

Special educational needs and the global middle class

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**Special educational needs and the global middle class:
navigating local, national and global citizenship in the
Middle East**

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3 **Special educational needs and the global middle class: navigating local, national and**
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Abstract

This article examines the inter-relationship between citizenship, class and disability, through the methodological juxtaposition of critical policy analysis of constructions of disability and an autobiographical sociology of global middle class parental strategies in school admissions processes in the Middle East. I advance the theoretical case that disability is mediated through class and citizenship, and I elucidate the role of affect in the construction of disability and its relation to citizenship. Recognising emotion as a social, cultural and political practice, I propose that, this is in turn, has implications for reclaiming affect in the production of new knowledge on disability and citizenship in the Middle East.

Keywords: citizenship, disability, global middle class, Lebanon, Middle East, special educational needs (SEN).

Introduction

The inspiration for this paper comes from my lived experience of 4 and half years in Beirut, Lebanon as a parent trying to find a school place for my younger son starting school, in a context where any perceived learning differences are stigmatised in society and educational contexts. I moved to Beirut from London with my two sons in January 2012 (aged 8 and a half years old and 9 months old respectively) to take up an academic post as an Associate Professor in Sociology at the American University of Beirut. University faculty of this elite private American university typically send their children to elite international schools in Beirut, a number of which are in the close vicinity of the university campus. The faculty is made up of what could be described as the ‘global middle class’ – both Lebanese who have lived and studied abroad, typically with dual Lebanese and Western citizenship, and international faculty largely from the US, but also the UK, Europe and Asia. The literature on the ‘global middle class’ has documented a large growth in the last couple of decades, especially in Asia (Koo, 2016). This term does not merely correspond to a descriptive demographic phenomenon of a growing middle class in different parts of the world but is an analytic frame conceptualising the ‘global’ nature of this middle class. That is to say, the ‘global’ does not merely connote spatiality - where the middle class are located, but rather connotes phenomenology – a particular *way of being* middle class (Ball, 2010; Maxwell and Aggleton, 2016; Waters, 2015), specifically in terms of mobility, or capacity for mobility. This paper’s original contributions are to: i) advance the theoretical case that disability is differentially mediated through class and citizenship; ii) contribute to the gap in the literatures on the global middle class and disability in the Middle East; and iii) elucidate the role of affect in the construction of disability and its relationship to citizenship, drawing on the conceptualisation and recognition that emotion is a social, political and cultural practice

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3 (Ahmed, 2014). I propose that, this in turn, has implications for reclaiming affect in the
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5 production of new knowledge on disability and citizenship in the Middle East.
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10 My interest in affect straddles the theoretical, methodological and practical, reflecting on what
11
12 has been termed the ‘affective turn’ in the literature over the last two decades in the social
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14 sciences and humanities. My methodological engagement with an autobiographical
15
16 sociological approach is an attempt at ‘recovery work’ (Davidson & Bondi, 2004) that
17
18 embraces embodied experience and offers possibilities for alternative knowledge production
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20 through an engagement with memory, and perception, and body as process (Blackman &
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22 Venn, 2010). Theorising on the ‘body’ has emphasised in recent years the recognition of the
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24 body as relational where it is constructed as being affected and affecting others, and in terms
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26 of their intersectionalities as gendered, racialised or classed bodies (Blackman, Cromby,
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28 Hook, Papadopoulos & Walkerdine, 2008). By understanding body as ‘process’ as opposed
29
30 to a reified ‘thing’, this enables the recognition and understanding of the body as constituted
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32 through interpersonal dynamics and relations with institutions, that constitute the subject.
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34 Further, this work aims to contribute to theorising the role of affect in knowledge production,
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36 through the affective intensity of the autobiographical method of first-hand accounts. This
37
38 draws on feminist approaches reflecting the well-known slogan ‘the personal is the political’,
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40 where affect - rather than being conceived of as an individual psychological response is
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42 recognised as a public political device (Boler & Zembylas, 2016). Gregg and Seigworth
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44 (2010) similarly conceive of theorisation of affect as the ‘politically engaged work’ of such
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46 groups marginalised in terms of gender, sexuality, disability, and those in the Global South.
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56 In the following section, I outline the sociopolitical and legal context with respect to disability
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58 in the Middle East and Lebanon more specifically. This is then followed by the explication of
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3 my methodological choice of approaches, firstly, i) critical policy analyses of school
4 admissions, national policy and international policy on disability; and ii) autobiographical
5 sociology, where I detail the rationale for this method. I draw on interdisciplinary literatures
6 of disability and the 'ideal citizen' (Mills, 1997; Pateman, 1988; Simplican, 2015) 'bordering
7 and boundaries' (Giroux, 1991; Yuval-Davies, 2011) and the 'global middle class'. I argue
8 that policy and school admissions practices utilise affect in exclusionary ways reflecting and
9 consolidating existing relations and dynamics of power. I further contend that global middle
10 class parents of children with special educational needs in Beirut utilise their privileged
11 position of class and global citizenship status (typically having dual citizenship including
12 European or American citizenship) to attempt to circumvent the discriminatory disability
13 policies based on emotive 'medical model' discourses of disability. Whilst the
14 intersectionality of class and disability has been examined in the literature (e.g. Beckett,
15 2006), including in the Global South context (Watermeyer, McKenzie & Swartz), this has not
16 been explored substantively in the Middle East context, nor has it been examined through the
17 lens of citizenship and global middle class. Yet such practices have the consequences of
18 maintaining the status quo of discriminatory practices towards those with disabilities in
19 education, and in particular disadvantaging those children from lower socio-economic classes.

Background

Disability in the Middle East region and Lebanon

There has been an increasing focus and recognition of disability in the Middle East over the last decade, with the years of (2004 – 2013) being designated as the Decade of Disability Rights in the region. However, there are no reliable statistics across the region, given under-reporting (SIDA, 2014). According to the United Nations Economic and Social Commission of Western Asia (ESCWA), statistics for disability in the region range from 0.4% in Qatar to

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3 4.6% in the West Bank and Gaza. In contrast, estimates have been produced based on World
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5 Health Organisation (WHO) / World Bank global average prevalence rates or sample surveys.
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7 The WHO estimates that globally disability rates are around 15%, which leads to the
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9 demographic prediction of 30 million people with a disability in the region facing
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11 discrimination in multiple domains of their lived experiences daily (WHO, 2011). The
12
13 discrepancy between the very low reported rates of disability in the region and the global
14
15 average can in part be explained by under-reporting but can also be attributed to narrow
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17 medical definitions of disability, for example referring to specific bodily limitations (SIDA,
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19 2014). Of further note in the region, are the large numbers of refugees, in particular in
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22 Lebanon and Jordan.
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28 Lebanon, with a history of armed conflicts and as a site of displaced populations, is
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30 characterised by sectarian divides with further differences along axes of age, gender, sexuality,
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32 disability and national legal status. Wealth inequalities are stark, with the population living
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34 below poverty line having risen by 66% since 2011 (Oxfam, 2011), although this is masked by
35
36 Lebanon being defined as a middle-income country (World Bank, 2018); Lebanon is also ranked
37
38 as having the third highest wealth inequality in the world (Blog Baladi, 2013). This poverty
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40 further compounds these intersecting vulnerabilities. As a result of the ongoing Syrian crisis, an
41
42 estimated 1.5 million Syrian refugees have entered Lebanon since 2012 (UNHCR, 2018). This
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44 is in addition to a pre-existing Palestinian refugee population (some now third generation) of
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46 450,000 with curtailed civil, economic and political rights and no route to legal citizenship
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48 (Kiwan, 2017). Lebanon hosts the largest number of refugees in relation to its national
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50 population in the world (UNHCR, 2016). Furthermore, demographically, this displaced
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52 population has a large youth population, with 54.9% under the age of 18 (UNHCR, 2018). This
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54 also reflects demographics of the region and the developing world. Refugees and those in
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3 poverty are more vulnerable to the effects of disability, with an estimated 20% of refugees
4 affected by a physical, sensory or intellectual impairment (Handicap International, 2014). It is
5 further estimated that 95% of children with disabilities in the MENA region are excluded from
6 primary school (Peters, 2009; HRW, 2018).
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14 The model of disability in the region largely follows a medical model. In Lebanon, similarly
15 the government's definition of disability follows a medical model as opposed to the social
16 model of disability. As throughout the region, there is the challenge that there are no official
17 statistics on disability in Lebanon, although conservative estimates suggest 4% of the
18 population are disabled, based on registration for a voluntary declaration of disability card.
19 Educational provision in Lebanon is such that approximately 70% of students are privately
20 educated (CAS, 2012). Its public expenditure is amongst the lowest in the region at 1.6%
21 (BankMed, 2014). UNRWA is responsible for the education of Palestinian refugees. For
22 Syrian refugees, public schools provide a second shift in the afternoon or evening, or students
23 learn through informal education. It is estimated that at least 300,000 Syrian refugee children
24 are out of education in Lebanon (Watkins, 2013). There is no exact data on the total
25 population of children with a disability nor how many are out of school (HRW, 2018). Whilst
26 inclusion in education has received attention with some legal developments incorporated into
27 law in 2000, there has been little implementation in practice with children with disabilities
28 often excluded from public as well as private schools (HRW, 2016; Khochen & Radford,
29 2012).
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The global middle class and education in Lebanon

54 Throughout the nineteenth and twentieth centuries in the Middle East, colonial rulers used
55 education as a means of rule, introducing American and European schools and universities in
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3 the region. In this colonial context, Arab educational reformers began to develop national
4 educational systems, and some of these competing traditions continue to exist today in post-
5 colonial states such as Lebanon (Sbaiti, 2010). Education in postcolonial contexts such as
6 Lebanon plays a central role in nation-building and citizenship formation missions, with
7 ‘youth representing the future of the nation’ (Staeheli & Hammett, 2013, 33). Yet whilst
8 constructed as national missions, conceptions of national citizenship are also shaped by
9 globalisation. Depoliticised global framings of citizenship championed in international
10 education policy affect national education agendas emphasising competences and skills and
11 knowledge of human rights (UNESCO, 2015), alongside notions of the ‘good’ or ‘ideal’
12 citizen as responsible, rational and productive in the service of the state. This global
13 liberalism reflects discourses of economic development, quality, competitiveness and
14 individual choice in education (Burke 2013).

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33 The Middle East region has witnessed a rapid expansion of ‘imported internationalisation’ at
34 all levels of education (Buckner, 2011). This is particularly the case in the Gulf Arab states,
35 where foreign nationals significantly outnumber the host population, and increasingly the
36 local middle class is turning to international education in a context of global competition for
37 the future generation. International schools typically cater for the wealthiest 5% of the non-
38 English speaking world, where teaching is typically in English. Whilst 20% of students in
39 international schools are from expatriate families, the most rapidly expanding group comes
40 from the wealthy local population (ISC Research, 2018). The expansion of the middle class is
41 welcomed in political terms as it is considered to be correlated with political stability (Koo,
42 2016). Yet a substantive proportion of this middle and upper class locally based elite can be
43 characterised as global in its orientation, characterising a particular way of being middle class,
44 and not only identified in terms of economics. The concept of the global middle class is a
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3 developing field in the academic literature and in education more specifically, yet this
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5 phenomenon has not been systematically studied in the Middle East region. The conception of
6
7 the ‘ideal’ citizen is transformed to an “emphasis on enterprise and the capitalisation of
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9 existence itself through calculated acts and investments combined with the shrugging off of
10
11 collective responsibility for the vulnerable and marginalised” (Davies & Bansel, 2007, 252).
12
13 In addition, both the expatriate community and the global local elite, collectively a ‘global
14
15 middle class’, are positioned within, yet beyond the constraints of the nation-state.
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17 Internationalism is an increasingly popular discourse used by schools in both the Global
18
19 North and the Global South (Brooks & Waters, 2014). Whilst international schools will vary
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21 in mission and ‘international framing’, they will reflect a continuum and tension between
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23 purported missions of ‘equity’ and global citizenship and global competition (El-Ojeili &
24
25 Hayden, 2006). I explore this ideological tension and ambiguity between equity and
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27 competition as reflected in the strategies of global middle class parents of children with
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29 special educational needs.
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38 **Methodology**

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40 In this section, I outline the rationale, ethics, data collection and analyses of the two
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42 complementary methods of critical policy analysis and autobiographical sociology vignettes.
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47 ***Critical policy analysis***

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49 As noted in the introduction, the first part of the analysis critically analyses constructions of
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51 disability situated within the socio-political and legal context in the domain of education in
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53 Lebanon. Utilising the theoretical lens of ‘disability’ in relation to ‘citizenship’, I interrogate
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55 policy at both the international and national levels - the International Convention on the
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3 Rights for Persons with Disabilities (UN, 2006), and Lebanon's national law 220/2000 on
4 disability, with a particular focus on provisions relating to education.
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10 The thematic analysis of the data will draw on grounded theory approaches, contributing to
11 the development of theory (Strauss & Corbin, 1994) on the inter-relations between disability,
12 citizenship and social class. In addition, grounded theory has been advocated in social justice
13 research (Charmaz, 2011). The construction of discourse and particular choice of language
14 will be a focus, given the attention to affect as a social and political practice in constructing
15 and reproducing discourses on disability. This attention to affect in the critical policy analysis
16 will be developed in the second stage of the analysis, using an autobiographical sociological
17 approach.
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30 ***Autobiographical sociology***

31 *Rationale*

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33 C. Wright Mills (1959), advocated a vision of sociological method as the 'intersection
34 between history and biography'. He argued that through the study of actions, thoughts and
35 feelings contextualised with particular historical moments, that 'The sociological imagination
36 is the capacity to range from the most impersonal and remote transformations to the most
37 intimate features of the human self and to see the relations between the two'. (C. W. Mills,
38 1959, 14). According to Freidman (1990), 'autobiographical sociology' is conceived as
39 'whereby the sociologist probes one or more past personal experiences as a way of identifying
40 and analysing something sociologically relevant' (61). The influence of feminist approaches
41 is evident in autobiographical approaches challenging the assumed neutrality and objectivity
42 of traditional epistemological approaches (Griffiths, 1994). Autobiography has also been
43 situated within narrative inquiry (Walker, 2017), whether the telling of stories of people's
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3 lives can be conceived of as “a process of discovery and a way of knowing’ (p.1897); it is
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5 also relational, intimate and contextualised. Its temporality whilst rooted in telling stories of
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7 the past is also oriented towards a future project of changing values, attitudes and institutions.
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10 As such, the autobiographical approach, with its significant affective power on audiences,
11
12 highlighting the importance of recognising affect as playing a central role in knowledge
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14 production.
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22 *Ethics*

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24 Autobiographical approaches require careful ethical consideration, beyond the concerns of
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26 authenticity and the perceived credibility of the ‘data’. The researcher’s story necessarily
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28 entails relationality with others, events and institutions. In my account, the central ethical
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30 consideration relates to the recounting of events in relation to school access for my younger
31
32 son. Contrasting conceptions of ethics compete between, on the one hand, for example, the
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34 concern for anonymity and confidentiality, informed consent, and avoidance of exploitation,
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36 as detailed in standardised ethical guidelines (e.g. BERA, BSA) and on the other, balancing
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38 these legitimate concerns about consent and disclosure with the social justice mission of the
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40 research itself in filling a ‘silence’ and contributing to knowledge production. Both sets of
41
42 ethical concerns entail a primary engagement with power relations in the research process and
43
44 the production of knowledge itself. The issues of anonymity and confidentiality are
45
46 particularly complex in the autobiographical methodological relationship of the researcher in
47
48 the relation with others and, as in feminist research, challenging the dichotomy of the private
49
50 and public domains. In addition, it can also be unclear who precisely constitute the research
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52 participants. In the relationship where the researcher is also a research ‘subject’, this has been
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54 also been referred to as an ‘intellectual’ biography and one which entails a focus on the
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3 process as reflexive. Indeed, autobiography does not present the self in isolation but as
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5 embedded in relationships with others, institutions and broader societal structures and
6
7 processes. Harrison and Stina Lyon (1993, 103) argue that the ‘value of autobiography lies
8
9 precisely in that it can clarify the extent to which the domains of the private and personal, in
10
11 the sense of subjective understandings of self and others in time and place, operate across
12
13 rather than within separate spheres.’ The genre of these narrative accounts can evoke an
14
15 intimacy, inviting the reader into a ‘private world’ where affect has a central role in this
16
17 knowledge production (Kiwani, 2018).
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21 In consideration of the above ethical issues, I have decided that my methodological approach
22
23 utilise a series of vignettes where the focus is on the nature of interactions with institutions
24
25 and their processes, rather than a focus on my son. In this way, the degree of disclosure is
26
27 restricted within the confines of particular interactions to critically explore key issues. The
28
29 genre necessarily entails engagement with affect. I have previously argued that affect has not
30
31 systematically been examined in relation to knowledge production, examined in relation to
32
33 social movements (Kiwani, 2017). Building on this work, I advocate the important ethical
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35 process of autobiography in challenging dominant knowledge and contributing to affective
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37 knowledge production.
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45 *Thematic analyses*

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47 I present my analyses thematically, interweaving the critical policy analysis with the
48
49 autobiographical vignettes. As such, my methodology is premised on recognising the
50
51 importance of affect situated in socio-political, historical and legal context. This methodology
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53 comes within the interpretative school of methodological approaches, forefronting the ‘story’
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55 and recognising this as a constructivist approach (Nilsen, 2008). These vignettes analyse the
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3 'lived experiences of... social and collective being' (ibid, 2008, 20) in order to highlight
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5 power and systematic differences and inequalities faced by those with disabilities.
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10 I examine two inter-related themes emerging from the critical policy analysis and the
11 autobiographical vignettes. Firstly, the *construction of 'disability' and its relation to*
12 *'citizenship'*. Critically examining how various policy discourses construct disability, I
13
14 advance the theoretical case that disability is differentially mediated through what I call
15
16 'classed citizenship'. Analysis of the construction of 'disability' in Law 220/2000 draws on
17
18 theorisations of the 'ideal' citizen invoking rationality and productivity where exclusions
19
20 from citizenship are based on constructions of 'reason' and 'capability' (Mills, 1997;
21
22 Pateman, 1988). The interdisciplinary literature on bordering and boundaries – used primarily
23
24 in the literatures on human mobility and migration, and also in educational practices (Giroux
25
26 1991; Yuval-Davies 2011) - is used to unmask the boundary-making in both policy-making
27
28 and school practices. Yet boundaries can also be conceptualised in terms of fluidity and
29
30 intersectionality that can be challenged and transcended through individual and collective
31
32 acts. Drawing on Isin's (2008, 2012) 'acts of citizenship and Butler's (2009) notion of
33
34 'performativity' as agency, the vignettes illustrates examples of the strategies of the global
35
36 middle class, illustrating how the relational power of policies, institutions and practices that
37
38 actors are situated within are contested. In contrast to boundaries, 'borders' have typically
39
40 corresponded to the nation-state's borders as a physical place, but also as conceptual or
41
42 'imagined' constructions. Juxtaposing the study of borders and boundaries, I explore how the
43
44 global middle class with the legal and economic advantages of mobility across borders arising
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46 from dual and in some cases multiple citizenship status, erase the effects of internal
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48 boundaries of disability.
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3 The second theme aims to elucidate the *role of affect* in the construction of disability and its
4 relationship to citizenship, drawing on the conceptualisation and recognition that emotion is a
5 social, political and cultural practice. As previously mentioned, conceiving of disability as an
6 embodied concept entails its recognition not as single or bounded, but as open to being
7 affected and affecting others. This analysis illustrates how disability is affectively constructed
8 by policies and institutions, and subsequently navigated and contested by parents. This in
9 turn, has important potentialities for reclaiming affect in the production of new knowledge on
10 disability and citizenship in the Middle East.
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24 **Disability, affect and ‘classed citizenship’: changing conceptions?**

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26 In this section, I compare and contrast constructions of disability through a critical policy
27 analysis of the UN Convention on the Rights of Persons with Disabilities, and Lebanon’s Law
28 220/2000. I illustrate how discourses of rationality and productivity – linked to class (Heater,
29 1990; Isin, 2009) - continue to underpin constructions of ideal citizenship, extending the
30 theoretical legacy of seventeenth and eighteenth century ‘natural rights’ where the lower
31 status of women and slaves was defended on the basis of rationality. The notion of
32 productivity has also underpinned ideal citizenship and is similarly exclusionary being
33 defined in terms of economics of the public sphere associated traditionally with being male,
34 young, and having physical and mental capacity. The autobiographical vignettes extend the
35 critique illustrating that, contrary to legal recognition in the international and national
36 documents of the challenges of intersections of poverty and social class with disability,
37 disability in everyday life is mediated through class in parental everyday strategies. The
38 vignettes further elucidate the lived experience of the affective construction of disability as
39 deficit, making the case that affect has been neglected in understandings of the politics of
40 knowledge production.
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'Ideal' citizenship

The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) is the defining international statement on disability, reflecting a critical shift in the construction of disability from a medical to a social model of disability. Article 1 defines disability in the following terms:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UN, 2006, Article 1, 4).

The Convention illustrates an approach to disability based in terms of human rights and predicated on social inclusion. Key concepts of dignity, worth and the inalienability of rights underpin the conception, detailed in the opening of the preamble section of the Convention. Yet this is linked instrumentally to the ‘foundation of freedom, justice and peace in the world’. The worth of disabled individuals is therefore (inadvertently) premised on productive outcomes for humanity rather than in solely terms of their intrinsic worth, value and entitlement to such rights.

Lebanon has not yet ratified the Convention, which advocates the right to free education in preschool and primary stages. However, the Lebanese government passed a national law in 2000, referred to as Law 220/2000 focusing on the rights of persons with disabilities. This law uses rights-based language calling upon the government to adopt inclusive policies. The government launched a National Educational Plan for Persons with Disabilities in January 2012 focusing on provision for those with special educational needs and advocating for the

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3 introduction of measures to ensure equal access for all those with disabilities in education.

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5 Law 220/2000 is considered to be a major political achievement for people with disabilities
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7 and is considered to be the most progressive and comprehensive piece of legislation
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10 pertaining to disability in the Middle East region (UNESCO, 2013). Yet the conceptualisation
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12 of disability in terms of a medical model of disability diverges from the CRPD's
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14 internationally accepted definition of disability:
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19 “person whose capacity to perform one or more vital functions, independently secure his
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21 personal existential needs, participate in social activities on an equal basis with others, and
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23 live a personal and social life that is normal by existing social standards, is reduced or non-
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25 existent because of a partial or complete, permanent or temporary, bodily, sensory or
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27 intellectual functional loss or incapacity, that is the outcome of a congenital or acquired
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29 illness or from a pathological condition that has been prolonged beyond normal medical
30
31 expectations” (Law 220/2000).
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37 With regards to the conceptualization of special educational needs more specifically in
38
39 Lebanon, this can be seen to be subsumed with a sub-category of intellectual disability.

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41 According to the British Council in Beirut, involved in training schools and other relevant
42
43 educational agencies, special educational needs are defined in terms of:
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49 “Learners have a learning difficulty if they have a much greater difficulty in learning
50
51 than the majority of learners of the same age. Or they have a disability which stops,
52
53 or even hinders them from making use of the general educational facilities provided
54
55 for learners of the same age. Special educational needs can also be used as a term
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3 for learners who need extra provision because they have abilities significantly ahead
4 of their peers.” (British Council, 2018).
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11 With the CRPD - Law 220 strongly advocates the responsibility of the State in the removal of
12 barriers to inclusive participation in all domains of life, including eliminating discrimination.
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15 This discourse of the responsibility on the State to remove barriers is underpinned by the
16 social model of disability, locating the responsibility in the environment as opposed to the
17 individual. The passing of the Law 220 in Parliament was the culmination of many years of
18 advocacy work of civil society in Lebanon, and it is positive in its comprehensive coverage of
19 many aspects of the lived daily experiences of people with disabilities, and the responsibility
20 that government holds for the removal of barriers to integration and discrimination. However,
21 the construction of disability illustrates a conceptualisation of the impairment and ‘deficit’ as
22 primarily located in the person, as opposed to arising relationally with others and the built
23 environment and its political, social and educational institutions. Furthermore, the word used
24 for disability itself in the title of the law – ‘mu’awak’ evokes an affective negative response,
25 as the term historically has been used colloquially as an insult - which can be translated as
26 ‘retarded’.
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46 The rationale of social inclusion is referred to implicitly: “Every human being, regardless of
47 his/her physical or intellectual potential, has the right to enjoyment of life on an equal basis
48 with others”. This language of social inclusion would appear to have been transposed
49 however, onto the overarching medical construction of disability and deficit attributed to the
50 individual in Law 220’s definition of disability.
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Class and access

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3 The CRPD notes the diverse nature of disability, with reference to the varied challenges of
4 intersectionality with age, ethnicity/race, language, religion, socio-economic and legal status.
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6 In particular the link with poverty is highlighted, used to provide a rationale for the ‘critical
7
8 need to address the negative impact of poverty’ (Preamble, (t), p.3), and the importance of
9
10 accessibility. Article 9 further details ‘accessibility largely in terms of physical access to
11
12 places, services, information and technology. It does not, however, refer to access in terms of
13
14 processes, for example, school admissions processes. Article 24 focuses on education,
15
16 identifying state parties as having a responsibility to ‘ensure an inclusive education system at
17
18 all levels’ for the purposes of full development of potential, sense of dignity, development of
19
20 creativity as well as ‘mental and physical abilities’, and effective participation in society. Yet
21
22 in practice, there is a complex relationship between nationality, social class and disability,
23
24 with access rights to education mediated through social class and nationality, as will be
25
26 critically elucidated in the vignettes.
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35 Articles 59-67 in Lebanon’s Law 220 detail that the State is responsible for providing
36
37 integrated educational services, and that public educational institutions must be physically
38
39 accessible. According to Article 60, “The ‘disability’ does not constitute in itself an obstacle
40
41 of any kind, to adhere or request access to any learning or educational institution, whether
42
43 public or private.” However this recognition of equality is limited to public education and,
44
45 within this, the gap with implementation means that this is not met in practice in public
46
47 educational institution either. Of note in Lebanon, is that approximately 70% of schools in
48
49 Lebanon are private, and private schools have the legal right to choose which students they
50
51 admit (Decree Law no. 1436). There is no legal requirement that such institutions do not
52
53 discriminate, either directly or indirectly on the basis of any of the grounds identified in the
54
55 constitution. According to UNESCO, Lebanon’s policies to ensure equality of access and
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3 achievement for students with disabilities is only partially met, and in practice, the gap is even
4
5 wider given that implementation 13 years after the introduction of Law 220/2000 is not
6
7 enforced or monitored.
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10
11 UNESCO (2013) notes that, under the auspices of the Lebanese State, only five schools
12
13 (1/district) in the country are accessible for children with physical impairments. Although a
14
15 discourse of accommodation has been transposed into the legislation, as previously
16
17 mentioned, this is superimposed onto a medicalised construction of disability. As such, there
18
19 is an inconsistency with a focus on the body as a 'reified' thing, as opposed to the recognition
20
21 that bodies are constituted through processes and inter-personal dynamics within institutions
22
23 and society. In terms of promoting a positive image, and making pedagogical
24
25 accommodation, UNESCO (2013) notes that there are few educational programmes or
26
27 provision and as a consequence, in practice, the majority of schools do not accept students
28
29 with a disability. Prejudice and stereotyping by the parents of other children also affect
30
31 schools' admissions practices, with schools refusing to admit children with disabilities on this
32
33 basis. This illustrates the common disjuncture between policy, guidelines for implementation
34
35 and actual practice (Khanal, 2013). These empirical findings illustrate how affect plays a
36
37 constitutive role in school admissions firstly in terms of dominant models of knowledge about
38
39 disability, and secondly, relationally, through the affective practices of other parents.
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49 The autobiographical vignette below elucidates how disability is constructed through school
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51 admissions processes, where it is affectively constructed in terms of the medical model:
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56 *School admissions Take I: the application form and interview process: the affective*
57
58 *construction of 'difference'*
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3 Admission to nursery at age 3 is the usual school entry point in Lebanon. Application for a
4 school place in a private school in Lebanon typically consists of an application form and
5
6
7 ‘interview’ session the year preceding the child’s third birthday. In the academic year
8
9
10 preceding my son’s third birthday, I applied to an ‘international’ private school - popular with
11
12 American University of Beirut academic faculty, which my older son had already gained
13
14 entry to. The school’s website details a long list of all the required paperwork including
15
16
17 medical certification of immunisations, medical information declaring all physical and mental
18
19 health issues, passport photo and copy of passport, familial information, and questionnaires of
20
21 information on child’s development and skills. As I completed the application form in the
22
23 January preceding the new academic school year, the affective memory of the experience
24
25 completing the section declaring any medical conditions or special educational needs is one I
26
27 cynically joked to a couple of close friends as one of ‘declaring a criminal record’. As I
28
29 critically reflect on my metaphorical choice of phrase, the affective framing of any learning
30
31 differences is constructed in ‘moral’ terms, where one is ‘culpable’ and ‘responsible’ for this
32
33 moral deficit. The word ‘record’ captures the institutional, bureaucratic and legal status of
34
35 ‘facts’ being recorded, as well as connoting the staticity and permanence of the constructed
36
37 ‘difference’. The affective construction of the otherness of any learning difference through the
38
39 process of filling out the application form is reinforced by the relative silence on inclusion on
40
41 the website. Whilst reference is made to non-discrimination by gender, nationality, ethnicity
42
43 and religion, there is no reference to special education needs. There is only one reference to
44
45 special educational needs buried in the ‘frequently asked questions’ section under the
46
47 admissions section, where it states that there are ‘limited services’ and that students need to be
48
49 performing ‘within the regular grade level academic requirements’ (School website).
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3 The school's mission of excellence, in contrast, is a dominant message. This mission is
4 reflected in the stated aims of the school, which include that students are prepared to enter the
5 'most selective schools and universities' internationally. This is complemented with reference
6 to the skills, knowledge and community service required for learners to be globally
7 competitive. The 'ideal' citizen is therefore constructed as responsible, productive and
8 rational, reflecting the global liberalism discourses of quality and competitiveness (Burke,
9 2013).

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21 On the afternoon of the interview, my son and I arrived at the school, where we were ushered
22 into a large room with other parents and toddlers. A number of 'playstations' with different
23 activities were set up with the expectation that children would rotate the playstations and
24 cooperatively follow instructions given by unfamiliar assessors. My son started at a station
25 with a number of vehicles where he was expected to follow instructions to sort them into
26 groups by colour and count the numbers in each group. His resistance to cooperate in this task
27 was further compounded by his refusal to move to the next playstation, and then crying when
28 the assessor insisted he 'move on' in the speed-dating set-up of the playstations. At the end
29 of the test session, children were then expected to sit on the carpet and listen to a story. My
30 son's physically enthusiastic interest where he ran up to the book to point to the colourful
31 picture of the sun was disapproved of in favour of the value placed on the discipline of
32 institutionalised carpet-time stillness and silence.

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51 The outcome of the application was a rejection with no explanation. On asking for feedback, I
52 received a short email referring to 'unclear speech' and 'uncooperative behaviour'. My
53 unstrategic response was a letter to the principal critiquing the application process and
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3 requesting a meeting. ‘Learning difference’ was not explicitly referred to but was a spectre at
4
5 the feast – a silent shame hanging in the air, unspoken.
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10 **Citizenship, bordering and boundaries**

11
12 In this section, I explore how knowledge is produced through ‘bordering’ and boundaries
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14 (Giroux, 1991), through a critical analysis of the CPRD and Lebanon’s law 220/2000. In
15
16 addition, the bordering and boundaries through the strategies of the global middle class is
17
18 considered through two further autobiographical vignettes.
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24 ***Changing conceptions? Possibilities for the production of new knowledge***

25
26 The CRPD Preamble importantly recognises the evolving nature of the concept of disability,
27
28 thus recognising knowledge production as an ongoing, and often contested political process.
29
30 This acknowledges the intellectual history of the concept of disability, notably the significant
31
32 shift from the medical model of disability to a social model of disability underpinning the
33
34 Convention, as well as regional variations in its constructions. It also recognises the
35
36 contributions of a number of theoretical challenges to the contemporary social contract
37
38 exemplified in Rawls’ defining *A Theory of Justice*, working from the premise of inclusion by
39
40 sex (Pateman, 1988), race (Mills, 1997), and most recently with respect to dis/ability with
41
42 Simplican’s (2015), *The Capacity Contract*. Indeed, Simplican argues that ‘capacity’ is the
43
44 most fundamental category as all contracts of domination and exclusion are justified on the
45
46 basis of such presumed deficiencies (whether of the disabled, women or non-Whites).
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48
49 Article 8 on awareness-raising is also of relevance to reflect on in relation to constructions of
50
51 disability, its evolving conception and the nature of knowledge production. It refers to
52
53 ‘promoting awareness of the capabilities and contributions’ through public awareness
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55 campaigns, the education systems, the media, and training programmes. The role of affect is
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3 implicated in the barriers of ‘prejudice’ and ‘stereotypes’, where emotion can be conceived as
4
5 a lived practice with practical consequences, rather than solely at the level of an individual’s
6
7 psychological reaction (Ahmed, 2014). The call for campaigns and programmes to contribute
8
9 to social change by changing attitudes at individual, family and community levels and in
10
11 public discourses of the media, arts and culture illustrates a performative affective practical
12
13 engagement aimed at contributing to social change through new forms of knowledge
14
15 production. The role of affect as a practice in knowledge production has largely not been
16
17 explicitly recognised, with a dearth of theoretical and empirical work in this area (Kiwani,
18
19 2017), including implications for practical impact.
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26 Whilst Article 31 refers to statistics and data collection, there is no reference to other forms of
27
28 knowledge production, including interdisciplinary and qualitative research, literature, or
29
30 grassroots / civil society contributions from those with disabilities themselves. Mechanisms
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32 for consultation with non-governmental organisations in civil society or organisations/groups
33
34 are not referred to in the production of the State Reports to be submitted to the UN (Article
35
36 35). Article 36 advocates that State Parties make the reports and its recommendations
37
38 available to the public, reflecting a top-down imparting of knowledge as opposed to a process
39
40 of co-constructing knowledge. This illustrates a non-inclusive and un-democratised
41
42 construction of knowledge and its production.
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49 Lebanon’s Law 220 details the setting up of the National Council on Disability (NCOD) as
50
51 the mechanism for the implementation of the law, in partnership with stakeholders in civil
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53 society, including people with disabilities themselves who sit on the Council. The rationale is
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55 provided in rights-based language where the State is obligated with embedding this right ‘to
56
57 transform the relationship between the public and private sector (institution or person) from a
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3 relationship based on affiliation (familial, political sectarian, etc.) to a right-based
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5 relationship'. In practice however, the discourse of a medical model of disability dominates.
6
7 Civil society organisations campaigning for change typically emphasise the importance of
8
9 changing attitudes and behaviours at the individual level, although acknowledging the
10
11 integrated nature of such changes in societal discourses with respect to changes in the law and
12
13 changes in political processes and institutions (Kiwan, 2017). As such, this illustrates an
14
15 implicit recognition of the importance of affect both in terms of its often negative role in the
16
17 social reproduction of medical discourses of disability, as well as its potential for challenging
18
19 dominant discourses. Indeed, Giroux's (1991) work on border pedagogy in education reminds
20
21 us of the fluidity of borders that can be challenged to 'reterritorialise different configurations
22
23 of culture, power and knowledge' (51). By challenging such representations and discourses, it
24
25 reveals the interests that are produced and legitimated by these discourses and practices. In
26
27 addition, it is argued that through challenging borders, 'borderlands' are created where the
28
29 production of knowledge by the marginalised rewrites their histories and identities,
30
31 challenging claims to 'objectivity, universality and consensus' (Giroux, 1991, 54).
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40 Whilst Law 220/2000 uses the rights-based language in highlighting removing barriers to
41
42 inclusion and addressing discrimination, there is a stark gap with practice which cannot be
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44 explained in terms of the challenges of implementation, but rather is a logical consequence of
45
46 working from within the framework of a medical conception of disability. This emotive
47
48 medical discourse of disability pervades societal as well as policy and institutional discourses.
49
50 The gap between constructions in policy and lived experience highlights the social and
51
52 political challenges in attitudes to disability and how this is affectively constructed in relation
53
54 to discourses of the ideal citizen. This is elucidated through the autobiographical vignettes
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56 below.
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Global middle class strategies

The boundary-making demarcating the ‘otherness’ of those with disabilities is predicated on constructions of the ‘ideal’ citizen, where rationality and productivity in particular are used as dominant discourses, extending the long intellectual history of these discourses, used in the exclusion of the ‘other’, including women and non-white populations. Bordering also occurs where privileged citizenship as legal status is used to dissipate the negative lived experiences of disability.

School admissions Take II : Difference beyond the pale - the failure of social privilege OR Disability trumps ‘local class’

After the failure to secure a pre-kindergarten place the preceding year, I decided on two strategies: firstly I would I apply for my son to enter the class below his chronological age, a case I believed could be made given his summer birthday. Secondly, I would utilise the social privilege of being a faculty member of the American University Beirut.

Being a year older, at 3 and a half, my son’s playstation encounters appeared to go smoothly, except that he had to be cautioned for persistently loud and exuberant singing of ‘incy wincy spider’. To all extents and purposes, I felt a sense of relief that it had gone reasonably well.

A week later, however, I received the standard rejection letter. I contacted the University Dean of Faculty and President informing them of the outcome and asking if there was anything they could do on my behalf. Just a few days later, I received an email from the President saying that he had directly spoken with the principal of the school, but there would be no change of decision. So I then contacted the school principal myself by email asking that

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2
3 they consider assessing my son in the context of his local nursery. This was reluctantly agreed
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5 to, and the head of the primary section arranged a visit to his local nursery, a 5-minute walk
6
7 away from the school. Having spoken with the nursery staff beforehand about my
8
9 predicament, they were supportive and keen to show my son off in the best possible light.
10
11 After the visit, the nursery gave very positive feedback about how well they believed my son
12
13 had ‘performed’, and I felt optimistic about what I hoped would be a more natural setting for
14
15 assessment.
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21 Yet again, another rejection. I received a short email from the school principal notifying me
22
23 that ‘unfortunately’ the school could not offer my son a place, with no explanation. I replied
24
25 requesting a meeting with him. A meeting was arranged for the following week. Although I
26
27 instinctively knew that nothing would come of it, the experience was a strongly emotive one
28
29 of rejection and exclusion. I wanted to make the rejection an issue - visible, in a context
30
31 where parents of children with any kind of learning difference have no sense of ‘entitlement’
32
33 to ‘quality’ education, resigned to an invisible acceptance of this ‘medicalised’ fate.
34
35
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37 International schools are constructed as learning spaces only within reach for the standard
38
39 ‘normal’ child, as deemed by the playstation assessors. They had done their job and spotted
40
41 him, maintaining the school’s exclusive preserve of ‘excellence’. The fixity of this
42
43 constructed medicalised difference is a line that can not be crossed in practice despite
44
45 privileges of class, and policies and discourses of inclusion at state level.
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51 *School admissions Take III: The power of global citizenship: conditional acceptance*

52 The quest for a primary school reception class place was becoming more challenging than
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54 securing a university place, I cynically and resentfully reflected. I had now applied to 5
55
56 different international schools in the nearby vicinity, as well as further afield. As summer
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1
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3 approached, my son still did not have an offer of a primary school place. I had spoken to his
4
5 nursery school staff asking if they could keep him on another year and offer him an enhanced
6
7 curriculum, to which they agreed. Returning after the summer break in the UK, my heart felt
8
9 increasingly heavy as I pictured all the children my son's age setting off for their first day of
10
11 school, whereas my son was excluded from this. Despite concerns about my 'second choice'
12
13 school – particularly in terms of its values and attitudes to inclusivity - I called the head of the
14
15 school and asked if she would be willing to reconsider and conduct a second assessment. My
16
17 rationale was that my son was now 6 months older than when last assessed, and
18
19 developmental differences at this age can change substantially over this kind of timescale.
20
21 She agreed and a week before the start of the school year, my son and I went for the
22
23 assessment. He was set various sorting tasks by size and number, jigsaw puzzles, and
24
25 threading of beads activities. He cooperated with the tasks, some of which were challenging
26
27 for him, and which I joined in such a way as to enable him rather than directly helping with
28
29 the tasks. The following day, I received the usual email. I immediately called the head and
30
31 said I would like to meet to discuss the outcome, to which she agreed. The Friday before the
32
33 start of the academic school year on Monday, filled with resigned dread, I went to meet the
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35 head and deputy head of the primary school.
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45 They explained that he would need 'too much support'. In response, I said that perhaps my
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47 attempts to enable him had inadvertently led them to this judgement. I had approached the
48
49 meeting being both resigned to the decision (based on my experiences with the first school),
50
51 but also feeling that I had nothing to lose. I was prepared to consciously use my global middle
52
53 class capital in two ways. Firstly, I wished to convey to them that I was a foreigner to the
54
55 country and system, framing my wish for my son to have a place in the school as a temporary
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57 measure given my intention to return to the UK possibly within the year, and also that I would
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1
2
3 not place my son in a school if it unfolded that it was not working for him and he was
4
5 unhappy. This discourse of prioritising wellbeing contrasted with the dominant local
6
7 discourse of prioritising ‘standards’ and academic achievement at all costs. I also illustrated
8
9 my knowledge of contemporary educational practices, through referring to my intention to
10
11 ‘actively partner and work collaboratively with the school’. This conversation signaled a
12
13 series of ‘codes’ of being global middle class: being mobile and only temporary in Lebanon,
14
15 educated and knowledgeable about educational practices, and at the same time not being
16
17 trapped into the ‘national/local’ concern with the fierce competition into schools primarily
18
19 focused on academic achievement.
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26 Even to my own surprise, the head then agreed to offer my son the place. This place though
27
28 was implicitly conditional: “But Mrs. Kiwan, if this is not working for him, I hope you will
29
30 recognise that”. Parents and others in the community were astounded at my ‘achievement’,
31
32 given that many parents often do their best through ‘wasta’(social connections) to secure
33
34 places but to no avail. However, I succeeded primarily by using a global middle class code -
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36 stressing temporality associated with the mobility of the global middle class, and secondly,
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38 through ascribing to a values system operating above the national-level concern of academic
39
40 achievement.
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47 **Concluding thoughts**

48
49 This article argues that disability is affectively mediated through both class and citizenship. I
50
51 illustrate that constructions of disability to be influenced by the intellectual history of the
52
53 ideal citizen, premised on notions of rationality and productivity. Policies and institutional
54
55 practices (re)-produce and reify boundaries affectively in their constructions of the ideal
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57 citizen. In navigating these school policies and practices, global middle class parental
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3 strategies for school admissions challenge these boundaries through ‘classed’ citizenship.
4
5 This case is made through the methodological juxtaposition of critical policy analysis with an
6
7 autobiographical sociology approach, where constructions of disability and rights to education
8
9 in international law and Lebanese law are critically examined in conjunction with the parental
10
11 strategies of the global middle class in admissions to elite international schools. What is
12
13 striking in the Lebanese Law 220/2000 is that although there are discourses of human rights
14
15 and a social model of disability as reflecting language in the UNCRPD, this is superimposed
16
17 onto a medical model of disability as evident in the definition of disability. This medical
18
19 model of disability dominates societal discourses, and institutional policies and practices in
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21 education.
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29 What has been undertheorised is the affective construction of disability evident in national
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31 policy, as well as school policies and practices. By paying heed to the role of affect in
32
33 knowledge production, this opens up significant implications for theorising social change
34
35 through the production of alternative or counter-knowledges. The recognition of the link
36
37 between changes at the level of individuals’ attitudes and behaviours and societal change, and
38
39 how this relates to broader policy change similarly has been relatively less theorised.
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