be precise, they believed that the positive social benefits and acquired social skills of disabled pupils educated in the mainstream classroom model are at least as good as, if not somewhat better than, those of their peers in the self-contained classroom model. When I asked them why, they indicated that it was because all pupils, regardless of educational placement, share in the schools' daily social activities. The shared social activities comprise but are not limited to trips, recesses, breakfast and prayer times as well as sport and art periods. Consistent with these findings, Noonan (2009) generated relatively similar results when she qualitatively explored the social competence of disabled children who were educated in mainstream classrooms as compared to their peers in self-contained classrooms. Noonan found that children acquire social skills regardless of the educational placements that they attende.

My participants stressed that implemented models of inclusion/special education are not only socially beneficial for people labelled disabled but also for non-disabled people in terms of interactional opportunities, including gaining social skills and developing friendships in school which usually continued outside of school (MP4; MP6; MP11; MP13; FP15; MP16; FP2; FP12). The teachers also cited the promotion of children's and adult's understanding of and learning about differences, viewing diversity as positive, using respectful language and showing acceptance, and collaborating with peers who have different physical and

intellectual characteristics (e.g. MP6 & MP15) (see section 5.2.2.1 for more details). These findings are consistent with those of several qualitative research efforts (e.g. Murray-Seeger, 1989; Biklen, Corrigan & Quick, 1989; Staub et al., 1994; Capper & Pickett, 1994) and quantitative research (e.g. York et al., 1992; Helmstetter, Peck & Giangreco, 1994; Hendrickson et al., 1996; Cole, Waldron & Majd, 2004). These studies found that inclusion is socially beneficial for all learners, particularly for non-disabled individuals, in terms of increasing their awareness, understanding and respect for human differences and the unique requirements of each person. This promotes greater opportunities for mutual interaction, acceptance, friendship and scaffolding among students regardless of differences (Vygotsky, 1978). In line with these studies, my participants believed that the extent to which social benefits and competence might differ from person to person (disabled and non-disabled) is influenced by a number of factors. These include an individual's characteristics, his or her social and cultural experiences, available opportunities for communication and interaction and school personnel's promotion of mutual acceptance, collaboration and positive images among and between students. As Shakespeare (2006) points out, personal and social factors influence disabled and disabled people's interaction and relations.

A major theme of Vygotsky's (1978) sociocultural theory supports my participants' emphasis on social milieu which suggests that the positivity and richness of a social context, including people's positive attitudes and opportunities for learning and socialisation, influence any child's learning and cognitive development. As Vygotsky (1978, p. 57) puts it, all functions of a child's learning and cognitive development "appear twice: first, on the social level, and later, on the individual level; first, between people (inter psychological), and then inside a child (intra psychological)". Therefore, Vygotsky (1993) describes the exclusion of disabled pupils as 'unlawful'. He also points out that exclusion is bad practice because it effects the

reputation of children who are excluded as a result of the stigma associated with it (Vygotsky, 1978). In addition, Vygotsky (1978, p. 90) believes that “Learning awakens a variety of internal development processes that are able to operate only when the child is interacting with people in his environment and in cooperation with other peers”. Davis and Watson (2001) and Holt (2004) are in favour of this position when they describe self-contained classrooms as segregated placements because they do not support full interaction opportunities and because they are constructed based on and to reinforce the dis/ableist issues of ‘normality’, including what is perceived as ‘normal’ academic and social abilities and practices or, as Morris (1991) and Thomas (1997) put it, to reinforce mind-body differences. Davis and Watson (2001) argue that such settings are created to justify the failure of school systems, personnel and practices to meet the requirements of some children in mainstream classrooms. As Armstrong and Galloway (1994) and Slee and Allan (2001) argue, children are sometimes labelled and excluded to meet the interests of some educators. Special settings impoverish disabled children because they limit access to the whole curriculum and constrain their social interaction opportunities with others (Alderson & Goodey, 1998). Hence, I argue for moving disabled pupils from self-contained classrooms to more inclusive opportunities in mainstream classrooms to eliminate stigma, inequalities and failure and to maximise disabled students’ opportunities for mutual educational and social interaction. Providing children with more inclusive opportunities is influential in maximising their learning and their social and cognitive development (Vygotsky, 1978). These opportunities also alter negative attitudes and stigma associated with segregated settings which affect not only disabled students but teachers and parents, as well (Vygotsky, 1993). As one participant teacher reported, a school administrator advised him not to continue teaching in a self-contained classroom as this would negatively affect his personality and cognitive abilities in the long run. Preference for moving disabled children from self-contained classrooms towards more inclusive educational

opportunities in mainstream classrooms is shared by a significant number of disabled and non-disabled participant teachers (e.g. DMP2, FP10, MP10, DFP4, DMP14 and FP14). Therefore, it should be taken into consideration by the Saudi MoE.

Now, I will move on to discuss the research findings relevant to the disabling barriers that disabled people (students and teachers alike) experience in Saudi mainstream schools seen from the experiences and perspective of disabled and non-disabled teachers who participated in this study.

### **7.6 Disabling Barriers in Saudi Mainstream Schools**

Disabled and non-disabled participant teachers reported a range of disabling barriers that discriminated against and exclude disabled students from active involvement, participation and learning in the schools where they teach. These include: environmental barriers; attitudinal, language and belief barriers; exploitation; medicalised teacher education and in-service training; unsuitable/normal teaching methods and strategies; poor school and classroom resources, conditions, and locations; large classroom size; and disablist monetary rewards that are obtained as compensation for dealing with disabled pupils.

To begin with, the participants view the accessibility of a school's environmental spaces as a critical prerequisite for inclusive education although inclusion is not limited to this barrier (Hemmingson & Borell, 2002). I view this as one of the most basic rights of disabled people ensured by Saudi educational legislation—the right to attend mainstream schools free of physical/environmental barriers. The DRRSEIP act requires that mainstream school buildings be barrier-free. More specifically, Article 3 (sub-article 16) states that “mainstream school buildings... should be free from all barriers that could prevent disabled pupils from

benefitting from their accommodations” (p. 16). This is further supported by Article 12 (sub-article 4) which stresses that schools’ physical spaces should be accessible for disabled pupils, “including classrooms and other accommodations such as hallways, doors, provision of suitable ramps for wheelchair users, lifts, adapted toilets and accessible water coolers” (p. 37-38) (Ministry of Education-Saudi Arabia, 2001).

Although this study explored the experiences of disabled and non-disabled teachers who teach in mainstream schools in the Saudi capital city of Riyadh, experiences expressed by participants revealed that mainstream schools where they teach break the law by being full of physical barriers which restrict the free movement of disabled people. They reported different sorts of environmental barriers, including unsuitably constructed ramps, steps, doors, passageways (including spaces between desks within classrooms), lifts, washrooms, toilets, water fountains, recreational areas and desks and chairs. These teachers determined that getting into the school itself was the major barrier facing disabled people. Moreover, while 2 of the 31 participant teachers indicated that their school has a lift, they pointed out that it has long been shut down to prevent non-disabled students from misusing it and because the administration believes that disabled pupils should not use it since their classrooms are on the ground floor (see section 6.1.1). Previous research highlighted similar findings and concerns when exploring disabling barriers in mainstream schools. For example, research in Canada (Law, 1993; Pivik, McComas & Laflammer, 2002) and Sweden (Hemmingsson & Borell, 2000; Hemmingsson & Borell, 2002) reported many of the same disabling environmental barriers to accessibility identified by my participants. Further, these studies shared the second major theme of this study which is the identification of attitudes, language and beliefs as harmful disabling barriers (see section 6.1.2). Hemmingsson and Borell (2002), for example, point out that negative language paired with attitudes and beliefs of teachers and peers can be

a major barrier to disabled people's freedom and active participation and involvement. This also impacts on disabled people's psycho-emotional well-being (Thomas, 1999, 2007; Reeve, 2002, 2014; Goodley, 2017). Consistent with this, Catlett (1999, p. 138) found that teachers' attitudes and language were the "biggest hurdle to overcome" in relation to inclusion of disabled students. Positive attitudes, including language and beliefs, are critical contributors to achieving inclusive education (Booth & Ainscow, 2002). Morris (1991, p. 25) supports this when she says:

*"It is not physical limitations that restrict us to our homes and those whom we know. It is the knowledge that each entry into the public world will be dominated by stares, by condescension, by pity and by hostility".*

Thomas (1999) and Reeve (2002) describe psycho-emotional disablism that results from unstructured barriers to "be just as disabling as structural barriers" (Reeve, 2002, p. 493) which cause disabled people "to feel worthless, of lesser value, unattractive, hopeless, stressed or insecure" (Thomas, 1999, p. 47). Such attitudinal barriers or prejudices are not always explicit but often implicit in cultural representation, language and social interaction (Shakespeare, 1994; Thomas, 1999). In this study, participant teachers, particularly disabled teachers, identified this as the most deleterious of disabled people's experiences. It affected the experience not only of disabled students but also of disabled teachers. For example, all three disabled participant teachers in this study reported experiencing negative comments, teasing and staring (see section 6.1.2 for further details). The problem is that some of these stares and comments are often recognised as appropriate or smart strategies in respecting disabled people (Shakespeare, 1994; Reeve, 2014; Thomas, 2007).

This study further revealed that the oppression encountered by disabled people in Saudi mainstream schools does not stop there but extends to include exploitation of their money,

food and teaching/learning resources by family members, peers, canteen sellers and school administrators (see Table 12).

Table: 12

*Exploitation of Disabled Students*

	Family Members	Peers	Canteen Sellers	Schools' Administration
Finances	✓	✓	✓	
Food		✓		
Resources				✓

Participant teachers recounted stories to illustrate how disabled students were exploited in the schools where they teach (see section 6.1.4). These findings concur with the statement by Disability Justice (2017) that, unfortunately, the exploitation of disabled people is often carried out by family members, peers, educators or staff members assigned to support them, in short, by the people who have been given the authority to protect and support disabled people (Ridgway, 2009). These findings also support the argument by Ignagni et al. (2016) that abuse, exclusion and hostility can be carried out by people who have intimate relationships with disabled people. The problem is that mainstream schools are constructed in a way that supports such exploitation (Ansello & O'Neill, 2010), but provides the right platform for the protection of people considered 'normal' (Davis, 2013; Goodley, 2014). This makes disabled people far more subject to exploitation and oppression by so-called 'normal' people who are supposed to protect disabled people (Disability and Aging Rights, 2015). These findings support Goodley's (2014) argument that mainstream schools are arguably one of the most harmful spaces for disabled people.

In line with my participants, I think these issues can be eliminated or, at least gradually reduced, if we promote prosocial awareness programmes, develop and enforce a disability-rights policy, and promote the core values of inclusive education (see section 8.1 – 8.1.1, 8.1.2, 8.1.3 & 8.1.4 for detail). These programmes and policies should be constructed to celebrate diversity and the right of disabled people not only to be included but also to quality education (Barton, 2003; Villa & Thousand, 2000; Corbett & Slee, 2000; Goodley, 2011, 2017). These programmes and policies should also ensure opportunities for mutual interaction, collaborative learning and scaffolding (Vygotsky, 1983), and promote discussions that expose and question disability-sensitive issues such as disablist language, name calling, teasing and beliefs (Barton, 2003).

Furthermore, teacher education and training are considered fundamental to the implementation of inclusive education (Yasutake & Learner, 1996; Wagle & Wilcox, 1997; Florian & Rouse, 2009; Pugach, Blanton & Correa, 2011; Zulfija, Indira & Elmira, 2013). Florian and Rouse (2009) point out that successful inclusion and positive student experiences in mainstream schools are closely linked to the teachers and to those who prepare teachers. Therefore, in this study, the vast majority of participant teachers identified their poor and medicalised teacher education and in-service training as major barriers to implementation of inclusive education. This negatively affects the experiences of disabled students in Saudi mainstream schools (see section 6.2.1). The study participants reported that their teacher education and in-service training did not prepare them with sufficient knowledge and skills to teach a progressively more diverse population. They were taught that not all students can learn or belong in the mainstream environment. They indicated that their teacher education and in-service training allocated very limited time to issues of inclusion, and in particular, how teachers can deal with the diverse requirements of pupils. Their education and training

largely concentrated on how disabled students differ from their non-disabled peers in terms of physical, mental, appearance and psychological characteristics as well as on the classifications of disabled people according to impairment. This concurs with the observations of Florian and Rouse (2009) and Ferguson and Nusbaum (2012) that modules taught in teacher education classes about disability and inclusion usually reinforce exclusion, differences, and the belief that pupils labelled disabled are the responsibility of ‘special’ education specialists. There was little effort made to promote the major theory of inclusive education which says “come in, we celebrate differences here. You can be yourself and not struggle to fit in” (Corbett & Slee, 2002, p. 143).

Special education teaching about disability and inclusive education fails to make a positive difference and a practical change that could promote inclusive education (Ware, 2001; Florian & Rouse, 2009; Slee, 2011; Ferguson & Nusbaum, 2012). It is based on normative assumptions, deficit thinking and practices, and understood intelligence and ability as fixed and normally distributed (Florian & Rouse, 2009). This mind-set restricts teachers’ and students’ critical imagination about disability, perpetuates educational apartheid (Ware, 2001), reinforces ableism and disablism (Goodley, 2014) and condemns people labelled disabled or ‘abnormal’ to exclusion, marginalisation and oppression in schools and in the wider society. The problem is that teachers graduate from universities with the belief that there are at least two different groups of human beings (Sarason, 1990), one of which is better than the ‘Others’ (Florian & Rouse, 2009). Such privilege of the ‘able’ or the ‘normal’ has been troubled and problematised by scholars of critical disability studies, for example, Davis (1995, 2013) in his theory of normalcy and Goodley and Runswick-Cole (2015a; 2016) in their theory of dis/human. In the latter theory, Goodley and Runswick-Cole (2016, p. 2) point out that the phenomenon of disability has the potential “to trouble, reshape and re-

fashion traditional conceptions of the human” and arrangements of schooling. In agreement, Kearney (2009) gathers findings similar to mine reported above. She discovered that school principals believe in the disabled/non-disabled dichotomy, and the non-disabled have more educational rights than their disabled peers.

However, many of these problems can be resolved if we equip and train teachers to be inclusive and qualified to teach and deal with students’ diversity (Avramidis, Bayliss & Burden, 2000) and able to view this as an opportunity to learn and develop (Barton, 2003). This is because teachers often attribute the problems of learning and socialisation to disabled children due to the teachers’ own failure to deal with these challenges (Rouse, 2008). Beh-Pajoo (1992), Shimman (1990) and Wang (2009) support this when they argue that teacher education and training based on inclusive education is not only helpful in developing positive attitudes and beliefs about disabled students and inclusion, but it also equips educators with the required capabilities and knowledge to implement inclusive education and to teach a diverse population of students. Further, Florian and Rouse (2009) highlight that many mainstream schools have achieved inclusive education for all because, as Hart et al. (2004) point out, their teachers believe all children can learn. Black-Hawkins, Florian and Rouse (2007) and Kearney (2009) add that those teachers believe it is their responsibility to educate all children irrespective of differences.

For these reasons, I believe the content and balance of courses leading to qualified teachers at Saudi universities should be shifted from ‘what is wrong with the child?’ to ‘what is wrong with the school organisation, teachers and education system?’ (Villa & Thousand, 2000). There should be a shift from specialisation, individualisation and exclusion to what can be done to create a school environment that accommodates all learners and a social milieu that

supports mutual interaction and learning for all students (Vygotsky, 1983). By adopting this approach, I am sure we can equip Saudi teachers with the intellectual capacities and skills to make a difference in the life of each pupil (Rouse, 2008), to pay “careful attention to the system of power and privilege that gives rise to social inequality” (Hackman, 2006, p. 104) and to address students’ differences in multidimensional and critical ways (Brantlinger, 2006). This shows the importance of ‘knowing’ and ‘believing’ in the influence of ‘doing’ (Rouse, 2008), which introduces the next barrier affecting the learning of disabled students in Saudi mainstream schools—traditional/normal teaching and learning methods and strategies.

Participant teachers identified the way they and their colleagues teach as a barrier to inclusive education. Existing teaching methods work for ‘normal’ students but not for disabled pupils. This was highlighted by one of my disabled participants (DFP4): teachers “teach all pupils in the same manner... {not considering that} not all pupils learn in the same way” (p. 7-8) (see section 6.2.2). This reinforces “the hegemony of ableist assumptions, as if to say, That’s just the way it is” (Ware, 2001, p. 112) or the idea that ‘one size fits all’. In line with this, Kearney (2009) found that teachers believe their obligation is first and foremost to their ‘normal’ pupils. There is no doubt that the ‘normal’ teaching ways that these teachers use are a consequence of deficit understanding of disability. Rouse (2008) and Florian and Rouse (2009) support this when they state that the use of didactic teaching methods and inappropriate systems of assessment and examination is arguably a reflection of the inadequate and deficit preparation of teachers. Teachers need education, knowledge and skills that improve and change how they teach instead of an education that enhances the notion of specialisation and normalisation (Florian & Rouse, 2009) and privileges some students at the expense of ‘Others’. Teachers need an education that supports them in being creative, doing things in a different way and trying out different teaching methods to effectively cater to the

requirements of all pupils (Rouse, 2007). Vygotsky is in agreement with this when he stressed that meeting the requirements of all pupils requires teachers to be capable of using different teaching methods that convey the same message (Ginis, 1995; Daniels, 2009). However, using different teaching/learning methods is difficult without sufficient resources and adequate facilities (Jenkinson, 1997; Wang, 2009), as discussed in the following section. Stubbs (2008) supports this when stating that a lack of or the unsuitable provision of resources is a major barrier to inclusive education.

The Saudi DRRSEIP act acknowledges this by stressing the importance of equipping mainstream schools with adequate provision in all aspects in order to support teachers in meeting the learning requirements of all pupils (see for example, p. 18 and 25 of the DRRSEIP act) (Ministry of Education-Saudi Arabia, 2001). Unfortunately, there was consensus among teachers participating in this study over the lack of technological equipment, the lack of or unsuitability of furniture, poor conditions and the unpleasant location of classrooms, particularly self-contained classrooms. They indicated that the problem is not only the limited resources in the schools, but too often what funding and resources their schools obtain are used to benefit non-disabled students at the expense of disabled pupils. This is widely due to the school administrations' belief that it is much better to invest in non-disabled students. As a result, some teachers indicated that they had to use their own money or ask parents for support to properly equip their classrooms (see sections 6.2.3 and 6.2.4). Although the existing literature lacks research reporting examples of teachers finding themselves required to financially support children in government-funded schools, similar findings were reported by Kearney (2009) in mainstream schools in New Zealand. This study revealed that parents determined the lack of funding and resources in schools to be a major issue facing their disabled children. Consistent with my findings,

parents believed that schools are inappropriately diverting disabled children's funding and resources to other purposes which obligates the parents to fund and support teachers for their children. This supports the argument of Kitchin (1998), Ainscow, Booth and Dyson, (2004), Goodley (2011; 2017) and Liddiard and Goodley (2016), that marginalisation and oppression are part and parcel of disabled people's experiences irrespective of where they are.

In addition to such marginalisation and neglect of disabled pupils in Saudi mainstream schools, educators receive a monetary reward as recompense for teaching and interacting with disabled pupils. I view this policy of reward as disablist because it defines certain students as 'difficult to teach' or 'difficult to deal with' so those who teach or deal with disabled students deserve extra pay. In this sense, disabled children are identified as the source of 'the problem' in the schools they attend (Slee, 2001b; 2011). This policy reinforces the deficit views of differences and leads to the expansion of pupils labelled disabled because they are a source for extra money. Additionally, a number of teachers participating in this study indicated that the monetary reward is a critical contributor to conflict and lack of collaboration among school professionals. It leads to the unpleasant educational experience of disabled students and to the perpetuation of negative attitudes and beliefs towards disabled pupils, as people who are 'difficult to teach' or 'interact with'. I would argue that keeping this policy might lead to its expansion to non-disabled pupils as a reward for their interaction with their disabled peers, which would make the situation even worse. Teachers described this disablist policy of reward as 'a problem-maker' (MP5) and a 'conflict-creator' (MP7) (see section 6.1.3.2). Moreover, Atkinson (1964) and DeCharms (1968) determined that external rewards decreased a person's inner motivation to carry out a task. This is true, particularly when money was used, because "money is frequently used as a means of 'buying' services [which] suggests to [the receivers] that they should probably not render this

activity without [extra] pay” (Deci, 1971, p. 107). Hence, in line with a number of my participants (MP5, MP6, MP7, MP10, MP11, MP13, FP5 and FP13), I argue for a reconsideration of this policy of monetary reward to eliminate the effect of its significant downside on disabled pupils in terms of reinforcing negative attitudes and beliefs and affecting teachers’ intrinsic motivation to teach diverse populations as part of their responsibilities and as a right for disabled pupils to be in mainstream classrooms. As Allan, Brown and Riddell (1998, p. 30) put it, “policies are... instruments of power/knowledge relations through which the identities and experiences of children with special educational needs are constructed”.

The final barrier identified by participant teachers in this study is large class-size, which they claim affects appropriate interaction, teaching and learning. Overall, research evidence is consistent with their argument (e.g. Glass et al., 1982; Fleming, Toutant & Raptis, 2002; Bedard & Kuhn, 2006; Dee & West, 2011). Meta-analysis research conducted by Glass et al. (1982, p. 65) concluded that “class size affects teachers. In smaller classes, their morale is better; they like their pupils better, have time to plan, and are more satisfied with their performance”. Finn and Achilles (1990) and Lewit and Baker (1997) support this when they state there is no doubt that smaller classes in primary grades promote increased student-student and student-teacher interaction and involvement, provide greater flexibility and opportunity for teaching and learning, reduce teacher’s responsibilities and help him or her to monitor the progress of all students. These researchers found that primary grade children in smaller classes continued to perform better than their peers in larger classes, and that smaller classes were more supportive for inclusive education. Therefore, participant teachers expressed deep frustration and anger about the large class-size they teach. They were particularly incensed about the schools’ violation of the maximum standard number of

students in self-contained classes enshrined in the DRRSEIP act. It clearly states that no self-contained classroom should exceed eight students. To exemplify, MP2, MP5 and MP15 indicated that their schools violate the act by enrolling more than 15 students (MP5) or, as MP5 and MP15 put it, by enrolling between 15-20 students or, as MP11 concluded, self-contained classrooms are being over-crowded. Therefore, they called for class-size reductions based on policies. From their view point, what makes the situation even worse is the unavailability of teaching assistants to support teachers despite the emphasis of the DRRSEIP act on the provision of such assistants. Similar views were expressed by teachers interviewed by Kearney (2009). They indicated that teacher assistants in mainstream classrooms are important for inclusive education and for meeting the diverse requirements of all students. Finn and Achilles (1990) also found that children in primary grade classes with teacher aides educationally outperformed their peers who were educated in classes with no teacher aides. This shows the importance of class-size reduction and teacher assistants to support all students to succeed in mainstream settings. The conclusion is that schools must strive to eliminate all disabling barriers to provide inclusive environment and education for all, irrespective of mind and body differences.

### **Summary of the Chapter**

This chapter comprises a critical discussion and critique of the data in light of relevant theories and literature, with particular use of Vygotsky as a key theorist in this research. This work was carried out in six sections corresponding to the study's primary aims. In the first section, I discussed, interpreted and critiqued the participant teachers' understanding of integration/inclusion in relation to how integration and inclusion are understood as different phenomena by scholars of inclusive education in the western world. In the second section, I discussed, interpreted and illustrated the complexity of disability in relation to Islam,

medical, social and relational models and stated my position at the end. The third section involved a critical discussion and critique of participant teachers' understanding of the label of intellectual disability in terms of definition and diagnosis processes and procedures. In the fourth and fifth sections, I considered and discussed the participant teachers' views and evaluation regarding the extent to which the two models of special education/inclusion cater to disabled pupils' education and social experiences and requirements. The final section includes my critical discussion and critique of disabling barriers exposed by participant teachers (disabled and non-disabled) as affecting disabled people's feelings, free-movement, participation and involvement in the mainstream schools they attend. The next and final chapter addresses research question 4 and draws out the conclusions and recommendations of this research.

## Chapter 8: Conclusions and Recommendations

### Introduction

This chapter will initially set out a summary of the important conclusions and provide participant teachers' calls and suggestions to eliminate or, at least minimise, exclusion from and within Saudi mainstream schools where they teach (research question 4). This will be followed by a section concerning the terminology that participant teachers used and preferred. Subsequently, this chapter involves my own reflections on the PhD journey, my research contributions and specific recommendations for the Saudi government and the Ministry of Education. Finally, this chapter states the limitations of this study and offers suggestions for future research.

### 8.1 Summary of Important Conclusions and Suggestions

This thesis aimed to critically explore Saudi teachers' understanding of inclusion, disability and the label of intellectual disability. It also sought to study the adequacy of special education/inclusion models implemented in Saudi mainstream schools in relation to disabled students' academic and social experiences and to uncover disabling barriers in Saudi mainstream schools. The major findings of this study are summarised in Table 13.

Table: 13

#### *Summary of Key Findings*

Research Questions	Key Findings
Research question 1	1. Inclusion is mostly understood in its special education traditional sense concerned with the physical presence of disabled students in mainstream neighbourhood schools; 2. Disability is mostly recognised in the deficit medical and individual model sense – situated within-child; and 3. Intellectual disability is closely connected to the

	Intelligence Quotient (IQ) score and compared to what is deemed 'normal' intelligence or an average IQ.
Research question 2	<p>1. Participant teachers showed generally positive views regarding disabled pupils' educational/academic experiences in mainstream classrooms (model one) but negative views regarding the educational/academic experiences of disabled pupils educated in self-contained classrooms within mainstream schools (model two).</p> <p>2. Participant teachers expressed generally positive views regarding disabled pupils' social experiences regardless of the model in which they are educated.</p>
Research question 3	<p>1. Saudi mainstream schools are full of different forms of disabling barriers, including barriers relevant to:</p> <ul style="list-style-type: none"> <li>• Environmental spaces;</li> <li>• Attitudes, language and beliefs;</li> <li>• Policy/regulations;</li> <li>• Exploitation of disabled people;</li> <li>• Teachers' deficit knowledge, education and training;</li> <li>• Teachers' 'normal' teaching strategies;</li> <li>• Lack of or inappropriate use of funds and resources; and</li> <li>• Poor or disabling classroom conditions and locations.</li> </ul>
Research question 4	<p>1. Raising Awareness;</p> <p>2. Creating an Inclusive Space for All;</p> <p>3. Reviewing Policy and Regulations; and</p> <p>4. Promoting the Core Values of Inclusive Education.</p>

Based on the findings relevant to research questions 1, 2 and 3, participant teachers proposed suggestions to promote inclusion and to eliminate, or at least minimise, exclusion from and within schools in which they teach (research question 4). They suggested raising awareness; creating an inclusive space for all; reviewing, putting into practice and developing new policies and regulations; and promoting the core values of inclusive education. These suggestions are explained sequentially below.

### **8.1.1 Raising Awareness**

Disabled and non-disabled teachers participating in this research believed in the importance of increasing the awareness of school personnel, particularly principals and teachers, about

the purposes of inclusion and different understandings of disability, disabled people and the nature of differences as part and parcel of being human. This is relatively concurrent with Ware's (2001) view that promoting awareness about disability must be based on the understanding of disability studies' scholars which perceives differences as part of the human experience and disability as social constructed phenomenon. To be more specific, participant teachers called for professional development and awareness initiative programmes that change the mentality of Saudi society, particularly education officials, school personnel (including themselves) and policy-makers, regarding disability, the purposes beyond inclusion and how to meet the requirements of a diverse population in schools where they teach. It is important to stress that such awareness events must be anti-ableist and anti-normative (Lalvant & Broderick, 2013) to encourage non-disabled people to critically rethink the developed policy as well as their attitudes and practices towards people labelled disabled (Valle & Connor, 2010). As Hackman (2006, p. 104) states, justice in education "requires an examination of systems of power and oppression". In this research, for example, MP7 called for an awareness initiative to tackle staff's "negative attitudes and assumptions towards disabled pupils and their inclusion" (p. 7). He emphasised that "teachers must understand that disabled students are 'able to learn' and to participate in all school activities and it is the responsibility of schools to make sure this happens" (p. 8). This is because viewing some children as 'unable to learn' is arguably the most ableist belief that educators could have (Hehir, 2002).

I believe that raising awareness can best be achieved through exposing Saudi education officials, teachers and principals to new and different theories and views about inclusion, disability and disabled people. This can be accomplished through offering them and their colleagues opportunities to attend, participate in and organise local and international seminars

and conferences as well as to join disability and disabled people's organisations. This would expose school personnel and education officials to different debates and views about disability and inclusion, to different disability-related legislation, and to disabled people's rights in different nations and contexts.

In line with this, a disabled teacher (DMP14) and two non-disabled teachers (MP15 and FP14) called for empowering disabled teachers and students in schools as a means of focusing increasing awareness on disability-related issues, thus changing negative attitudes and unquestioned assumptions. This can be achieved by supporting and providing disabled people the opportunity to show their skills, express their knowledge and speak about their concerns and the disabling barriers they experience in schools and in society in a broader sense. It would further provide them the opportunity to offer their suggestions to eliminate such barriers. The conclusion is that raising awareness and deconstructing negative attitudes and false assumptions cannot be achieved without empowering and involving disabled people, their families and allies in research, education and policy-making because they are the most prejudiced against and thus they know how to deconstruct it.

### **8.1.2 Creating an Inclusive Space for All**

As reported in the findings and discussion chapters, the vast majority of teachers participating in this research expressed concern about their schools' physical spaces as actively excluding or, at least, restricting some students' free-movement, involvement and participation, thus making them feel they do not belong there (see sections 6.1.1, 6.2.4 and 7.6 for details). This, according to the participant teachers, leads some students labelled disabled to depend on others in order to overcome these barriers and achieve their demands, some of which might be considered private such as accessing toilet facilities. In reaction to this, disabled and non-

disabled participant teachers called for immediate reconstruction to ensure that all spaces are accessible for all students and of a safe design that does not menace any person's wellbeing and active involvement. For example, as MP3 put it, his school requires:

*“reconstruction of the school's physical environment to contain suitable ramps, accessible toilets, electric doors and elevator... we have a wheelchair user who faces physical barriers everywhere. Teachers and students support him to move from one place to another, lifting and transporting him...we need chairs and desks that are adjustable to fit some children' requirements”* (p. 8 and 11).

Mohammed Alawfi, a Saudi disabled activist, shared a similar concern when calling on the MoE to end physical barriers in mainstream schools. He indicates in his twitter account that “my peers used to lift and transport me to my classroom on the third floor when I was in high school, MoE please end this” (@7moody2014, 24-01-2017).

I share my participants' insistence on removing all disabling barriers. I believe this to be crucial to achieving inclusive education for all because it helps everyone get involved in academic and non-academic activities and makes a school's spaces and activities easily accessible, not just for some but for all students irrespective of differences. Moreover, it protects the health and wellbeing of disabled people and people who provide support for them. Being lifted or transported harms the disabled students' feelings, reinforces negative attitudes towards them and might lead to injury. For non-disabled people, helping disabled people to overcome physical barriers might result in medical conditions (e.g. back pain) as a result of lifting or transporting a heavy wheelchair, for example, from one place to another.

### **8.1.3 Reviewing Policy and Regulations**

Policy review, enforcement and development are critical issues in inclusive education (Cushing et al., 2005; Lindsay, 2007), and has been identified in a number of countries, including the UK and the US, as a key source of promoting inclusive education (Lindsay,

2007). In line with this, participant teachers called for reconsidering disabling policy/regulations, putting some supporting policy/regulations into practice and developing new policy/regulations that could help eliminate, or at least minimise, disabled people's exclusion and oppression in schools where they attend. Specifically, the teachers believed that the Saudi MoE should reconsider the monetary reward and curricula-adherence policies, enforce policies of class-size and the provision of equal, suitable and adequate resources, regardless of whether a classroom has disabled or non-disabled pupils and develop a new policy of accountability for teaching quality and a new policy of label-ban. These changes are discussed further below.

First, a number of participant teachers called for a reconsideration of the special education monetary reward policy because it creates conflict and a lack of collaboration among school personnel and thus significantly affects disabled students' experiences. For example, MP6 said:

*"I believe the bonus policy should be reconsidered because it creates a big mess among teachers [...] which affects their relationships and collaboration on issues relevant to disabled people and thus impacts on the experiences of disabled students"* (p. 8-9).

Or as MP10 put it:

*"I think the special education bonus must be reviewed... I view it as one of the main disabling barriers preventing an enjoyable and friendly inclusive environment and as one of the main issues that contribute to delaying inclusion for all in Saudi mainstream schools"* (p. 8).

In line with MP6 and MP10, FP6 was keen regarding reconsidering this policy because she believed that:

*"the majority of school's cadres want their schools to have disabled pupils not because they believe of their responsibility to teach disabled pupils and of disabled pupils' right for inclusion but because they want to receive the monetary reward"* (p. 1).

I consider this policy to be disablist not only because of its negative consequences on teacher-teacher relation and disabled students' learning and inclusion, but also because it marks disabled students as different and 'difficult to deal with or to teach'. This means disabled people will continue to be seen as 'abnormal' and thus excluded and marginalised.

Second, participant teachers stressed that the Saudi MoE should review the educational regulation that requires them to stick to the 'normal' teaching methods and the official curricula. They believe that this policy restricts their free-teaching and their students' free-learning and thinking. They also felt that this limited their creativity and ability to cater to students' different teaching/learning requirements. For example, FP8 said:

*"We [Teachers] are required by the MoE law to adhere to the curricula contents and to teach all students in the same way although some prefer and learn through different methods. I believe this policy should be reconsidered to give teachers and students the opportunity to show their creativity and for teachers to be able to respond to pupils' different requirements"* (p. 5).

Third, teachers participating in this study suggested that schools should be held accountable for violating policy/regulations (i.e. class-size and equal, suitable and adequate provision policies) that support the learning and inclusion of disabled pupils. They called on the MoE to ensure that mainstream schools adhere to policy/regulations governing class-size, and self-contained class-size (see DRRSEIP document, p. 18, 22, 25, 32 and 36). As MP15 put it:

*"...in the DRRSEIP document, an article stipulates that a self-contained classroom must have no fewer than five and no more than eight pupils so that teachers can effectively teach and students can effectively learn. The problem is that a self-contained classroom in our school houses between 15 and 20 pupils which is a significant disregard of this policy"* (p. 10).

I argue that Saudi mainstream schools are not only violating this policy but many other policies/regulations, as well. Therefore, participant teachers also called for the MoE to ensure that mainstream schools put into practice article four (sub-article four) and article five (sub-

article four) of the DRRSEIP (see Ministry of Education-Saudi Arabia, 2001) which stipulates the provision of adequate facilities that have up-to-date technological equipment and teaching aids to facilitate the teaching and learning of all students in all classrooms regardless of whether the classroom is occupied by pupils labelled disabled or by students deemed non-disabled. Specifically, teachers called for the provision, for example, of computers, projectors, videos, audio systems and white or smart boards (e.g. DMP2), storybooks, educational toys and math and reading manipulatives (e.g. DFP4 & FP7). They called for this as a reaction to the status quo of privileging students perceived to be ‘normal’ at the expense of pupils who deviate from such ‘normality’ (Davis, 1995; 2006) in terms of providing resources and ensuring the appropriate location and condition of classrooms.

Fourth, DMP2, MP3, MP4 and MP12 believed that, to enhance inclusion and eliminate or reduce exclusion, the Saudi MoE should develop practical procedures and an accountability policy that ensures the recruitment of qualified teachers and the teaching quality of disabled students. They suggested this because there is currently no policies or regulations that ensured these qualities. They believed that this will help deconstruct the most ableist belief, that ‘disabled children are unable to learn’. A disabled teacher (DMP2) put it thus:

*“mainstream schools must be held accountable for recruiting qualified teachers and for providing quality teaching for disabled students, particularly for pupils labelled intellectually disabled, to eliminate the idea that disabled pupils are ‘unable to learn’ that some teachers use to justify their failure to meet the requirements of all students in their classrooms”* (p. 7).

Alsalem (2015), a Saudi scholar of special education, supports this when he argues that Saudi mainstream schools must make sure that they recruit qualified teachers because teaching in inclusive schools require the use of different instructional designs, methods of teaching, and technology. In line with this, MP8 suggested the establishment of an education quality-unit in each mainstream school to monitor the quality of teaching and learning of pupils, particularly

disabled pupils. He also believed that this unit can be a channel by which disabled students, their parents and allies can voice their concerns about their schools' experiences without fear of retribution, and as a mechanism to provide suggestions that they think can improve the schooling experience. Last but not least, MP8 and MP10 suggested the need to issue a new policy that would ban the common practice of labelling people in Saudi schools. They believed that this would limit exclusion and enhance inclusion. As MP10 stated, "I finally suggest issuing a new regulation that ends the use of labels in schools to the maximum extent possible because disabled pupils are excluded based on labels" (p. 9). Additionally, it seems fitting to conclude this section with MP8s call for Saudi educators to critically "rethink their predominant practice of labelling people. I think if we succeed, this will meld people who are labelled 'with impairments' into society" (p. 9).

#### **8.1.4 Promoting the Core Values of Inclusive Education**

Participant teachers suggested that eliminating exclusion or, at least, reducing it from and within schools cannot be achieved without promoting certain values, which I named the 'core values' of inclusive education. They called for promoting fairness (MP1 & FP10), commitment (MP3; MP12; FP2 & FP15), discussion (MP11), respect (MP12; MP13; DMP14; MP15; MP16; FP1 & FP10), collaboration and coordination (MP2; MP5; MP11; FP1; FP5; FP8 & FP10), motivation (MP12 & MP13), advocacy (FP15), diversity and equality (DMP14; FP4; FP6; FP10 & FP14), acceptance (DMP14; FP3; FP4; FP5 & FP12) and sincerity, love and sense of belonging (FP10 & FP12) for all students in schools where they teach and in Saudi society more widely. For example, as FP10 put it:

*"promoting a spirit of sincerity, love, belonging and collaboration among school personnel and between them and their students is crucial for inclusion, otherwise the inclusion initiative wouldn't be successful. In fact, I attribute the lack of success of implemented inclusion in the school where I teach to the absence of these values" (p. 13).*

She recalled the Islamic core values which stress the importance of treating people with fairness and equality regardless of background, gender, race and/or dis/ability. She also stressed the importance of enhancing the sense of love, belonging, respect and collaboration as key factors for achieving an inclusive education for all.

Furthermore, a disabled teacher (DMP14) was keen to emphasize the importance of promoting acceptance, respect, and appreciation of diversity and equality throughout the interview. He stated that promoting mutual acceptance between disabled and non-disabled people is a milestone towards eliminating or reducing the exclusion and oppression of disabled people and for the creation of an inclusive environment for all in mainstream schools. According to him:

*“If acceptance and appreciation of diversity occurs, then disabled and non-disabled people will enjoy further and stronger relationships and effective interaction with each other. Otherwise it is better for a disabled individual to segregate himself {herself} and to live a lonely life...the conclusion is that if society lacks acceptance and appreciation of diversity, it will harm rather than benefit the disabled person” (p. 5).*

In line with this, MP11 believed in the importance of promoting discussion, collaboration and coordination regarding disability, disabled pupils and issues concerning inclusion among school personnel as critical for eliminating or, at least reducing, disabled people’s negative experiences in Saudi mainstream schools. As Ware (2001) puts it, silence on disabled people-related issues enhances the absorption of more and more stereotypes and unquestioned assumptions. This is supported by MP11 when he said that the absence of these values resulted in too many disabled people being excluded and non-disabled people being ignorant about disability, particularly about what constitutes disability, disability’s appropriate language and individuals’ different requirements. This, unfortunately, leads disabled pupils to be, intentionally or unintentionally, marginalised and oppressed. As MP11 noted, the absence of discussion, collaboration and coordination has negatively affected disabled pupils’

experiences in Saudi mainstream schools. Therefore, the promotion of these values is essential in Saudi society, particularly among school personnel and students, via teacher education programmes, in-services training sessions and other school academic and non-academic activities to promote dialogue and discussion among them which could help in the practical prevalence of these values.

## **8.2 Used and Preferred Terminology**

Disability language is debatable among scholars and activists of disability around the world. Person-first language seeks to privilege the person (Gabel, 2001), whereas disability-first language exposes the social oppression and discrimination of disabled people (Abberley, 1987; Shakespeare, 1997). However, in this study, I noticed that participant teachers (both disabled and non-disabled) used person-first language (e.g. pupils with disability or a person with special education needs) and disability-first language (e.g. disabled pupils) interchangeably. This led me to ask the following probing questions: Which do you prefer to use and consider the most appropriate? (for disabled and non-disabled interviewees); and: How do you prefer to be called by? (for disabled interviewees). They all agreed that they used these terms interchangeably without paying attention to the sense beyond each term. However, they all indicated that terms such as ‘people with special needs’ or ‘a person with special needs’ are the most appropriate and which they prefer to use and to be called by. For example, a disabled participant (DMP14) said:

*“In fact, I don't like anybody to call me a person with a disability or a disabled person because I am not ‘disabled’, thank God! I do my role as anyone else. It is true that I lack a certain thing, thus I might need assistance on this from others but everyone, regardless of disability, will need assistance from others at some point in life. Therefore, I prefer the term ‘person with special needs’ over other terms. I feel comfortable when someone says he is from the special needs group rather than saying he is from a disabled people group or from a people with disabilities group. I view the word ‘disabled’ as an aggressive and negative term and thus I don't prefer it” (p. 5).*

This supports the argument of Aljadid (2013, p. 455) when he says that in Saudi Arabia “the term disability is not acceptable to the society nowadays and most agencies avoid this term, rather they use the term ‘people with special needs’”. This contradicts the view of many disabled people, scholars and activists of disability studies in the UK due to their understanding of the terms *disability* and *disabled* in the social model sense. In Saudi Arabia, however, these are perceived as unfavorable terms because the medical model understanding is rife and there is an absence of social model and disability studies’ teaching about disability and disabled people. I argue that if Saudi people, especially disabled people and educators, were exposed to the philosophy and knowledge of social model and disability studies about disability and disabled people, their understanding and decisions regarding terminology and other issues would change because Saudi society is full of disabling barriers (both structural and non-structural) and this philosophy is very persuasive and would work well in the theoretical and practical deconstruction and reconstruction of society to fit all people and not just those deemed non-disabled.

### **8.3 Reflexivity**

Reflexivity is the reflection of a researcher on the research journey (Greenaway, 2010). To reflect is “to look back over what has been done” and to think and write about it in a critical way (Dewey, 1938, p. 87). This section includes my reflections on how my PhD journey at the University of Sheffield in the School of Education and under the supervision and guidance of professor Dan Goodley have influenced my professional and intellectual development in five ways.

First and foremost, the PhD journey has profoundly influenced my knowledge, questioned my deficit assumptions and transformed my thinking about the phenomena of disability and

disabled people. I started the journey with unquestioned beliefs, assumptions and deep-rooted deficit understanding about disability and disabled people which were the consequence of an accumulation of dominant cultural beliefs enhanced by special education Bachelor degree studies in Saudi Arabia and special education Master studies in the US which focused mainly on the disabled child as the source of the problem. Therefore, the PhD journey was a unique and transformative experience for me. I have been exposed to the work of scholars and activists of disability studies, and to critical disability studies in particular. Journal articles, books and conferences (e.g. the Theorising Normalcy and the Mundane Conference, 2016 and the Lancaster Disability Studies Conference, 2016) have transformed my understanding and views about disability, inclusion and disabled people. I used to understand the problem of disability as constructed within-child but now it has become clear to me how the constructions of society and the attitudes of people have acted to exclude and to marginalise disabled people. This view of disability is missing in the Saudi context, including teacher education and legislation. This leads me to think when I return home to consider working with colleagues towards reforming the contents of modules and courses of teacher education programmes at the university where I will be working. My purpose would be to tailor these modules and courses to correspond to the views and concepts of the social model and of disability studies in a broader sense. I believe this is a critical step towards freeing Saudi disabled people from the problems of disability which have been put upon them by deficit education and legislation. Making progress in this will contribute to change non-disabled people attitudes and to support and empower disabled people to gain their rights in Saudi society, particularly their right not only for inclusion but also for quality education and involvement in research.

Second, the PhD journey also exposed me to a wide range of research methodologies, methods, and epistemology, ontology and research ethics that are particularly relevant to qualitative research. This has provided me with rich information about different ways and strategies of conducting research, particularly qualitative research, and how to choose the most suitable methodology and methods for inquiry, including strategies for translation, transcription, defining themes, coding, categorising and presenting and producing the final report. For me, this was an informative qualitative research experience because in Saudi Arabia, as well as at the school where I conducted my MA in the US, quantitative research was the most favoured design.

Third, the PhD journey helped me to develop time management skills and strategies without which the PhD journey would never have ended. Developing these skills helped me to find balance among competing life demands, including family and children, studying and research and leisure time, particularly when to take my annual leave to suit my time, my wife's time and the time of our children. With no doubt, the PhD journey was full of internal and external challenges but developing my time management and stress-control skills led me to adjust my routines and patterns of behaviour to succeed in overcoming these challenges and reducing time-related stress. I believe this informative experience will be to my benefit in managing my future life and responsibilities. Examples of time management skills that I gained in this journey include setting up clear goals, long-and-short-term goals and breaking these goals down into achievable steps, then regularly reviewing my progress towards them. I could achieve these goals by focusing on the most important tasks first and then moving on towards those considered less important until the major goal was achieved.

The fourth point is that the PhD journey has informed me about the importance of critical reading and writing, and being careful and ethical when evaluating the writings and arguments of others. The value of criticality is absent in Saudi Arabia as many people, unfortunately, believe that published work, especially those conducted by well-known authors, are not subject to questioning and critique, particularly from students. Therefore, undertaking my PhD here led to an understanding of criticality as crucial in academia and in the development of knowledge and ways of thinking regardless of authors' popularity.

The final message that I learned from the PhD journey is that learning never stops. It continues throughout our lifetimes, and covering all the knowledge and issues related to one's project is impossible to do in one thesis. I also believe that this is a unique learning experience which has equipped me with important knowledge and skills to continue research which I hope will allow me to make a difference in the field and the lives of disabled people not only in Saudi Arabia but also around the globe.

#### **8.4 Contributions to Knowledge**

This study explored Saudi teachers' understanding of inclusion, disability and the label of intellectual disability. In addition, it researched teachers' experiences and perspectives of the extent to which implemented models of special education/inclusion respond to the academic and social requirements of disabled pupils, uncovered the disabling barriers in Saudi mainstream schools, and garnered disabled and non-disabled teachers' suggestions for eliminating or, at least reducing, exclusion and oppression. This inquiry was situated in the context of educational psychology, disability studies and inclusive educational theory, capturing the intersections and connections among these disciplines in ways that contribute to the empowerment and recognition of disabled people and the radical changes of the Saudi

society, focusing on Saudi mainstream schools, to accommodate the requirements of a range of mind-body abilities and differences. This study therefore aims to provide the following theoretical and practical contributions to knowledge.

First, the novel conceptual integration of Vygotskyian and disability studies theory in this study contributes: 1) to relationality and disability studies (e.g. Vygotsky, 1983; Morris, 1991, 1996; Crow, 1996; Shakespeare, 2006) in terms of showing how disabled people are affected not only by biological and environmental factors but also by the complex integrative role of biology, psychology, environment, cultural norms and religious regulations and beliefs. This study also revealed that the effect of the complex entwined relationship of these factors on disabled people, including their impact on disabled children's learning and cognitive development, are shared by their parents, teachers and allies; and 2) to critical psychological/psychoemotional disability studies (Thomas, 1999; Goodley & Lawthow, 2006; Reeve, 2012, 2013, 2014; Goodley, 2017) in terms of showing how inclusive education supports disabled children in their efforts to achieve knowledge and skills that are within their ZPD (Vygotsky, 1978) as a result of the opportunities for physical, psychoemotional and intellectual interaction with other children and teachers. This study also emphasises the role of the emotional experience of social interaction and educational placement (inclusion or exclusion) in influencing learning, self-worth and self-esteem. In this sense, then, emotional register and learning are relational and influence one another. Ahmad (2010) supports this when she points out that feelings and thinking are interrelated and difficult to separate.

Second, this research reveals that disabled and non-disabled Saudi teachers have misconceptions about the phenomena of inclusion, disability and the label of intellectual disability in which their thinking is fettered by deficit and individual conceptions. Therefore,

this study suggests changing such conceptions through introducing Vygotskyian, disability studies and Islamic understanding (presented in section 3.2.1) of disability into the context of Saudi Arabia and eliminating medicalisation and superstitions surrounding disability and disabled people. It also recommends carrying out a national campaign to tackle these issues (see section 8.5 for further information).

Third, this is the first study to uncover that Saudi mainstream schools are fettered with disabling barriers and practices and that the Saudi education system is bound up with ableism. Therefore, this study asks the Saudi MoE to support mainstream schools to eradicate ableist practices, different forms of exclusion which are often termed ‘inclusion’, inequalities and the oppression of disabled pupils in order to create an inclusive education that is a good fit for all pupils and not just some.

Fourth, this study reveals that the two models of inclusion/special education here explored are manifestations of integration and special education rather than of inclusive education (as they are often termed) because they legitimise exclusion, inequalities (Barton, 1997, 2003; Slee, 2011, Goodley, 2011) and support the production of different forms of intentional and unintentional ableism and disablism (Goodley, 2014). Therefore, this study provides the Saudi MoE with suggestions (see section 8.1) for promoting inclusive education for all.

Fifth, this study discloses that a deficit understanding of disability and practices associated with the label of intellectual disability (e.g. diagnosing) are dominant in Saudi mainstream schools which affects not only disabled people but their teachers, friends and family members. This study attributes these issues to the lack of discussion, knowledge and awareness about other understandings of disability, especially the social model understanding

of disability and the Islamic view of disability as a natural form of human diversity. Therefore, this study provides the Saudi MoE with suggestions to address these issues (see section 7.3, 8.1.1 and 8.1.4).

Sixth, this study aims to contribute to shifting the theoretical and practical attention of Saudi education officials, policy makers and teachers to focus on what is wrong with the education system and schools instead of focusing on disabled children as ‘the problem’ of schools’ failure. This study provides the Saudi MoE with research-based evidence that disabled pupils experience unpleasant educational experiences and limited social interaction opportunities due to exclusion, inequalities and ableist assumptions such as disabled people are ‘unable to learn’.

Seventh, this study provides Saudi education officials with research-based evidence that mainstream schools are violating policy/regulations concerning disabled peoples’ rights such as the right to inclusive education and equal provision of resources. Findings reveal a significant gap between policy formulation and implementation concerning disabled learners.

Finally, this study conveys to education officials at the Saudi MoE the ideas and suggestions of disabled and non-disabled teachers about changing mainstream schools’ practices and culture in order to accommodate all pupils.

### **8.5 Specific Recommendations for the Saudi Government and the Ministry of Education**

As a result of this research’s findings as well as my critical review and analysis of Vygotskian and disability studies theories, I recommend carrying out a national campaign led by the government, disabled people, scholars and activist of disability studies and education-

related agencies to: (1) Clarify misconceptions around inclusion, disability and the label of intellectual disability and explain the nature of these phenomena; (2) Expose and clarify the common disabling barriers to inclusion for all so that school personnel, particularly teachers and principals, recognise these and work towards tackling or, at least reducing, them; (3) Manifest and clarify Saudi disability and inclusive education related legislation, particularly the DRRSEIP act and international conventions (e.g. the United Nations convention on the Rights of Persons with disabilities) so that parents, teachers and principals are aware of disabled pupils' rights and of the responsibilities of teachers and principals to implement inclusive education for all and to make sure that disabled peoples' rights are granted in a just and equitable way; (4) Ensure equal, suitable and sufficient funds and resources are provided to support the inclusion of all students and not just those seen as 'normal'; (5) Outline the funding and resources of disabled students in schools to ensure that they are not used for other purposes; and (6) Ensure that disability-related legislation, teacher education and in-service teacher training promote inclusive education through teaching about personhood, social justice and human rights rather than special education, differentiation, specialisation and labels.

## **8.6 Limitations of the Study**

It starts from the premise that there is no perfect thesis regardless of how well it is structured or conducted (Simon & Gose, 2013). Limitations are part and parcel of any research project (Wellington, 2015). However, identifying and acknowledging these limitations are important for readers and for future research. Therefore, this study has some limitations.

The first limitation concerns the use of one method to generate data – semi-structured interviews – although these interviews were conducted in an in-depth manner with 31

disabled and non-disabled teachers. As stated by Denzin and Lincoln (2005, p. 5), using more than one method is recommended in qualitative research “to secure an in-depth understanding of the phenomenon in question”. Therefore, if an additional method were used, such as document analysis or questionnaires, this could benefit this study to explore relevant issues in more depth. The second limitation is that this study explored the experiences and perspectives of teachers although any phenomenon involves multiple stakeholders who can be researched to inform that research. Therefore, I could generate a more in-depth understanding which might result in different findings regarding explored issues if other stakeholders such as parents or children were involved as participants. The third limitation concerns the lack of disabled students’ voices due to the difficulty in obtaining permission to interview them and the sensitivity in involving disabled children in research, especially in the Saudi context. The fourth limitation concerns the generalisability of my research findings although this is not of particular interest to qualitative researchers. Polit and Beck (2010) point out that most qualitative studies do not aim to generalise their results because they are mainly concerned about exploring the experiences and perspectives of a certain number of human beings about certain issues rather than generalisation. Thus, this research was not meant to generalise its findings for the following reasons:

1. It is a qualitative research with the aim to explore the experiences and perspectives of a certain number of teachers about particular phenomena;
2. It involves only 28 non-disabled participant teachers. Therefore, it cannot be said that their experiences and responses represent all Saudi non-disabled teachers who teach in inclusive mainstream schools; and
3. It involves just three disabled participant teachers. Therefore, it cannot be said that their experiences and viewpoints represent all Saudi disabled teachers who teach in inclusive mainstream schools.

The final limitation concerns the translation of data from Arabic to English which might impact on the data due to the complexity of languages. However, to ensure that any impact was minimised, I translated the data myself and strove to ensure the conceptual equivalence of nuanced meanings of words and phrases when translating (see section 4.9 for details).

### **8.7 Suggestions for Future Research**

As a result of this study, including the study limitations and my extensive reading, writing and field work, I suggest a number of research areas and questions which I think should be kept in mind when planning to conduct future research related to disability and inclusive education, particularly in the Saudi context. These research areas and research questions include: First and foremost, the importance of involving and empowering disabled people to take part in research, both as researchers and as research participants. For example, exploring disabled students' experiences in Saudi mainstream schools should be based on or, at least involve, disabled students' voices. Second, although this study 'catches glimpses' about disabled teacher/-non-disabled teacher, teacher/-disabled student and non-disabled student/-disabled student relations and interactions, undertaking further research is important to expose and explore in-depth natural relations and interactions of this sort. Third, there is a need to know more about the bullying that disabled people experience from teachers and from students in terms of how, why, when and to what extent this happens. In a broader sense, we need to expose and to have an in-depth understanding of ableism and disablism in Saudi mainstream schools and how we can deconstruct and eliminate these issues. Fourth, further research is needed to explore the attitudes of the Saudi MoE officials and policymakers towards the possibilities of amending existing disability-related policies and regulations such as the DRRSEIP legislation. Such research should include exploring their views towards, for example, amending the legislation's deficit definitions of disability and

disabled people, and the articles that support the enforcement of practices that put the problems of learning within-child rather than within-school. This, if achieved, should contribute in eliminating the pressures which have been put upon disabled people, their families and allies throughout Saudi education history. Despite important progress being made in this area in certain western countries such as the UK and Canada, it is still a major issue in many other nations and Saudi Arabia is no exception. Fifth, we need further research to explore the views of faculty members at Saudi universities about their attitudes towards changing the curricula contents of teacher education programmes, especially disability-related programmes and courses. The status quo of these programmes and courses equips future educators and in-service educators with deficit knowledge that reinforces specialisation, disablism and the marginalisation of disabled students. Possible research questions in this area might include: How can such change take place? What are the possible alternatives that can help shift the attention of educators towards the society instead of the child? Who do disabled people and their allied educators think should lead this transformation? The sixth suggestion for future research is relevant to issues of funding and resources which are influential in the creation of an inclusive environment. For example, a number of teachers participating in this research indicated that the schools where they teach lacked the necessary funding and resources to support them in creating inclusive environments for all pupils. We need to know what sufficient funding and adequate resources are. Other teachers revealed that funding or resources specifically designated for disabled children are being used for other purposes relevant to children considered 'normal'. Therefore, we need further research exploring why this happens. Also, who is responsible for this discrimination and disablism action? Does the Ministry of Education know about this? How can we end this and similar actions from happening again? The final suggestion for further research is related to the area of teaching assistants/aides in Saudi mainstream

schools. Possible research questions might include: Why do Saudi mainstream schools lack teaching assistants/aides, despite research evidence showing its importance? What are the advantages and disadvantages of having teaching assistants? What is expected from teaching assistants? What can teaching assistants do to promote inclusive education and eliminate or, at least reduce, the exclusion of disabled people in learning and socialisation?

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### **Participants' Information Sheet**

1. **Research Project Title:** Saudi Teachers' experiences and perspectives about the implementation of inclusion of disabled pupils in Saudi primary mainstream/governmental schools.

#### **2. Invitation paragraph:**

Dear interviewee,

Thank you very much for taking the time to read this sheet.

You are being invited to take part in research which aims to develop an understanding about the implementation of inclusion that takes place in schools where you teach. This sheet will provide you with important information about why this research is being undertaken and what it will involve, so please take time to carefully read it. If you feel more clarification or explanation(s) are needed, please do not hesitate to ask. If you agree to participate after reading, please sign the informed consent form. After you and I have signed the informed consent form, you will be given a copy of it to take with you. However, it is important for you to understand that your participation is voluntary and you have the right to refuse to participate or to withdraw at any time, without any penalties or loss of benefits, even after signing the informed consent form.

#### **3. What is the project's purpose?**

The purpose of this project is to explore teachers' experiences and perspectives about the implementation of inclusion that takes place in schools where they are employed. The project aims to achieve an understanding of: 1) the implementation of inclusion that takes place in Saudi primary schools; 2) how teachers perceive inclusion, disability and disabled pupils; 3)

teachers' interpretations of their experiences with disabled pupils included in their schools; 4) the extent to which the inclusion placements respond to disabled pupils' educational and social requirements; 5) the problems or challenges (if any) that teachers encounter with the implementation of inclusion; and 6) suggestions (if any) that might help improve the current inclusion practices as well as enhance more inclusive settings. Your participation is important to me and to the success of this study which it is hoped will contribute to the existing knowledge in the development of inclusion in Saudi schools as well as in schools in the other gulf states. If you decide to participate, it is important to know that the interview will take about an hour of your time.

#### **4. Why have I been chosen?**

You have been purposefully chosen to take part in this research because your experiences are valuable to me and to my research, you are a special or a general education teacher and you teach in a Saudi primary school that implements inclusion of disabled pupils in Riyadh city. You are not the only participant in this research; this research aims to recruit at least 15 teachers like you to explore their unique experiences and perspectives.

#### **5. Do I have to take part?**

No, you do not have to take part. Your participation in this research is entirely voluntary and you have the right to deny participation now or to withdraw at any time without penalties or loss of benefits that other participants might receive.

#### **6. What will happen to me if I take part?**

If you decide to take part, you will be asked to sign a consent form and you will be given a copy of it as well. You and I will have a one-time, one-to-one interview for about an hour.

You have right to choose an appropriate time and location for our meeting. Our interview will be recorded for analysis and accuracy of information purposes only. After the interview has been transcribed, I will send you a copy of the transcript to make sure that all the information/data that you provided is accurate and clear. You have the right to modify or change any information. If you do make any change(s), I will make the same change(s) on my copy of the transcript. To insure reliability of my data, may I contact you in future by mobile phone or email if I need further clarification(s) or more information regarding our interview? I expect you will engage with me in an in-depth conversation that could help me learn as much as possible from your experiences and perspectives about inclusion that is taking place in your school. It is hoped the results of this research will contribute to the improvement of quality inclusion of disabled pupils in Saudi mainstream schools as well as in other gulf states' schools. As I will explain in more detail in the answer to question 12 below, all information will be kept strictly confidential. Your name and your school's name will be anonymous (coded and given pseudonyms). No real names of you, other participants or your schools will be identifiable in any published document of this research.

### **7. What do I have to do?**

There are no known lifestyle restrictions involved in taking part in this research. Your participation will have no influence on how to live and behave. This means you will have the same lifestyle choices as before participation.

### **8. What are the possible disadvantages and risks of taking part?**

Choosing to take part in this research does not involve any known or possible risk to you. However, to insure that you do not feel discomfort and to allow you to freely express your

views, opinions, feelings and criticism (if any), anonymity assured, the interview will be held in an individual manner at a time and location of your choice.

**9. What are the possible benefits of taking part?**

Choosing to participate in this study does not involve direct benefits to you. However, your participation is valuable in that it might provide the researcher with data that could contribute to the existing knowledge in understanding and improving inclusion of disabled pupils in Saudi mainstream schools and in other gulf state schools.

**10. What happens if the research study stops earlier than expected?**

In case the research stops under any circumstances, I will notify you and all other participants and explain the reasons as soon as possible.

**11. What if something goes wrong?**

If something goes wrong or if you have any complaint(s) that can be handled by me (the researcher) or by my supervisor, please do not hesitate to contact any one of us (our contact information is below). In case we were not able to handle your complaint(s) or you are not satisfied with our handling, you can contact the University of Sheffield's Registrar and Secretary Office at 0044114 222 1100 or email them at [registrar@sheffield.ac.uk](mailto:registrar@sheffield.ac.uk).

**12. Will my taking part in this project be kept confidential?**

Yes, strictly confidential. All data that I will obtain from you as well as from other participants will be stored in my laptop, which requires a login password to be accessed. A hard copy of the documents will be kept in secure locations in my office at home during my stay in Saudi Arabia and in my School of Education's locker at the University of Sheffield

when I return to the UK in case damage to the laptop that might result in loss of data. No one will be involved in the process of data collection and analysis of this research other than I (Ali Aldakhil), with the help and support of my supervisor (Professor Dan Goodley). You will not be identifiable in any reports or publications.

**13. What will happen to the results of the research project?**

Research participants will not be identified in any publications or presentations of the research results; codes and pseudonyms will be used. At this point in time, I do not know if the research results will be published or not. However, in case the research results are published, I assure you strict confidentiality and anonymity. Your permission would be obtained before anything happened.

**14. Will I be recorded, and how will the recorded media be used?**

Our interview will be audio recorded with your (participant) express permission. The recording of interview will be transcribed in text. The audio will be used only for the purpose of analysis and to insure the quality and reliability of data. No other uses will be made unless permission is first obtained from you. After I complete my PhD thesis, all data (documents and audio files) will be destroyed.

**15. Who is organising and funding the research?**

This research is funded by the government of Saudi Arabia, specifically, by Majmaah University, Majmaah, Saudi Arabia.

**16. Who has ethically reviewed the project?**

This research ethically approved by the ethical review board on 25/08/2015 at the School of Education, the University of Sheffield.

**17. Contact for further information:**

Please feel free to contact me (Ali Aldakhil) at my Saudi mobile number (i.e., 009660503222500), UK mobile number (i.e., 00447958624298) or by email at ([afsaldakhil1@sheffield.ac.uk](mailto:afsaldakhil1@sheffield.ac.uk)). You can also contact my supervisor Prof. Dan Goodley at ([d.goodley@sheffield.ac.uk](mailto:d.goodley@sheffield.ac.uk)).

**Thank you for taking the time to read this sheet,**

Appendix 3: Consent Form (English Version)

**Consent Form**

Title of Project: Saudi Teachers' experiences and perspectives about the implementation of inclusion of disabled pupils in Saudi primary mainstream/governmental schools.

Name of Researcher: Ali Aldakhil

Participant identification code for this project:

**Please initial box**

1. I Confirm that I have read and understand the information sheet/letter dated [insert date] for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. My mobile number is (.....).

3. I understand that my responses will be anonymised before analysis. I give permission for the research team and the researcher to have access to my anonymised responses.

4. I agree to take part in the above research project.

Participant name:

Signature:

Date:

Researcher name:

Signature:

Date:

**Note:**

\* If you (participant) have any complaint(s), please email Chair of Ethics (Professor Dan Goodley) at: [d.goodley@sheffield.ac.uk](mailto:d.goodley@sheffield.ac.uk) or Telephone him at: +44 (0) 114 222 8185.

\* You (participant) will be given a copy of this form after it is signed and dated.

THIS FORM IS ADAPTED FROM THE STUDENT ETHICAL REVIEW FORM V1-21/03/2013

## Appendix 4: Consent Form (Arabic Version)

### استمارة موافقة

عنوان البحث: وجهات نظر المعلمين وخبراتهم حول الدمج المتطابق للتلاميذ المعاقين في المدارس الابتدائية السعودية

اسم الباحث: علي بن فهد الدخيل

رمز المشارك:

1. أكد أنني قمت بقراءة وفهم ماورد في ورقة التعليمات المتعلقة بالبحث المشار إليه أعلاه، وتم منحي الفرصة لطرح

الأسئلة.

2. أقر بأن مشاركتي في هذا البحث تطوعية وأن لي الحرية بالانسحاب في أي وقت وبدون أي سبب.

3. أكد أنني فهمت بأن هويتي وجميع البيانات المتعلقة بي سوف تكون مخفاة الهوية قبل البدء بتحليل البيانات. وأقر

أنني منحت مجموعة البحث والباحث الأساسي الإذن لدخول على البيانات مخفاة الهوية.

4. أوافق على المشاركة في البحث هذا.

اسم المشارك:

التوقيع:

التاريخ:

اسم الباحث:

التوقيع:

التاريخ:

ملاحظات:

- في حال حصلت أي مشكلة يمكنك التواصل مع المسؤول عن أخلاقيات البحث في جامعة شيفيلد البروفيسور دان  
غودلي على الإيميل ادناه  
d.goodley@sheffield.ac.uk

- سوف تحصل على نسخة من هذه الورقة بعد التوقيع عليها منك ومن الباحث

## Appendix 5: Ethics Approval Letter



Downloaded: 25/08/2015  
Approved: 25/08/2015

Ali Aldakhil  
Registration number: 140249444  
School of Education  
Programme: Education (PhD/Education FT) - EDUR31

Dear Ali

**PROJECT TITLE:** Saudi Teachers' Experiences and Perspectives About the Implementation of Inclusion of Disabled Pupils in Saudi Primary Mainstream/Governmental Schools  
**APPLICATION:** Reference Number 006158

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 25/08/2015 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 006158 (dated 14/08/2015).
- Participant information sheet 1012008 version 1 (14/08/2015).
- Participant consent form 1012009 version 1 (14/08/2015).

The following optional amendments were suggested:

*There are no fundamental problems with this review, however reviewers have identified 3 small issues for consideration. Firstly while reference is made to the storage and protection of data on the participant sheet, this is not mentioned in the main document. This is just to ensure that the measures specified on the participant sheet do take place. It is not completely clear how many teachers are to be recruited - just make sure that you don't over/under recruit. There are a couple of grammatical errors on the information sheet that you might want to correct before giving to participants.*

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Yours sincerely

Professor Daniel Goodley  
Ethics Administrator  
School of Education

Appendix 6: Interview Guide (Arabic Version)



نسخة عربية (جدول المقابلة)		
مقدمة الباحث:		
<p>انا علي بن فهد الدخيل طالب دكتوراه بكلية التربية بجامعة شفيلد - بريطانيا. انا الان في مرحلة جمع البيانات والتي تهدف الى استكشاف وفهم تجارب ووجهات نظر المعلمين حول الدمج المطبق في مدارسهم . هذا البحث يسعى الى مناقشة قضايا حول الدمج المطبق، الإعاقة، التلاميذ المعاقين و مدى فاعلية المناهج والفصول الدراسية لمتطلبات التلاميذ المعاقين. هذا البحث ايضا يسعى الى اعطاء المعلمين الفرصة لطرح ارائهم ومقترحاتهم لتطوير العملية التعليمية للتلاميذ المعاقين في برامج الدمج. على المعلم المشارك في هذا البحث ان يفهم بأن ليس هناك اجابات صحيحة واخرى خاطئة للاسئلة التي سوف اطرحها عليه كل الأراء المطروحة لها تقديرها وفائدتها بالنسبة للبحث ولي شخصياً كباحث. لكي يتم تلبية متطلبات البحث الاخلاقية. سوف يتم استخدام اسماء مستعاره للمشاركين مع الاحقيه لكل مشارك بختيار الاسم الذي يرغب.</p>		
ملاحظات	الاسئلة الإضافية	الاسئلة الاساسية
في البداية اسمحلي ان نبدأ المقابلة بأسئلة عامة		
	هل سبق ان عملت في مدرسة غير التي تدرس فيها حالياً؟ اذا الاجابة نعم ارجو ان تتكلم لي عن تجربتك التدريسية في المدارس السابقة باختصار	كم لك تعمل في مجال التدريس؟
	هل سبق لك العمل في برامج الدمج؟ اذا نعم ارجو الحديث عن تجربتك اذا الاجابة لا، هل لك رغبة في العمل في اي من برامج الدمج؟ ارجو ان تحديثني عن ذلك	في اي نماذج الدمج تعمل انت حالياً؟ في الدمج في الفصول العادية أو الفصول الملحقة؟ ارجو توضيح ذلك
		هل انت مشارك او لك اي علاقة بأي امر متعلق بالدمج أو التلاميذ المعاقين في مدرستك أو خارجها؟ اذا الاجابة نعم ارجو ان تحديثني عن ذلك
الآن اسمحلي ان ننقل للحديث عن الدمج و التلاميذ المعاقين		
	في رأيك، هل تعتبر نماذج الدمج المطبقة في مدرستك دمجاً؟ ارجو الحديث عن ذلك بأسهاب	تحدث لي عن مفهومك للدمج؟
	ماذا يعني لك التلاميذ المعاق؟ هل انت كمعلم او نظام التعليم في	لو سمحت، ارجو ان تتحدث لي عن مفهومك لتلاميذ المعاق؟

	المدرسة التي تعمل فيها يرى بأن التلاميذ المعالين مختلفين عن أقرانهم غير المعالين؟ أرجو الحديث عن ذلك إذا إن الإجابة نعم	
	إذا إنك كمعلم أو نظام المدرسة التي تعمل فيها ترى بأن التلاميذ المعالين مختلفين عن أقرانهم غير المعالين. هل ترون إن التلاميذ المعالين جميعاً فئة واحدة أو فئات مختلفة؟ أرجو إن تحدثني عن ذلك بالتفصيل	إذا إنك كمعلم أو النظام التعليمي الذي تعمل تحت مظلته يرى بأن التلاميذ المعالين فئات متعددة ومختلفة. أرجو منك الحديث عن الكيفية و الآلية المتبعة لتحديد وتصنيف التلاميذ المعالين؟ أرجو الحديث عن ذلك بإسهاب
		سؤال محدد: ماهي العملية أو الآلية المتبعة لتحديد التلاميذ المعالين إعالة عقلية بسيطة؟ الوقت لك الحديث عن ذلك بالتفصيل
الآن سوف ننقل للنقاش تجاربك ووجهه نظرك حول دمج التلاميذ المعالين المطبق في المدرسة التي تدرس فيها أو سبق لك للتدريس فيها		
	هل تقوم بأي مهام أخرى متعلقة بالدمج غير مهمة التدريس؟ إذا الإجابة نعم. تحدثني عن ذلك بالتفصيل	حدثني عن المسؤوليات المنوطة بك كمعلم أو كعضو في هذه المؤسسة التعليمية فيما يتعلق بالدمج؟
	كمعلم هل تقوم بتعديل وتتكيف المناهج الدراسية و الواجبات الصفية والمنزلية بحيث تلبي المتطلبات الفردية للتلاميذ المعالين الذين تدرسهم؟ حدثني بشكل خاص وبالتفصيل عن تجربة التلاميذ المعالين إعالة عقلية بسيطة	من خلال تجربتك كمعلم إلى أي مدى تعتقد إن الدمج المطبق في المدرسة التي تعمل فيها يلبي المتطلبات الأكاديمية للتلاميذ المعالين؟ أرجو إن تحدثني عن ذلك بإسهاب. وإن تحدثني بشكل خاص عن تجربة التلاميذ المعالين إعالة عقلية بسيطة
	هل المدرسة مهتمة بنهية البيئة التعليمية والبيئة البدائية لتلبي متطلبات التلاميذ المعالين؟ حدثني عن ذلك من وجهة نظرك. هل تعتقد أن مثل هذه التعديلات والإهتمامات مهمة لتسهيل العملية التعليمية للتلاميذ المعالين وجعلها أكثر فائدة؟	
	هل تعتقد بأن الدمج الحالي المطبق في المدارس العادية أثر إيجابياً على التلاميذ المعالين عقلياً اجتماعياً خارج المدرسة في حياتهم العامة؟ حدثني عن ذلك بالتفصيل. أرجو إن تحدد جزء من حديثك عن تجربة التلاميذ المعالين إعالة عقلية بسيطة	من خلال تجربتك كمعلم هل تعتقد بأن الدمج المطبق في مدرستك أو المدارس التي سبق لك العمل فيها مفيد للتلاميذ المعالين اجتماعياً؟ حدثني عن ذلك بإسهاب. وبشكل خاص عن تجربة التلاميذ المعالين إعالة عقلية بسيطة
اسمحلي الآن إن ننقل لتحدث عن المشكلات والتحديات التي واجهتموها أو تواجهونها الآن في تطبيق الدمج في المدرسة التي تعمل فيها أو في المدارس التي سبق لك العمل بها		
	هل هناك أي مشكلات/تحديات متعلقة بالمؤسسة التعليمية (المدرسة)؟ إذا الإجابة نعم. تحدثني عن ذلك	حدثني عن المشاكل أو التحديات التي تواجهها كمعلم أو المؤسسة التعليمية التي تعمل فيها فيما يتعلق بتطبيق الدمج

	<p>هل هناك اي مشاكل/تحديات لها علاقة بالتلاميذ المعاقين؟ اذا الإجابة نعم, حدثني عن ذلك</p> <p>هل هناك اي مشاكل/تحديات متعلقة بالتلاميذ غير المعاقين؟ اذا الإجابة بنعم, حدثني عن ذلك</p>	<p>للتلاميذ المعاقين؟</p>
<p>سوف ننقل الان للحديث عن الاقتراحات/التوصيات التي من الممكن ان تسهم في تطوير الدمج المطبق حالياً و كذلك التي من الممكن ان تساعد على التوجه نحو بيئة اكثر دمجاً للتلاميذ المعاقين</p>		
	<p>هل هناك اي اقتراحات/توصيات إضافية تعتقد انها ممكن ان تسهم في تطوير الدمج المطبق حالياً لما يعود بالفائدة على التلاميذ المعاقين والبيئة التعليمية بشكل عام؟ اذا الإجابة نعم, تحدث عن ذلك</p>	<p>حدثني عن اقتراحاتك كمعلم لتغلب على كل مشكلة/تحدي ذكرته سابقاً؟ تحدث عن ذلك بالتفصيل</p>
<p>في هذا الجزء سوف نختم حديثنا بمجموعة من الاسئلة</p>		
	<p>هل تؤيد التوجه نحو نماذج و بيئات اكثر دمجاً للتلاميذ المعاقين وبالتحديد للمعاقين إعاقة عقلية بسيطة؟ حدثني عن وجهة نظرك و الالية التي ممكن عملها لتحقيق ذلك بإسهاب</p>	<p>من وجهة نظرك كمعلم, هل تعتقد ان نماذج الدمج المطبق حالياً يجب ان تستمر, تتوقف او يجب ان تستمر بس تطور بطرية أو بأخرى لتكون اطر فعالية؟ ارجو ان تحدثني عن وجهه نظرك بالتفصيل وبشكل خاص فيما يتعلق بتجربة التلاميذ المعاقين إعاقة عقلية بسيطة</p>
<p>اشكرك جزيل الشكر على وقتك الذي قضيته معي. ولكن من المهم بالنسبة لي ان تعلم بأن تجاربك ووجهات نظرك التي طرحتها قيمة جداً ومفيدة بالنسبة لي كباحث ولبحثي وللمجال بشكل عام, وامنني بأن يكون لهذه المعلومات القيمة إسهام في تطوير الدمج المطبق وكذلك في التوجه نحو بيئة تعليمية واجتماعية اكثر دمجاً لمافيه منفعة وفائدة للتلاميذ المعاقين وغير المعاقين وللبيئة التعليمية والمجتمع بشكل عام.</p> <p>تقبل خالص تحياتي وتقديري...</p>		

Appendix 7: Facilitation Letter from the Saudi Cultural Bureau in London (Arabic)

ROYAL EMBASSY OF SAUDI ARABIA  
CULTURAL BUREAU  
LONDON

المملكة العربية السعودية  
المهنية الثقافية  
لندن

التاريخ 1437/03/10 هـ

إفادة

رقم الملف MJU100

تفيد الملحقية الثقافية بسفارة المملكة العربية السعودية في لندن بأن المبتعث / علي فهد سليمان الدخيل  
سجل مدني (1049421231) مبتعث من قبل جامعة المجمع لدراسة الدكتوراه بجامعة The  
University Of Sheffield اعتباراً من 18-03-1436 هـ الموافق 09-01-2015 م حتى 10-04-  
1438 هـ الموافق 28-06-2017 م .

وقد أعطيت لها هذه الإفادة بناءً على طلبه لتقديمها إلى وزارة التعليم .  
وتقبلوا فائق التحيات،،،

الملحق الثقافي

بسفارة المملكة العربية السعودية في لندن

فيصل بن محمد المهنا أبوالخيل

الرقم: ..... التاريخ: ..... الموافق: ..... المرفقات: .....

630 Chiswick High Road, London W4 5RY Tel: +44 (0) 20 3249 7000 Fax: +44 (0) 20 3249 7001 E-mail: sacbuk@uksacb.org  
www.uksacb.org

Appendix 8: Approval Letter from the Saudi Ministry of Education (Arabic)

المملكة العربية السعودية  
وزارة التعليم  
٢٨٠  
الإدارة العامة للتعليم بمنطقة الرياض  
إدارة التخطيط والتطوير

وزارة التعليم  
Ministry of Education

الرقم : ٣٧٥٩-٥٧٧  
التاريخ : ١٤٣٧/٣/٢٥ هـ  
المرفقات :

**تسهيل مهمة باحث**

الاسم		السجل المدني	
علي بن فهد سليمان الدخيل		١٠٤٩٤٢١٢٣١	
العام الدراسي	الدرجة العلمية	الكلية	الجامعة
١٤٣٧/١٤٣٦ هـ	دكتوراه	التربية	شقيلد
عنوان الدراسة : . خبرات وتجارب المعلمين حول دمج المعاقين المطلقين في مدارسهم			
عينة الدراسة : معلم.			

المكرم مدير مدرسة .....

وفقه الله

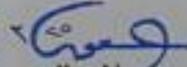
السلام عليكم ورحمة الله وبركاته . وبعد :

بناء على تعميم معالي الوزير رقم ٥٥/٦١٠ وتاريخ ١٤١٦/٩/١٧ هـ بشأن تفويض الإدارات العامة للتعليم بإصدار خطابات السماح للباحثين بإجراء البحوث والدراسات . وحيث تقدم إلينا الباحث (الموضحة بياناته أعلاه) بطلب إجراء دراسته . ونظراً لإكمال الأوراق المطلوبة نأمل تسهيل مهمته على أن يبدأ مهمته مع بداية الفصل الثاني للعام الدراسي ١٤٣٧/١٤٣٦ هـ .

مع ملاحظة أن الباحث يتحمل كامل المسؤولية المتعلقة بمختلف جوانب البحث . ولا يعني سماح الإدارة العامة للتعليم موافقتها بالضرورة على مشكلة البحث أو على الطرق والأساليب المستخدمة في دراستها ومعالجتها .

شاكرين لكم وتقبلوا تحياتي..

مدير إدارة التخطيط والتطوير

  
سعود بن راشد آل عبد اللطيف

صورة لجميع مكاتب التعليم



Appendix 10: Example of Data Charting

Research Q 1	5.1.2 Participants' Understanding of Disability			
Participant Code and No	5.1.2.1 Medicalisation Understanding	5.1.2.2 Social Model Understanding	5.1.2.3 Interactional Understanding	5.1.2.4 Cultural and Religious Understanding
MP1	mental, health or physical problem (MP1, p. 4).		social barriers do not create people's impairment, but rather disables people with impairment (MP1, p. 5).	Disability can be a punishment from Allah (MP1, p. 4).
MP2				
MP3	Can be a medical issue (MP3, p. 4).	difficulties that an individual face which impact on his/her daily life activities (MP3, p. 3).	I do not think that removing all social barriers will result in a society without people with impairments but I think the majority of disabled people will be perceived as non-disabled (MP3, p. 4).	fatalism (MP3, p. 4).
MP4	several categories... Each category can be divided into three levels...each category has its own definition (MP4, p.2).	inferior status, beliefs and practices...dis-respect (MP4, p. 2).		For example, an elderly woman prayed against a couple who had a disabled child as result (MP4, p. 2).

MP5	any insufficiency that limits an individual's abilities to practice his/her natural life...when it comes to people who need medication (MP5, p.4).	Physical environment, lack of awareness, learning or teaching manners, attitudes, beliefs and behaviours (MP5, p. 4).	medical and social issues can, sometimes, overlap (MP5, p. 5).	
MP6	inability to function physically, intellectually or in a sensory fashion as normal people in daily life activities...some disabled pupils require medical interventions (MP6, p.5).	Yes, when it comes to physically impaired people and inappropriate attitudes (MP6, p.5).	depends on an individual's impairment... I view disabled people from medical and social perspectives (MP6, p. 5).	
MP7	a restriction of an individual's physical, intellectual and/or sensory abilities which leads him/her to require support and help (MP7, p. 3).	Some disabled people being disabled only by social barriers (MP7, p. 3).	Disability can be constructed as a result of an overlap between social and medical issues (MP7, p. 3).	<ul style="list-style-type: none"> <li>• predestined.</li> <li>• can be a punishment from Allah.</li> <li>• Evil Eye (MP7, p. 3).</li> </ul>
MP8	insufficiency of a student from birth or later in life which impacts on his/her academic, social or psychological aspects (MP8, p. 5).		internal and external factors (MP8, p. 5).	everything is predestined and under Allah's (God) control (MP8, p. 5).

<p><b>MP9</b></p>	<p>a lack in an individual's particular aspect (MP9, p. 3).</p>			<p>everything that occurs is under Allah's (God) control (MP9, p.3).</p>
<p><b>MP10</b></p>	<p>a lack or insufficiency that limits an individual's abilities to do some tasks (MP10, p. 4).</p>	<p>Disability is a social issue but impairment is a medical issue (MP10, p. 5).</p>		<p>Everything is predestined. Disability is not punishment but a mercy from Allah (MP10, p. 6).</p>
<p><b>MP11</b></p>	<p>various categories: intellectual disability, deafness and hearing impairment, blindness and visual impairment, physical disability, etc (MP11, p. 3).</p>	<p>Removing societal barriers can free some disabled people, especially physically impaired people (MP11, p. 4).</p>	<p>Removing all social barriers will not free some disabled people from their problems, for example, intellectually disabled people (MP11, p. 4).</p>	<p>Allah can't punish his servants (MP11, p. 4).</p>
<p><b>MP12</b></p>	<p>a need that limits an individual's ability to do regular tasks or prevent him/her from reaching places as a non-disabled person (MP12, p. 4).</p>	<p>Disability is a social issue but impairment is a medical issue (MP12, p.4).</p>		<p>Evil Eye can cause people to become impaired. For example, my brother became impaired (hemiplegia) as a result of the Evil Eye (MP12, p. 4).</p>

<p><b>MP13</b></p>	<p>Disability is a deficit (<b>MP13, p. 6</b>).</p>		<p>individual impairment and social barriers create disability (<b>MP13, p. 7</b>).</p>	<ul style="list-style-type: none"> <li>• predestined</li> <li>• Evil Eye. For example, I have a brother who got cancer as a result of Evil Eye (<b>MP13, p. 7</b>).</li> </ul>
<p><b>MP14</b></p>	<p>It is right that I lack a certain thing, thus I might need assistance with this from others but everyone, regardless of disability, will need assistance from others at some point in life (<b>DMP14, p. 3</b>)</p>		<p>I am disabled by my impairment and the social barriers, but the latter is significant (<b>MP14, p. 3-4</b>).</p>	
<p><b>MP15</b></p>			<p>anything that prevents an individual from fulfilling his/her daily life responsibilities... disability is created by medical, social and academic problems (<b>MP15, p. 4</b>).</p>	<ul style="list-style-type: none"> <li>• predestined</li> <li>• some Saudi people believe that disability can be a punishment from Allah, but I don't (<b>MP15, p. 5</b>).</li> </ul>

<b>MP16</b>	shortcomings in an individual's social and daily life skills ( <b>MP16, p. 6</b> ).		we should view disability from an interactive perspective, from social, psychological and academic aspects as well as other factors depending on the disability ( <b>MP16, p. 7</b> ).	
	<b>FP1</b>	People can be disabled by their society. In several societies, disabled people are productive and effective because their societies are prepared for and supportive of them ( <b>FP1, p. 3</b> ).		
<b>FP2</b>	Some disabilities are completely medical issues ( <b>FP2, p. 3</b> ).	I have pupils who are disabled by their society in which they haven't been exposed to education and technology because they were living in the Sahara Desert ( <b>FP2, p. 3</b> ).		
	<b>FP3</b>	anybody who needs assistance or has a level of function that is different than normal ( <b>FP3, p. 2</b> ).	Impairment and societal factors disable people ( <b>FP3, p. 2</b> ).	

<p><b>FP4</b></p>		<p>lack of information, respect and appreciation some people have regarding disability and disabled pupils lead them to view us as people with disabilities (<b>DFP4, p. 2</b>).</p>		<p>predestined (<b>DFP4, p. 2</b>).</p>
<p><b>FP5</b></p>	<p>something different than normal which might be visible or invisible (<b>FP5, p. 2</b>).</p>		<p>overlap between social and medical issues, but social problems predominate (<b>FP5, p. 3</b>).</p>	<p>can be Abtila (test) (<b>FP5, p. 3</b>).</p>
<p><b>FP6</b></p>		<p>anything that prevents an individual from doing a certain thing...social barriers come in the first place (<b>FP6, p. 3</b>).</p>		
<p><b>FP7</b></p>			<p>anything that handicaps a person to approach a certain goal in his/her life...inter-penetration of impairment and social issues (<b>FP7, p. 2</b>).</p>	

<p><b>FP8</b></p>			<p>anything that can handicap a person from achieving his/her goal regardless of whether the person is considered disabled or non-disabled... I view disability as social issue to some extent as well as an individual problem <b>(FP8, p.2).</b></p>	
<p><b>FP9</b></p>	<p>a person's inability to exercise his/her normal life <b>(FP9, p. 1).</b></p>		<p>society exacerbates an individual's impairment. For example, my sister's daughter is physically impaired thus she didn't complete middle school because it is inaccessible. Thus impairment contributes to the existence of disability <b>(FP9, p. 1-2).</b></p>	<ul style="list-style-type: none"> <li>• can be Abtila</li> <li>• Evil eye <b>(FP9, p. 2).</b></li> </ul>

FP10		I believe that there is nothing, called disability occurs naturally. However, society creates the term “disability” through its barriers and failure (FP10, p. 2).		viewing disability as a punishment from Allah is contradicted by our faith (FP10, p. 3).
	FP11	a person’s insufficiency in a certain aspect (FP11, p. 2).		non-disabled people’s attitudes, as well as the impairment itself, limit, to some extent, a person’s ability to function (FP11, p. 2).
FP12		lack of an individual’s intellectual, social, and/or educational abilities to be independent (FP12, p. 3).		not purely medical but a significantly social issue (FP12, p. 3).
	FP13		based on external factors in which things surrounding a person can make him/her disabled...we can construct a society without disability if we construct barriers-free society (FP13, p. 3)	<ul style="list-style-type: none"> <li>• can be Abtila (test).</li> <li>• Evil Eye; for example, a girl in our school did an awesome performance but as a result of Evil Eye she became physically impaired the next day (FP13, p. 3).</li> </ul>

<p><b>FP14</b></p>	<p>Disability is a lack (<b>FP14, p. 2</b>).</p>		<p>an individual's problem and people attitudes both impact on disabled people (<b>FP14, p. 2</b>).</p>	<ul style="list-style-type: none"> <li>• Abtila (test)</li> <li>• Gift and a mercy from Allah (God) (<b>FP14, p. 3</b>).</li> </ul>
<p><b>FP15</b></p>	<p>inability of an individual to respond to his/her educational, social and other life activities requirements as do his/her chronological age peers (<b>FP15, p. 2</b>).</p>		<p>disability is an overlap between individual issues and social issues; the latter is significant (<b>FP15, p. 2</b>).</p>	