

**The Limits and Possibilities of Inclusion: A Critical Discursive Analysis of Autism
Spectrum Disorder and Special Educational Needs in Saudi Arabia**

By

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Declaration

I declare that I have composed this thesis myself and that it embodies the results of my own research. Where appropriate, I have acknowledged the nature and extent of work carried out in collaboration with others included in the thesis.

Thamer Alahmed

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Abstract

The concept of disability has suffered historical stigmatisation in the Kingdom of Saudi Arabia (Alquraini, 2010; Leonardi et al., 2006), with a complex debate ensuing over the legitimacy and meaning of the term. While the country takes an official policy line on disability, underpinned by assumptions framed by biological, psychological, and otherwise perceived-as empirically observable criteria, it can be argued that the notion of disability has arisen as a linguistic product of socially constructed discourse (King Salman Centre for Disability Research, 2015; Alquraini, 2010; Berger & Luckmann, 1967). Some tensions and contradictions exist, therefore, in the constitution of disability in the Saudi Arabian context. While the government has recently attempted to provide for the distinctive needs of those whose abilities might be classified as 'non-normative', this has been set against religious, cultural and historical discourses that have informed public (pre)conceptions on 'disability'. While Kirtley (1975, as cited in Al-Mousa, 2010) has argued that many religions throughout history have contributed positively, at least on a philosophical level, and otherwise variously, in practices and lived experiences, to disabled people, this does not mean that such framings and their interpretations in practice are not necessarily controversial.

Despite Saudi Arabia's recent efforts in the disability field to foster a culture of provision and inclusion, it can be argued, from critical inclusion perspectives, that too few special educational needs (SEN) students are receiving what might be considered inadequate support premised on practices that reinforce exclusions (Alquraini, 2010; Al-rubiyea, 2010). Even those students carrying the diagnostic label of autism, who might obtain some provision, are not allowed to integrate with the mainstream in schools, and hence are denied the social, developmental, and wellbeing benefits that accompany more integrative and inclusive educational approaches. By extension, individuals with SEN and, ASD in particular, face educational, social, and human rights challenges with regard to acceptance and inclusion as part of a diverse society. There are arguments to suggest that normalised exclusionary practices can be traced to pre-existing, cultural prejudices against disabilities from some sectors of Saudi society, inadequate and contradictory educational and social policies and practices, lack of knowledge and community awareness, or a complex combination of these challenges.

This project aims to fill a gap in the literature on disability, especially autism, as it examines from critical discursive analytical perspectives (CDA) the educational and social policies and practices related to individuals with SEN and ASD. It achieves this examination through the discourse of participating

stakeholders and official policy documents, thus exploring areas of contradiction, tension, and conundrum, and critically addressing them toward the purposes of educational and social inclusion in harmony with the rights of individuals with SEN and ASD.

The Kingdom of Saudi Arabia suffers from a paucity of research devoted to SEN, especially ASD, in part because there have been cultural and social challenges to researching people with disabilities. Despite the scarcity of research on individuals with SEN and ASD, some studies have been conducted in the form of surveys (Al-Jadid, 2013). Most autism research focuses on medical, biological and psychological aspects such as causes, diagnoses, and medical treatment, and neglects other important aspects such as inclusive education or social inclusion. Alnema et al. (2016) indicate that the services currently provided in Saudi Arabia are restricted, limited by insufficient knowledge about autistic people. This research reveals the gaps in educational and social services provided to people with autism. It also brings into focus discourses and approaches to inclusive education policy and practice not substantively considered in the Saudi Arabian research context.

For these reasons, this project addresses disparities in the agendas and policies of the King Salman Centre as an official disability research centre and the developer of the Disability Code, the set of laws that govern the treatment of people with disabilities in Saudi Arabia. It will also address contradictions in the agendas and policies of the educational and social institutions of the Ministry of Education and the Ministry of Labour and Social Development¹ in the Kingdom of Saudi Arabia. These disparities are reflected in interpretations and practices of a social and educational culture sensitive to SEN. The present study considers the issue of disability from the perspectives of critical disability studies, specifically in the case of autism. It raises questions and concerns about how today's largely homogenous education and social systems in Saudi Arabia address the distinctive needs of SEN and ASD people, while also preparing the country's youth for a culture of acceptance and inclusion. The study aims to engage with the policies, interpretations, and stated practices of SEN and ASD programmes by critically examining the discourses of official policy documents and officials in the ministries mentioned above, through the perspective of stakeholders in educational and social institutions for individuals with SEN and ASD in Saudi Arabia. It also examines the discourses of official, such as the King Salman Centre for Disability, and includes a selection

¹ The Ministry of Labour and social Development has changed its name to the Ministry of Human Resources and Social Development. As this change only occurred recently, and my fieldwork was undertaken before this time, I will be continuing to refer to this as the Ministry of Labour and social Development throughout this thesis.

of parents of ASD children who experience the effects of the particular implementation of SEN policies and practices in Saudi Arabia. It applies a critical discursive analytical methodological approach (CDA) to official policy documents and semi-structured interviews for these aforementioned stakeholders.

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Chapter One: Introduction

1.1 Personal Reflection

Before I joined the field of disability studies, I had a negative view of people with special educational needs (SEN) and autism (ASD), especially if their disability was visible or apparent. I found sharing space with people with SEN or ASD to be uncomfortable and believed that such people should be kept away from society in psychiatric hospitals. I, like many people, used the common term of 'madhouse' to describe what I believed to be their appropriate place. However, when one of my sisters gave birth to a child with Down's syndrome, the entire family was affected by the news. And, because of the common view of disabled people in Saudi Arabia, this child and her family prefer to be isolated from society. I and my family noticed that the family of this child seldom attended family events, and if they did, then it would be without this child. When we visited them in their home, they would try to hide the child from us and place her in the care of the housemaid.

This experience prompted me to reconsider my views by reflecting on how I would feel if I was this child, or the father of this child, which led me to begin exploring research in the field of SEN and ASD in search of ways to help this child and her family. Through this process, I developed more emotional, human feelings towards people with SEN, and decided to go to Britain to continue my education and research in the field of SEN and ASD. After I graduated from the University of Nottingham with a Master's degree in SEN and ASD, I returned to Saudi Arabia to pass on my experiences and what I had learned, with the aim of helping people with SEN and ASD and their families.

During that period, while searching for a job, I volunteered at a government institution for people with SEN and ASD. While there, I was surprised by the experiences of people with SEN, especially ASD people and their families. I tried to help them, but the lack of resources and culture of the community, especially the cultural attitudes I witnessed of parents of disabled people, proved to hinder my efforts. The families of people with disabilities and their children believed that I was a physician and had a drug I had brought from abroad that would help their children recover. Parents offered me material and non-material payments to help them 'heal' their SEN and ASD children. I also found that the parents tried to conceal the children's names and identities, sometimes sending the mother of the child or one of their relatives, or making me promise not to divulge that they had a child with SEN or ASD, which they considered a stigma.

As a result, I felt I could not continue my volunteer work. And, subsequently, one of the major Saudi governmental universities offered me a position where I would establish a Department of Special Education, since I was the only Saudi specialist in special education who graduated from the UK. Several academics specialised in the field were brought in from Arab countries, and we began by developing a curriculum for the department that would differ from the special education departments in other universities in Saudi Arabia and move away from what was then commonly established.

In the first year of accepting students at the bachelor's level, we were surprised by the number of students applying to the department. We exceeded 1,000 applicants, despite the department not being equipped to receive such a large number at the time. My colleagues and I overcame a number of difficulties, and saw the first signs of success when the first batch of students graduated from the department. Shortly after, I decided to return to the UK to complete a PhD in educational and social inclusion of students with SEN, especially those with ASD. My PhD proposal contained ideas and terms from psychology and medicine, including those related to diagnosis, symptoms, and treatment of people with SEN and ASD. However, when I was accepted into the University of Stirling, my supervisor, Professor Dalene Swanson, urged me to reconsider disability from other perspectives and models other than a medical or deficit model of disability, such as the social, and human rights models of disability. I read about critical disability studies, which led to a radical change in my thinking that linked to my previous experience. I became convinced that disability is not a disease, but a construct created by non-disabled individuals. From here, I changed the PhD proposal to investigate these ideas in order to assist the state in uncovering and reviewing the policies and practices toward individuals with SEN and ASD in Saudi Arabia.

This chapter presents a brief introduction to the Kingdom of Saudi Arabia and the situation of people with SEN and ASD in the Saudi context. It also presents the provisions provided for individuals with SEN and ASD by the Ministry of Education, the Ministry of Labour and Social Development, and the King Salman Centre for Disability Research.

1.2 The Kingdom of Saudi Arabia

1.2.1 Background

The Kingdom of Saudi Arabia is in the southwest of the Asian continent and makes up the largest part of the Arabian Peninsula, with an area of about two million square kilometres. According to the Basic

Law of Governance, which was issued in the year 1412 AH/1992, the Kingdom of Saudi Arabia is an Arab and Islamic country, with full sovereignty; its religion is Islam, its constitution the Qur'an and the Sunnah of the Prophet Muhammad, its language is Arabic, and its capital is the city of Riyadh (Saudi Laws, 1992). The Kingdom of Saudi Arabia comprises 13 administrative regions, which include 134 cities. The Saudi population is 34,218,169: 19,739,056 are male and 14,179,113 female (General Authority for Statistics, 2019).

The Kingdom of Saudi Arabia is considered the birthplace of Islam, as it embraces two of the three holy places for Muslims. These two holy places are called the Two Holy Sanctuaries. The first is the Grand Mosque in Makkah, which is considered the Qibla of Muslims (all Muslims pray towards the Kaaba located inside this mosque). The other is the Prophet's Mosque in Madinah, which is one of the largest mosques in the world and the second holiest site after Makkah Al-Mukarramah. Therefore, the Islamic religion is the main framework upon which the Kingdom of Saudi Arabia builds its policies, legislation, and regulations.

Previously, customs and traditions in the Kingdom of Saudi Arabia contributed directly to the violation of explicit Islamic texts, especially with regard to human rights. For example, Saudi women are denied many rights due to the guardianship system created from customs and traditions. However, in recent years, in the era of King Salman and Crown Prince Mohammed bin Salman, Saudi women have been empowered by obtaining their full rights without referring to their male guardians in terms of education, work, marriage, travel, driving, and so on.

1.2.2 SEN and ASD individuals in the Kingdom of Saudi Arabia

Reliable sources are scarce for national data on disability in the Kingdom of Saudi Arabia and, for many years, it was believed that there was a low rate of people with special needs in the Kingdom of Saudi Arabia. According to the General Authority for Statistics (2017), the percentage of the Saudi population with disabilities is 7.1% (1,445,723) of the total Saudi population (34,218,169). The percentage or number of people with autism was not mentioned in these statistics.

Many studies show that the life barriers and perceived 'compatibility problems' of people with disabilities are not because of their injury or disability *per se*. Rather, they are mainly due to the way society perceives them (Al-Qassas, 2009). Individuals with SEN and ASD in the Kingdom of Saudi Arabia

are viewed through the lens of compassionate Islamic law, cultural norms, and social legislation. With the former, the Islamic religion is against all kinds of discrimination, including discrimination against people with disabilities, and urges that persons with disabilities should be treated with respect and equality (Alquraini, 2010). However, Saudi Arabia tends to view disability from a medical rather than a social and human rights perspective (Mulazadeh & Al-Harbi, 2016). This may increase the social and human rights obstacles and difficulties faced by persons with disabilities in the Kingdom of Saudi Arabia, such as marginalisation, exclusion, prejudice, stigmatisation, and deprivation of educational and work opportunities.

Most persons with disability challenges have been approached, historically, from a medical perspective because of the dominance of the medical model and constructs created by society. These have led to institutionalisation as the best 'remedy' for dealing with disability challenges (Alsharif, 2019). However, with the emergence of *critical disability studies*, disability increasingly is being addressed from human rights and social perspectives on the grounds of equity and equal opportunities for all. Within the Kingdom of Saudi Arabia, the medical approach has played a prominent role in cultural norms and social legislations related to individuals with disabilities (Mulazadeh & Al-Harbi, 2016). According to Al-Saif (2009), "The prevailing opinion about the people with disabilities in Islamic societies is that they are sick and poor, and that social compassion and pity are what they need to help them improve their lives" (p. 168) Likewise, in Saudi Arabia, most of society still views persons with disabilities as sick and in need of treatment out of compassion and sympathy (Alsharif, 2019). As a result, disabled individuals have been marginalised and excluded from normal life paths, and have experienced loss or limited participation in society (Hadda, 2019). Alsaif (2009, p. 170) argued that "the rights of disabled persons in Saudi Arabia must be transferred from a charity to justice."

In the past three decades, the government of the Kingdom of Saudi Arabia passed legislation that addressed the rights of persons with disabilities. For example, Article 27 of the Basic Law of Governance in Saudi Arabia states: "The state guarantees the right of the citizen and his family, in case of emergency, illness, disability, and old age, and supports the social security system, and encourages institutions and individuals to contribute to charitable work" (Saudi Laws, 1992, p. 5-6). Persons with disabilities are included in this article. Also, the Disability Code, which was established in 2000, stressed the civil rights of persons with disabilities to obtain free and appropriate medical, psychological, social, educational, and rehabilitation services through public bodies. The disability law can be considered outdated and not

compatible with recent developments and changes in the field of disabilities, which has resulted in not being effectively and well practiced. According to Al-Jadid (2013), the use of the term 'services' instead of 'rights' led to a gap between the framework of the Disability Code and the provision of services, which resulted in a lack of special education services for persons with disabilities. This means that the implementation of these laws is ineffective, which has resulted in weak practices relating to people with SEN and ASD.

In terms of international agreements, Saudi Arabia signed the Convention on the Rights of Persons with Disabilities in 2008. To date, however, it has not adhered to the agreement regarding the societal view of persons with disabilities (Alsharif, 2019). Ineffective implementation of these laws creates a gap between the intended goals and the actual provision of services for stated needs (Al-Jadid, 2014). This means that the educational and social rights of individuals with disabilities cannot be achieved unless the societal concept of disability is changed in Saudi Arabia, and a complete transformation of the proposed solutions toward the social or human rights model is needed instead of the traditional, individualist, medical or deficit approach. (Mulazadeh & Al-Harbi, 2016).

The Kingdom of Saudi Arabia bases its laws on Sharia Islamic law, which gives people with disabilities their full rights. Although Islam provides principles and practical methods for caring for people with disabilities, many disabled people still face marginalisation and exclusion for many reasons, including lack of knowledge about disabilities and the rights of the disabled, reticence about their integration into society, poverty, and inhabiting remote areas, such as villages and desert areas, where services are not available for disabled individuals (Al-Jadid, 2013). Alsharif (2019) argues that values, cultural norms, and social legislation dominate Islamic principles and foundations regarding the care of individuals with special needs. According to Al-Aoufi et al. (2012, p. 213), "People's behaviours and their attitudes may reflect their own understanding of their religion, but not necessarily the exact meaning of its values, as culture contributes to the formation of views on disability."

Within the laws and legislation of disability in Saudi Arabia, there is no law that can be construed as being 'gendered' or discriminatory from a gender perspective. Although the Islamic religion urges the separation of sexes, all disability laws and legislation in Saudi Arabia affirm the equality of all its citizens (male, female, disabled, and non-disabled) in relation to health care, the right to education, and community treatment, guaranteeing political rights and ensuring participation in all sports, cultural, and

recreational activities (Al-Sheikhawi, 2017). Arab studies and research, including in Saudi Arabia, nevertheless show that disabled women have poor access to their educational, health, and work rights and are ineffectively integrated into society compared to disabled men (Al Muhairi et al., 2013). We can argue that a disabled woman faces more difficulties than a disabled man in relation to her disability and the negative perception associated with disability, as well as discrimination based on sex (O'Riley, 2007). This leads to additional marginalisation, exclusion, and isolation imposed by social customs and traditions toward disabled women. In some cases, women in Saudi Arabia find it difficult to access state-provided services for social reasons (Aldosari, 2017). For example, with regard to health services, the majority of women in Saudi Arabia prefer to interact with female health staff and only go to a hospital when accompanied by a male relative. Moreover, some families in Saudi Arabia hide disabled women in their homes for fear of affecting the family's social status, and as a result, their non-disabled sisters might not marry (Al-Jadid, 2013). Some Saudi families do not prefer their boys to marry families that have disabled individuals, for fear of the genetic influence on having children with disabilities in the future.

With regard to inclusion, many Saudi families do not integrate people with special needs into daily life (Al-Jadid, 2013). There are many cultural and social barriers that continue to exclude and marginalise people with disabilities from mainstream society. Al-Ghamdi (2020) argues that Islamic cultural values and social traditions play an important role in the process of integration into the Saudi environment. Therefore, integrating individuals with special needs in Saudi Arabia requires a radical change in the negative attitudes and perceptions of community members toward disability and the disabled by transforming law and regulation from a care perspective toward a human rights and development perspective (Mulazadeh & Al-Harbi, 2016). The Saudi government recently established inclusion as a primary goal for individuals with special needs. For example, one of the 37 goals of the National Transformation Programme (2020), (It is the five-year plan for the Kingdom of Saudi Arabia, established in 2015, organised by the Council of Economic and Development Affairs, and it is one of the Saudi Vision 2030 programmes), is the integration of people with SEN into the labour market (Arab News, 2019). Moreover, the vision of the Kingdom of Saudi Arabia (2030) under the leadership of Crown Prince Mohammed bin Salman, which the state is currently working to achieve in order to promote the rights of persons with disabilities, stipulates:

We will enable our children with disabilities to obtain appropriate job opportunities and an education that guarantees their independence and inclusion as effective elements in society. We will also provide them with all the tools and facilities that help them achieve success.

This confirms that the inclusion of people with SEN was not achieved properly in the past.

Inclusive education is a restructuring of culture, educational policies, and practices within inclusive schools to overcome all forms of discrimination and exclusion (Ainscow, Dyson, & Booth, 2006). Despite the international development in the field of educational inclusion for people with SEN, it still requires more effort and work in Saudi Arabia (Al-Mousa, 2010). Some of the main difficulties faced by efforts for educational inclusion in Saudi Arabia are negative attitudes from some members of society towards disabled people, parents of disabled people's fear of educational inclusion, and failure to prepare the buildings for inclusive schools to meet the needs of individuals with SEN and ASD.

The Kingdom of Saudi Arabia was the first country in the Arab world to conduct educational inclusion experiments, having first addressed the issue in 1984 (Al-Mousa 2010). Moreover, Alharbi and Madhesh (2018) found that disability policy and legislation in Saudi Arabia have been compatible with international human rights policies associated with educational inclusion. However, it can be argued that the results of this study may not be convincing. For example, students with ASD are still excluded from inclusive schools in Saudi Arabia (Almasoud, 2010). Also, this is contrary to Article 24 of the Convention on the Rights of Persons with Disabilities (2006), a convention of which the Kingdom of Saudi Arabia is a member, which states:

Persons with disabilities are not excluded from the general education system on the basis of disability... Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live.
(p.14)

Based on this, ironically, inclusive education appears to be for everyone except ASD students.

The policy documents of the Ministry of Education related to autism demonstrate that individuals with ASD are excluded from inclusive education. For example, among the current admission requirements for students with autism into inclusion schools:

- “In the general education classroom with resource room services, cases of simple ASD are accepted ... In the special classes attached to public education schools, moderate cases of ASD associated with mental disability that cannot be integrated into the general education classroom are accepted, taking into account the availability of success factors for spatial inclusion” (Ministry of Education, 2015).
- “Educational and educational services in schools are limited to those who are able to learn” (Ministry of Education, 2020).
- “To be diagnosed by the diagnostic team in one of the measurement and diagnostic centres in the region... Diagnosis is the first step in treatment and rehabilitation and in dealing correctly with the disability, difficulty or disorder that the child suffers from” (Ministry of Education, 2020).

We can argue that these conditions suffice to exclude ASD students from education, and from educational inclusion. Also, the medical approach seems to dominate educational policies for individuals with ASD. This confirms that the mechanisms of both social and human rights models are completely absent from the disability policy and legislation in Saudi Arabia. Disability law and regulations within Saudi Arabia predominantly focus on the medical approach to disability that offers very little scope for the inclusion of persons with disabilities (Mulazadeh & Al-Harbi, 2016). Moreover, this impact was not limited to ASD individuals, but also included their families socially and financially. The study conducted by Alshaigi et al. (2019) found that parents of individuals with ASD suffer from a high level of stigma due to a lack of their children's rights and a lack of societal awareness. Alnema et al. (2017) found that most students with ASD receive educational services in private institutions and schools where parents pay for these services. This is because of the lack of government educational institutions and the difficulty of acceptance within these institutes.

1.2.3 Provisions of SEN and ASD individuals

Existing policies and programmes demonstrate that The Kingdom of Saudi Arabia seeks to care for people with disabilities by providing educational, social, rehabilitative, and other services. It believes that disabled people are an integral part of society, with their rights and duties that guarantee them a decent life. There are three government institutions or ministries responsible for providing services and

educational and social needs for the disabled in Saudi Arabia. First, the Ministry of Education, which is fully responsible for educational policies and practices for people with SEN and ASD, including educational needs and inclusion. Second, the Ministry of Labour and Social Development is represented by comprehensive rehabilitation centres, vocational rehabilitation centres, governmental and non-governmental day care centres affiliated with the private sector, and charitable societies. These centres care for disabled people and provide educational, social, professional, rehabilitation, and health services for all disabled individuals in the community. Third, the King Salman Centre for Disability Research handles scientific, laboratory, and field research on disability. This centre established the Disability Code in 2000, which is currently in force. The provisions of these three institutions or ministries will be discussed briefly.

1.2.3.1 Ministry of Education

Special education for disabled people was established in 1960 in Saudi Arabia, with the opening of the first institute for the visually impaired. In the period between 1963 and 1972, some institutes for the blind, deaf, and intellectually disabled were opened in several major cities in Saudi Arabia. However, interest in autism only began in 1998, and the period between 1991 and 1996 marked the real start of educational integration in general education schools. With regard to women, the year 1960 was the actual start of women's education in Saudi Arabia, but special education for women began in 1964 with the establishment of the first institute for the blind.

Table 1: The stages of development in providing educational services to students with disabilities in the Kingdom of Saudi Arabia.

Year	Action
1960	<ul style="list-style-type: none"> • The beginning of private education in Saudi Arabia through the education and training of blind people on the Braille machine • The beginning of education of Saudi women
1962	Establishment of the Department of Special Education to provide educational, professional, and social services for three categories of the blind, deaf, and mentally retarded

1963 - 1972	A number of institutes established for the three previous categories
1964	The opening of the first institute for blind women
1991	Partial implementation of integration
1996	Expanding integration programmes
1998	The beginning of service provision for individuals with ASD
2013	Providing services to other groups

Ministry of Education (2020).

The Ministry of Education provides education for disabled students and addresses their educational needs (including institutes, centres, and inclusive schools) and aspects related to the educational process, (such as curriculum, facilities, and educational supplies). There are a limited number of private institutes that provide educational services for disabled people, such as the Al-Amal Institutes for the Deaf, the Al-Nour Institutes for the Blind, and the Intellectual Education Institutes (which accept students with only two conditions: ‘mental retardation’ and ASD). Some centres are concerned with a specific disability in some regions of Saudi Arabia, such as ASD centres. Statistics for the number of these centres, institutes, and inclusion schools are not readily available because many of the entities are not well-established.

The most prominent services provided by the Ministry of Education are as follow:

- 1- Every regular student in institutes, centres, and, inclusive schools is granted a monthly stipend throughout the year: 660 Saudi Riyals for the elementary stage (approximately £130), 825 for the intermediate stage (approximately £160), and 990 for high school (approximately £200).
- 2- An amount of 5000 Saudi Riyals (£1000) will be paid for each inclusive school, including students with SEN and ASD.
- 3- The Ministry of Education has prepared buildings and provided facilities and services for institutes, centres, and inclusive schools for disabled students, in addition to disbursing prosthetic devices free of charge, including audio and visual aids and wheelchairs.
- 4- Educational supplies and printed textbooks in Braille, adapted textbooks for deaf students, and other provisions (Ministry of Education, 2020).

1.2.3.2 Ministry of Labour and Social Development

The Ministry of Labour and Social Development is the entity responsible for the care and rehabilitation of disabled people from the social, professional, psychological, educational, health, and recreational aspects through comprehensive 'rehabilitation' centres, charitable centres, and governmental and non-governmental day care centres. It is also responsible for preserving the rights of the disabled in the fields of health, labour, retirement, social insurance, professional service, and other domains.

The Ministry of Labour and Social Development has several centres:

- 1- Comprehensive rehabilitation centres (for severely disabled people). The number of these centres is 38. These centres include departments such as vocational and social rehabilitation for both disabled men and women. These centres specialise in accommodating severely disabled people who are not subject to vocational rehabilitation because of the severity or multiplicity of the disability. These centres provide accommodation services such as subsistence, health, and rehabilitation services. They have criteria for accepting some categories of disability, such as severe physical disabilities, multiple disabilities, severe and simple mental disability, and cases that are not amenable to special education or vocational 'rehabilitation'.
- 2- Vocational rehabilitation centres: These include 1 centre and 13 vocational rehabilitation departments. It accepts physical disabilities in the categories of hearing and speech impairment, visual impairment, and mild mental retardation.
- 3- Day care centres: there are 12 centres that provide services and programmes for people with severe disabilities, including social, psychological, health, recreational, and training programmes, as well as informative and educational programmes for families of disabled individuals. These centres were established as alternatives to institutional care and operate during daylight hours in the morning shift to relieve the burden on families of disabled people they care for. Under these centres, there are non-governmental centres affiliated with the private sector (commercial) and charitable organisations (120) that depend on charities as their main financiers (under the supervision of the Ministry of Labour and Social Development). With regard to non-governmental centres affiliated with the private sector, the most prominent services provided are speech sessions and special education services. The Ministry of Labour and Social

Development pays these centres 40,000 Saudi Riyals (£8,000) for every student who joins these centres.

The Ministry of Labour and Social Development pays a monthly allowance to each disabled person who lives with their families, ranging from 4,000 to 20,000 Saudi Riyals annually (£800-4,000), depending on the type and severity of the disability. It also provides incentives, benefits, and facilities for private sector establishments and merchants to employ disabled people. In addition, it provides, free of charge, cars that have been modified for use by people with specific physical disabilities as well as visas to hire private labour from abroad in the home for helping disabled individuals. Moreover, it supplies assistive devices for disabled people outside rehabilitation centres, including wheelchairs, beds, and crutches (Ministry of Labour and Social Development, 2020).

Finally, the Authority for Care of Persons with Disabilities was established in 2018, and is organisationally linked to the Ministry of Labour and Social Development. It aims to take care of persons with disabilities, ensure that they receive disability rights, enhance the services provided to them, and raise the level of prevention. It does this in coordination and cooperation with the relevant authorities, defining the roles of institutions and ministries in relation to caring for persons with disabilities.

1.2.3.3 King Salman Centre for Disability Research (KSCDR)

The KSCDR aims to conduct scientific research concerning persons with disabilities, implement its results in the areas of disability, and develop programmes to implement this research, including medical, legislative, social, and educational research on disabled individuals. It is noticeable that most of the research conducted at the KSCD is of a medical nature, although the members of this centre come from various state institutions, including the Ministry of Education. Moreover, the KSCDR has taken part in launching several legislative projects, standards, and measures that help disabled people in society. It works with government institutions only to provide scientific and technical advice and its implementation. The role of the KSCDR is limited to enacting regulations after study and research, and it is not responsible for regulation itself. For example, this centre developed the Disability Code in Saudi Arabia (2000), which is currently in force.

The following section provides the aims, objectives and research questions by way of guide to the thinking, intent, focus and analytical engagement behind this research project with respect to autism, 'disability' and inclusion (educational and social) in the Saudi Arabian context.

1.3 Research Aims/Objectives and Questions

Research Aims:

This research aims to fill a gap in the literature on disabilities. It assumes that there are differences and contradictions between the political and practical agendas with regard to the educational and social inclusion of persons with SEN and ASD within the Ministry of Education, the Ministry of Labour and Social Development, and the King Salman Centre for Disability Research. Therefore, this study aims to deconstruct and reconstruct the current educational and social policies and practices of individuals with SEN and ASD in the Saudi context. By identifying the attitudinal, environmental and institutional barriers that have contributed to the social construction of the concept of disability, this study aims to contribute to changing perceptions, negative attitudes, and stigmas related to individuals with SEN and ASD in Saudi Arabia. The following research questions act as a guide to the attention and analysis of policy and interview data, and the critical sociological orientation of this research study:

- How are autism and special educational needs discursively and culturally constituted in the Saudi Arabian context?
- How does the discourse on autism emerge as a cultural, religious, historical and 'difference' discourse?
- What are the convergences and contradictions within discourses on special educational needs and autism in Saudi Arabia?
- How is '(dis)ability' constituted and elaborated in different contexts in Saudi Arabia?

These research questions will lead to the possibility of answering the following questions:

- What might the implications of such constructions on SEN, disability, and autism be for young people, disabled people, children, and parents in Saudi Arabia?
- How might greater inclusivity in understanding SEN be imagined and operationalised in the Saudi Arabian context?
- What kind of educational system might be imagined in the Saudi Arabian context to be able to support the public good of social and educational inclusion?

Research objectives:

This study has engaged with policies, interpretations and stated practices of individuals with SEN and ASD in Saudi Arabia. Applying the methodology of critical discourse analysis, the discourses of stakeholders, officials, and parents of people with SEN and ASD, as well as some official policy documents (Disability Codes), will be examined.

The following chapter presents a literature review of critical disability studies and medical, social, and rights-based disability models. It also presents the educational and social inclusion of people with SEN and ASD.

Chapter Two: Literature Review

2.1 Introduction

Until the last century, debates on what constituted 'disability', its nature, existence and forms, had not been undertaken. The term previously had no traction in English parlance. In Europe and the Western World in the 19th century, the rise in the status of science and technology, alongside economic considerations, heralded an era where concerns about human functionality developed momentum. This saw the beginning of studied categorisations of functional variability that gave rise to the term 'disability' (Davis, 2002). In recent times, the socially-constructed nature of 'disability' has been critically debated as activism reflected an upsurge in attention to discrimination and prejudice. From clinical perspectives, it has been estimated that about 10% of the world's population, approximately 650 million people worldwide, can be classified as having some form of disability. As indicated by the United Nations Development Programme (UNDP), even though only 15% of the world's population have a disability, an estimated 80% of people with disabilities live in developing countries. This highlights the disproportionate distribution of disability to the world's poorest, reflecting the geo-political inequity of access to social services, and draws attention to the unequal access to provisions for the amelioration of suffering. Similarly, the World Bank suggests that 20% of the world's poorest have some sort of disability (Langtree, 2016). Most people with disability designations lack access to healthcare, appropriate residence, employment conditions, and educational opportunities to the extent that the rest of the population enjoys, and thus are excluded from everyday activities (WHO & World Bank, 2011).

To deal with the challenges faced by disabled people, the UN declared the United Nations Convention on the Rights of Persons with Disabilities (2006). With this, there has been the beginnings of a comprehension that disability is an important development challenge as well as human rights concern (WHO & World Bank, 2011). This understanding of disability as a crucial development concern has led to an increased study of the matter, and increased study has led to a growing diversity of perspectives and approaches. It is inevitable that there will not be agreement on definitions or approaches to addressing inequalities and oppressions associated with disability. Consequently, people with disabilities have often been forced into conditions of segregation (Swain et al., 2013). For a long time, keeping such people in residential institutions and special schools was recognised as the appropriate solution.

International initiatives and reports, such as the International Classification of Functioning, Disability and Health and the World Report on Disability (2011), are discussed critically in this chapter, along with insights from scholars specialising in critical disability studies and autism. This also incorporates a review of critical disability studies in relation to the larger field of disability studies. Three key models of disability the medical, social, and rights-based models are defined and explored. A brief review of the literature on autism follows, ahead of a discussion on social and educational inclusion. This provides an opening to link disability with the educational imperatives for non-discrimination in various contexts of learning.

2.2 Disability Studies (DS): An Overview

Disability studies as an academic field can be understood most effectively through a focus on its evolution and history. Over the last two decades, the academic field of disability studies has grown immensely, yet the expansion of the field comes with ambiguities about the meaning and extent of 'disability studies' (Ferguson & Nussbaum, 2012). The emergence of disability studies as an academic discipline coincided with the disability rights movement (Ferguson & Nussbaum, 2012). In the 1970's, the protests and growing self-advocacy of community members triggered the efforts of scholars to interpret the challenges faced by people with disabilities and their families (Shapiro, 1993). Ferguson and Nussbaum (2012) found that the official establishment of disability studies dated back to the 1980's when Irving Zola began to publish the earliest version of the Disability Studies Quarterly. Then, in 1986, according to Kiger and Hey (1989, cited in Ferguson and Nussbaum, 2012), a group of sociologists from various universities in the United States formed an academic organisation called the Society for Disability Studies (SDS). Both the publication of the Disability Studies Quarterly and the establishment of the Centre for Disability Studies at the University of Leeds, UK, marked the beginnings of disability studies as an academic discipline, at least in the West. Quickly, the newly-formed field of disability studies expanded beyond the discipline of Sociology to include history, humanities, the arts, and bioethics. Disability studies in education began to replace the traditional assumptions of the special education field (Connor et al. 2008). Today, members of the Society for Disability Studies often place disability at the intersection of numerous disciplines in the natural and social sciences as well as the humanities, thus underscoring the interdisciplinary and multidisciplinary character of the field.

Disability Studies began to challenge the perspective that an individual with a disability has a 'defect' that can be 'cured' through medical intervention or that such individuals can be or should be

'rehabilitated'. Instead, scholars of disability studies called for a critical interrogation of models of disability and advocated for the construction of hypotheses analysing the cultural, social, political, and economic factors that frame disability and influence personal and collective reactions to dissimilarity (Society for Disability Study, 2016). Such advocacies began a shift in the literature from attitudes that saw disability as an 'abnormality' to be 'fixed', to one which investigated its socio-cultural, contextual, ethical, and ideological implications. Critically, it began to foster the conception of disability as a social construction rather than 'a fact'. Simi Linton (2005) promoted the role of disability studies scholars to develop theories that help integrate disabled people into society, or rather saw the responsibility of society to embrace diversity within it as a natural feature of any society. Thus, disability studies began following a theoretical and philosophical orientation towards a focus on representational and institutional structures. Linton argued (1998) that a necessary orientation was "setting off disability studies as a socio-political-cultural investigation of disability from the interventionist approaches that characterise the prevailing traditions in disability study" (p. 132). She asserted that the term 'disability studies' covers a wide range of academic programmes and research initiatives within the dominant traditions of special education, health care, and human services, reflecting an attempt to reveal "the complex web of social ideals, institutional structures, and government policies" that affect the lives of disabled people (p. 10). To study disabilities as an interdisciplinary field, many colleges and universities have established programmes and departments in Disability Studies ranging from Literature to Rehabilitation Science, from Law to Psychology and Engineering.

2.3 What is disability?

There is no agreement on set of definitions of disability in the world. With the rise of the universal design movement in the late 1980s however, disability began to be defined by many not merely as something physical but also as external to the body, encompassing institutional practices, systems of social organisation, and environmental structures. From what is considered more deficit or medicalised views, disability is often defined as a "functional limitation" that has been "caused by either: chronic illness/impairment or the complex interaction between the limitations of the body and/or mind, and society at large" (Barnes, 2003, p. 3). In disability studies, a generally accepted distinction exists between 'disability' and 'impairment'. Here, impairment is recognised as an actual physical or intellectual deficiency, while disability is considered a social construction. Yet, from a medicalised perspective, the two can be seen as one-and-the-same. For some, disability concerns the restrictions on activity that result from social experience (Thomas, 2004), and although illness and impairment are disabling, disability as a

social impediment is not like an impairment (Burke, 2008), but something which is constituted within the frames of the dominant values of society. Disability, in this sense, can be understood as a product of societal attitudes and social organisation. A social constructionist approach understands disability as something constructed in the social environment (Omansky 2011; Wendell 1996). Stone et al. (1993) recognise that in personal struggles, medical labels have often enabled people to gain access to resources that might promise to improve their lives and provide opportunities for being heard within the platforms of medical organisational structures. An example of this would be a child gaining access to assistive technology for reading only after a diagnosis of dyslexia. Others, in contrast, speak of the deleterious effect of labelling that seeing the label rather than the person (Green et al. 2005). The term 'disability' therefore has a range of interpretations and effects, particularly in educational contexts. The problem of terminology and labelling as applied in practice within different education systems is hinted at in international policy texts, as "finding an inclusive language – one that is non-discriminatory and which celebrates difference – is often an important step towards building an inclusive system" (UNESCO, 2002, p. 13).

Disabilities and learning difficulties are often understood as a social concept, since they cannot be described by objective criteria, but rather by an adjustable classification based on social communication. It can be said that the effect of a disability is witnessed in the reaction of society to a person or group's being able-bodied or disabled, as opposed to the person or group's physical or mental capacity, while Vygotsky (1983, as cited in Sung, 2010) defines cognitive disability as a socio-cultural developmental construct rather than a psychological consequence. Disability often has a feared status, which affects its social construction (Fulcher, 2015) and hints at the socio-critical debates that underscore its conception. This perspective can be defended by reflecting that disability starts to exist as a 'handicap' only at the moment when certain characteristics of the person with a disability are compared with the observer's perception of a gap between the minimum subjective and social capabilities and what is perceived as 'normal'. If the characteristics fail to comply with normative beliefs, the disability straightaway becomes evident as a construct. In this sense, deficit views of disability abound, inherited from 19th century scientific thinking. For example, Earle (2003) mentions that "disability" still dominantly means an incurable functional impairment, deficiency or abnormality, congenital or acquired usually as the result of an illness or accident. It is an anomaly that hinders the fulfilling of basic social needs, such as mobility and the ability to work.

The last two decades have seen an increased attention to the social dimension of disability. This shift in approach is reflected in The United Nations Convention on the Rights of Persons with Disabilities (CRPD), which confirms the belief in human rights and fundamental freedoms. It calls for collective national and international activity in order to install itself as a common basis and frame of reference for the protection of those rights (United Nations, 1984). It also views disability as “an evolving concept”, which “results from the interaction between individuals with impairments and attitudinal and environmental obstructions that hinder their full and effective participation in society on an equal base with others” (United Nations, 2006, p. 2). In this discourse, the burden of representation shifts from the individual who carries labels of disability to society which, in responding to disability as an idea, needs to shift its ethical attitudes and perspectives. The International Classification of Functioning, Disability and Health (ICF), adopted a conceptual framework in which to understand disability as a dynamic interaction between personal and environmental factors and health conditions. The ICF’s bio-psycho-social model provides a framework comprising medical and social factors. According to the ICF approach, disability is an “umbrella term for impairments, activity limitations and participation restrictions, referring to the adverse elements of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (WHO, 2011, p. 4). Environmental factors, as described in the ICF, incorporate items and innovation: the normal and constructed environment; systems and policies; attitudes; and services, connections, and support (WHO, 2007). The ICF framework also recognises personal factors, including self-esteem, self-confidence and motivation. While significant paradigmatic differences inhere in Disability Studies, it has grown out of international conceptual initiatives by both international agencies and scholars to conceptualise disability as contested, complex, and dynamic (WHO, 2007).

2.4 Critical Disability Studies (CDS)

Critical disability studies (CDS) emerged from 1970s’ activism of those constituted in society as disabled or as having disabled experiences (Reaume, 2014). It sought to conceptualise disability through the lens of disabled peoples’ experiences of interpreting their place in the world. CDS could be considered a sub-category of Disability Studies (DS), and has strong roots in critical sociology. It seeks to interrogate disability from critical perspectives and highlights the often problematic, socially-constructed nature of disability in society as informed by dominant discourses. It also often offers alternative views on disability through a social justice lens. CDS raises social and political concerns based on ideological conceptions and power relations within a given society and has challenged the ways in which persons with disabilities have

been socially pathologised: physically, mentally or in terms of sensory differences (Reaume, 2014). In response, CDS scholars advocate the accommodation and equality of disabled people in social, economic and political life, and have aimed to alter conventional notions of people with disabilities as pitiable and to reduce the victimisation of such people (Reaume, 2014). Simi Linton (2005) asserts that the aim of CDS is to move the focus away from individuals and how they might be 'fixed' or changed in order to make them better adapted to the society in which they live. Linton notes in critique of these pathologising positions that they want: "Disabled people ... to be acted on, formed, and turned out as best as can be done to fit into the current social structure" (p. 518). Thus, the aim of studying disability critically is to induce society to better accommodate people with disabilities rather than expecting people with disabilities to alter themselves in order to accommodate society. From a CDS perspective, three models of disability (medical, social, and rights-based models) require attention. CDS offers opportunities to interrogate the assumptions that underpin each of these models, and offers ways, from critical perspectives, of examining how they interact with each other.

2.5 Disability Models

Disability models have been hotly debated in the last few decades. There are three key models that are generally accepted as shaping scholars' understanding of disability: the medical (also known as deficit), social, and human rights models. The first emphasises that which can be viewed as 'the pathology' of impairment, whereas the second focuses on the difficulties related to the environment of disabled people that prevent them from taking a full and equal part in society (Wasserman et al., 2016). Since its inception, these two models of disability have dominated academic and scholarly debates in disability studies. More recently, a rights-based model has joined the debate. These three models frequently refer to individual, environment, and rights-based models in the field of education. With the first model the 'disabled person' seems to become the object of illness or abnormality, in the process creating as a binary opposite, an imaginary of normality, whereas, with the second model, society becomes the focus of concern over the perception of disability as a normal condition of difference within a society that is already diverse. In this perception, society is viewed as needing to take ownership of ways for supporting and including disabled persons in the mainstream, meaning that the social model of disability implies a definite social justice remit as well. The rights-based model as an extension of the social justice orientation to the social model, sees inclusion and equality in terms of fairness, voice and human rights.

Models of disability provide conceptual tools for defining impairment and disability. Beyond scholarly discussion, recognised models of disability reflect accepted strategies for addressing challenges related to disability in society. In some of the literature, models of disability are criticised for being incomplete. According to those critiques, disability models lack detailed guidance for action, but are still useful as frameworks for understanding challenges associated with disability (Michigan Disability Rights Coalition, 2014). Models provide insights about social attitudes, conceptions and prejudices vis-à-vis people with disabilities. The choice of model is paradigmatic and influences the approach to disability, resulting in effects that may provide and/or limit disabled people's access to social and economic life in complex ways depending on the perspective being approached. It has been argued that two assumptions influence which disability model is embraced. The first is premised on the assumption that disabled people are dependent upon society. Arguably, this tends to have consequences of segregation, discrimination and paternalism. The second assumption by contrast views disabled people as part of society. From this perspective, it is argued that the latter offers empowerment, equity, human rights and integration (Michigan Disability Rights Coalition, 2014). The development and popularity of these models depends on the dominant assumptions and values within that society, and its enduring or changing social attitudes.

2.5.1 The Medical Model of Disability

The medical model has been prevalent since the late 19th century and into the 20th. The medical model, also known as the individual model or the deficit model, considers disability as a result of the individual's medical condition or impairment. The medical model's solutions are limited to the medication or rehabilitation of the individual. Individually-directed intervention has been the approach to 'solving the problems' disabled people face under this model. It predominantly provides a functionalist approach to the body wherein the body is something like a machine that can be 'fixed' so as to help the disabled person improve their quality of life. However, according to this line of argument, if medical science and personnel fail to do this, then the body cannot function, and the person cannot either. This applies to both mental and learning disabilities (Goodley, 2001).

Kaplan (1999) believes that it is disabled individuals themselves who need to adapt to society through medical treatment such as medical care and rehabilitation. In other words, the medical model approaches people with disabilities as sick, thus unable to follow a normal life that requires the removal of attitudinal and environmental barriers in order to adapt them to society. However, Sullivan (2011) points out that this logic paves the way for a view of people with disabilities as inadequate, flawed,

dependent, deprived, chronically-unemployed, and unable to be independent or contribute to society. Critiques of the medical model approach have asserted that the low expectations of disabled people are damaging, both to the designated disabled person as well as society as a whole. Via this deficit view, disabled people are marginalised in society, and it assumes no responsibility for society to change. The common perception embraced by the medical model is that people with disabilities experience difficulties that prevent them from being 'normal'. There is, therefore, a bias to keep them socially isolated, and this is something that is pronounced in Saudi Arabian culture in general as abnormality carries a number of taboos, especially from religious perspectives. These biases shape disabled people's social roles and classifications in a given society (Jaeger & Bowman, 2005), causing or exacerbating pity, fear, and patronising attitudes towards them. Nothing in the medical model holds society to account in making disabled people included or reconstituted as a normal reflection of society's necessary diversity. It can be argued that this model is considered the source of most of the harmful traditional views of individuals with disabilities.

Before the 1970s, the medical model was the only recognisable view framing disability. After the Civil Rights Movement in the United States, people with disabilities, among other marginalised groups, claimed equal rights and access (Shinohara & Wobbrock, 2011). The rights claim of disabled people began to open up a more social model that paved the way for the development of critical disability studies. The social model refutes the concept that disability is an illness and the view that people with disabilities are inferior. Shakespeare (2006) argues that this particular approach has critiqued the medical model, challenging the medical comprehension of disability as located exclusively in an individual body, requiring treatment, correction, or cure.

2.5.2 Social Model of Disability

Over about the last four decades, the social model of disability has been increasingly recognised as central to the evolving field of critical disability studies. A distinction between the medical and social models primarily emerged from the need to contest the dominance of the medical model in comprehending disability. The medical model, as previously described, considers disabilities through a closed perspective as a disadvantageous circumstance that must be corrected. Critical disability scholars, however, often employ the social model, which progresses towards critically considering and identifying the social context surrounding disabilities. This has permitted more intense concentration on the challenging attributes of the social context and social views that endorse the limited comprehension of

individuals' abilities. According to the Union of the Physically Impaired against Segregation (1975), the social model challenges how restriction of activity is created by social organisation in ways that cause an individual to be disadvantaged, and where little account is given of how individuals who have physical impairments can be excluded from participation in mainstream social activities. In this sense, disability becomes a form of social oppression. One of the purposes of social model approaches to disability has been to better include the disabled in society as a result of exercising the rights of individuals in modern society to social care, education, vocational training and employment, as well as equal treatment (UNICEF, 2007).

The significance of the social model of disability is that it supports an alternative comprehension of the experience and existence of disability. It also provides a collectivist space for individuals with disabilities to organise themselves. Collective action within a social model paradigm of disability has permitted a spotlight to fall on the particular problems that individuals with disabilities face every day as experiences of prejudice, ignorance, or lack of concern. The limitations that they encounter in mainstream society range from the particular physical, social, and psycho-emotional obstacles that they come up against; the patronising attitudes experienced from others around them; the low expectations of them; and the limits imposed on them (Swain et al., 2003). One central aim in using a social model is to destigmatise disability so that it is not viewed as a negative factor in a person or a community. There is therefore a strong social justice impetus within the field of critical disability studies to challenge discrimination and the oppression of people with disabilities. It does so by exploring disability from multiple angles, including social, political, cultural, and economic ones, and by attempting to counter the attitudes, structures, policies, processes and conditions that form the source of this oppression.

The primary difference between the medical and social models has been to separate disability from impairment by defining disability as socially created, and impairment as physical. The medical approach has as its assumption that there are no cultural values attached to impairment. The social model is interested in the inaccessibility of a physical, social, and cultural environment that serves to disadvantage or intimidate disabled people. The social model makes “a critical distinction between impairment (body) and disability (society) and roots the limitations of disabled people in societal barriers that disable them, not in any individual embodied deficit” (Rembis, 2010, p. 3). Rembis refers to this form of exclusion as attitudes of “ableism.” He argues that ableism and ableist attitudes are present among non-disabled people in all societies. Most modern conceptions of disability from critical perspectives

deploy the social model to consider a disability as a circumstance that includes the individual's perspective. Individuals' personal tales concentrate on social inclusion and attempt to challenge stereotypes (Snyder and Mitchell, 2006). In order to develop the social model, Snyder and Mitchell (2006) state that a cultural model for disability is required to examine the experiences of disabled individuals within their physical surroundings. This perspective considers disability to be consistently rooted in the personal experiences of an individual, experiences that centre on their body. By analysing the relationship between the body and society, the cultural (also known in disability studies as the bio-cultural) model of disability is now gaining popularity and is another extension of the social model.

2.5.3 Rights-based Model of Disability

Approaches to disability policy have undergone major changes, especially in Europe and North America. There has been a shift from a model advocating welfare for individuals with disabilities to one representing the right to equality of people with disabilities (Kelemen & Vanhala, 2010). With the introduction of the rights-based approach, Njelesani et al. (2012) claim that the focus has been shifting from "a person's limitations arising from impairments, to the barriers within society that prevent the person from having access to fundamental social services and from enjoying her or his rights" (p. 23). The rights-based approach has been included in the disability studies' agenda by international organisations. The WHO World Report on Disability (2011) considers disabilities to be a human rights problem in which disabled people are discriminated against, such as not having the same opportunities to access medical treatment, equal education, employment, or government services, due to their impairment. Rights-based approaches also recognise and highlight that disabled people are also victims of degrading experiences that include physical and verbal harm, discrimination, and contempt. Occasionally, disabled individuals' rights to independence are violated, for instance, by their being unwillingly sterilised, locked in mental health wards, or considered without rights as a result of their disability. The rights-based approach is embraced by disabled individuals striving to proclaim their human rights (Hodkinson & Vickerman, 2009). It views disabled people as individuals with agency to be able to demand their rights and make decisions about their own lives as they freely choose. This approach also indicates the importance for people with disabilities of being active members of society (Njelesani et al. 2012). It is argued that by moving away from providing inclusion as a charitable act, the rights-based approach benefits a country's entire population. It can be argued from social justice perspectives that the choice of a human-rights-based approach reflects a government's obligations to good governance principles for all its citizens. Rights-based perspectives have arguably contributed to increased participation by disabled people in decision-

making and enhancing their access to quality services in many geo-political and institutional contexts globally.

Gallagher, Connor and Ferri (2014) suggest that the co-existence of opposing views on models of disability is valuable because it encourages discourse, and such debate and contestation keeps the issues before the public. They assert, however, that the main difference between the disability rights model and the other disability models, particularly the medical model, is that the medical model treats disabled people as objects of charity requiring medical treatment. Instead, rights-based approaches are premised on self-defence strategies whereby disabled individuals and supporters of their agenda constrain administrations to implement beneficial policies that are enforceable by law. In other words, policy and law are targeted in the mobilisation for justice-oriented change on a societal scale.

The rights-based model is very closely related to the social model but focuses on the individual's right to exercise his/her human rights and, in so doing, to enjoy not only equal opportunities but also the same right to participate in society as everyone else. This model addresses the needs of the person from the perspectives of responsibility and empowerment in all life's processes. A rights-based approach asserts that organisations and institutions must be made to be responsible to those with disabilities, but also that individuals with disabilities need to utilise their rights to empower themselves. Shakespeare (2013) connects the human rights model to the social model of disability because it seeks to ensure that the human rights of people with disabilities are respected and supported. Within a right's-based framing of disability, it is often necessary to include social elements such as health care and rehabilitation options within educational institutions and settings. Goodley (2007) rejects discussions that frame disability as a social construct or a moral or medical issue. Instead, he prefers to look at disability rights within the context of securing what is 'socially just' for all human beings.

Young and Quibell (2000) provide some counter arguments. They argue that rights are insufficient in and of themselves. In their terms, the goals of society should be to improve understanding of what is occurring rather than paternalistically protecting the disabled. Treating everyone equitably, rather than equally, emphasises the need for a human rights approach to disability (Njelesani et al., 2012). Wasserman et al. (2016) comment that the term 'disability' has always been used to refer to a class of people, indicating someone who is unable to do something or someone with limited rights. Adopting the rights approach to disability will serve to meet this shortcoming. With regard to the rights-based model

and educational inclusion, the rights model of disability draws attention to and contests prejudiced attitudes against disability in society generally. According to the disability rights framework, the moral principles adopted by populations and normalised within society carry particular assumptions that can form the basis of prejudice against marginalised groups. These prejudiced assumptions are encoded in particular practices that have come to be regarded as acceptable or even desirable; a notable example is educational segregation. The disability rights model, and those who subscribe to it, reject segregation in education on ethical and rights-based grounds. Over the years, a trend towards inclusion has grown, rejecting separate education for those with disabilities (Department for Education and Employment, 1999; Armstrong, 2005). The challenge nowadays remains to achieve inclusion that respects and maintains the rights of students with disabilities.

It is a significant contribution to the disability field to note that the disability rights model supports a role for the provision of integrated, inclusive education and opposes the view of a 'least restrictive environment' by ensuring that all children from all backgrounds are able to attend mainstream schools. Hodkinson and Vickerman (2009) maintain that every child has the right to learn with other children and that no child should have to learn separately because of disability. This is premised and reaffirmed on the basis of the basic human rights of children. Allan (2012) considers the context of disability rights and inclusion regarding international human rights, noting that the World Health Organisation sees access to education by all children as a key component of their development and ability to participate fully in economic and social life. She maintains that the inclusion of all children in mainstream education represents a major challenge in today's educational landscape. Equal access comprises a significant portion of compliance with the WHO's recommendation that all children should be able to access education for their future development and socioeconomic activity. Goodley (2010) discusses the importance of self-advocacy as an element in the struggle for disability rights in educational and general settings. He theoretically frames disability as an experience of oppression when rights are withheld or limited as a result of an individual or group's disability status. In the context of the educational setting and the challenge of achieving true inclusion for autistic students, Goodley's (2010) argument suggests that individual students should be empowered to argue their own case and for their own education. This might imply, for example, giving students choices regarding the scheduling and structuring of specialist support and augmentative services while maintaining a situation of inclusion within mainstream education (Stainback, Stainback, East, & Sapon-Shevin, 1994).

Regarding inclusion for autistic students, a rights-based approach is likely to focus on gaining access to mainstream education and facilitating these students' enjoyment of the same rights and privileges as all other students in the same institution. Some educators have resisted the prospect of increased inclusion (Connor & Ferri, 2007). Nevertheless, because the rights model of disability speaks to the issue of human rights (Cole, 2011) and is premised on the idea that disabled individuals should enjoy the same human rights as any other person, any policy, institution, or societal structure that limits or denies these rights to disabled people creates a situation in which exclusion is likely. Therefore, a rights-based approach to inclusion for autistic students will seek to protect, restore or maintain such rights in a situation where they might otherwise be limited, neglected or excluded (Fleischer, Zames & Zames, 2012).

2.6 Critical Autism Studies (CAS)

Cognitive perspectives on autism have emerged in different cultural contexts, thus producing specific types of knowledge. In the past years, deficit-based interpretations of autism have been prioritised and legitimised in the literature (O'Dell et al., 2016). This led to the emergence of the field of critical autism studies (CAS) first introduced in 2010 by Davidson and Orsini. As this field of study is considered relatively recent, the goals are not static. CAS simultaneously foster new insights and complement critical disability studies in certain key aspects. The former is, however, more focused on autism-specific challenges rather than on broader disability issues. CAS also aim to improve dis(ability) understanding by examining the construction of autism as a spectrum of differences that are configured as social and cognitive disabilities. However, this may be troublesome in terms of clarifying the dis(ability) frame.

The definition introduced by Davidson and Orsini (2013), the first authors to coin the term, consists of three parts: (1) observing the power relations that build autism; (2) promoting positive accounts that challenge prevailing structures related to impairment, which influence public opinion, politics and popular culture; and (3) commitment to developing theoretical and methodological approaches in order to study the nature and culture of autism in an effective, fruitful and comprehensive manner. CAS aim to challenge the prevailing understanding of autism as a medical disorder that needs intervention and treatment. Therefore, CAS are concerned with the neurologisation of autism in dominant discourses. According to Waltz (2014), "the "criticality" comes from investigating [the] power dynamics that operate in discourses around autism, questioning deficit-based definitions of autism, and being willing to consider the ways in which biology and culture intersect to produce "disability"" (p. 1337). This

definition avoids, however, the current difference in CAS between academics with autism and academics interested in studying autism within the neurodiversity movement (Woods et al., 2018).

A persistent split, however, amongst scholars of CAS may weaken this field. Woods et al. (2018) argue that the field of CAS initiated by autistic authors should be restricted to autistic authors, hence the scholarship of non-autistic authors who believe in the ideology of neurodiversity in this area is invalid (Guest, 2019). However, Matthew (2018) argues that such a rigid classification shows contempt for science and a lack of acceptance and respect for the views of others. It can be said that autistic and non-autistic authors both play important roles in achieving the goals of this field, as outlined by Davidson and Orsini. It could also be argued that there are many contested and opposing points-of-view within the larger field of critical disability studies. Rather than seeing this situation as a weakness, it could be seen as productive in that it enriches the conversations on disability and autism, and concentrates attention on disability more widely, which is necessary in overcoming the oppressive effects felt by people carrying designations of disabled in societies across the world. If the contestations and concentration on disability leads to greater inclusion of disabled people and more inclusive societies as a result, then it could be argued, such efforts are both necessary and worthwhile.

2.7 Social and educational inclusion for people with special educational needs (SEN) and Autism Spectrum Disorder (ASD)

2.7.1 Introduction

Many societies possess an inadequate understanding of autism and perpetuate misconceptions about it (Happé, 1995). Nevertheless, it is anticipated that, with further research and better public-awareness communication, several of these misconceptions will improve (Milton, 2011). A dominant view of Autistic Spectrum Disorder (ASD) carries with it “reciprocal social interaction and social communication difficulties” (Woodcock et al., 2019, p. 1). Within this definition, ASD is not considered a disease or illness to be cured (NHS, 2019), but is associated with the challenges of social communication, social interaction, imagination, and a potential lack of flexibility (Cumine et al., 2009).

Autism is often placed within the discourse of "disease" and "impairment"; the metaphors of "medical intervention" and "treatment" are frequently raised by the research communities and in popular media (Broderick & Ne'eman, 2008). The medical literature has facilitated in conveying the understanding of autism as a biological "reality" primarily interpreted through the lens of positive psychological

perspectives (Glynne-Owen, 2010). Despite the growing interest in the social and cultural nature of autism, there has been little research into discursive approaches to understanding and portraying autistic individuals and their families (Lester, 2012), let alone eliciting from those constructed as autistic how they wish to be represented.

The language we use has the ability to reflect and shape people's perceptions of autism. The different and contradictory social and ideological beliefs of community members influence the language used towards individuals with ASD. Despite the many positive changes to these beliefs recently brought about by human rights and social models of disability, the 'deficit' view still dominates the language of autism. These two models seek to reorganise perceptions of disability through the use of language that promotes independence and creates identities for individuals with autism (Kenny et al., 2015). According to Woods (2017), the social model has not been widely utilised in labels for autism in the United Kingdom, and he suggests that the social and human rights models be properly discursively instituted in order to ensure positive language surrounding autism and to remove attitudinal, environmental and institutional barriers faced by autistic individuals and their families. This will help to change negative perceptions and attitudes towards autistic individuals.

The autism discourse is dominated by the concepts of 'disorder' and 'impairment' (Graby, 2016). This allows certain neurological-dominated discursive patterns to dominate communications, which persists in supporting the treatment of autistic people as less-than-human (Campbell, 2008). Woods (2017) argues that the primary social barrier to be removed is the negative language and discourse referring to autism, such as the use of the terms 'disability' and 'disorder'. Individuals with autism are treated harshly for a variety of reasons, and this is mainly due to the language used to describe autism. For example, findings from Nah and Tan (2021) indicated that information provided to teachers about ASD diagnosis labels for students can influence their perception and acceptance of student behaviours. Also, research on the effects of labels on occupational perceptions has found that when a teacher's diagnostic label is revealed before a teacher meets a child with ASD, it may raise unnecessary fears and create misconceptions (Huang & Diamond, 2010). However, Kenny et al. (2015) have found that there is no universally-accepted method or preferred term to describe autism. This implies, amongst other things, that individuals with autism should not be judged by the universalising labels we put on them but by who they are as individuals. By embracing the notion that the meanings of autism are multifarious, it allows constructing and reconstructing the identities of people with autism and their families in ways that

facilitate their participation in society (Lester 2012). This section presents the concept of social and educational inclusion for Special Educational Needs (SEN) and ASD individuals.

Disability rights advocates have been interested in perceptions of the interaction between language practice and identity creation. One controversial issue among members of the disability community is the use of the term 'person' before his/her disability (person with a disability) or vice versa (disabled person). However, there was no agreement among them about the preference of one language over another. For example, some within the autistic community prefer to place the term 'person' before autism, while others (Sinclair, 1999) argue that this serves to separate autism from the person (Dinishak & Akhtar, 2013). Despite the multiple terms used for autism (person with autism, autistic person, autistic spectrum, autism spectrum disorder, autism spectrum condition), the findings of Kenny et al. (2015) show that there is no preferred term to describe autism among members of the autism community. It can be argued that the debate over the preference of one term or language over another fails to recognise the real challenges faced by individuals with special needs and autism in a diverse society.

2.8 Social inclusion

Although social inclusion is an important component for SEN and ASD individuals and a major component of the United Nations Convention on the Rights of Persons with Disabilities, it is thought that people with ASD still suffer from a high rate of social isolation (Bigby, 2008; Forrester-Jones et al., 2006; Milner & Kelly, 2009; Robertson et al., 2001, as cited in Simplican et al., 2015). It can be argued that the primary reason for such issues might be attributed to society's failure to accept disabled people's participation in regular activities and experiences of everyday social life (Al-Qassas, 2009). Social inclusion is not only an essential aim for SEN/ASD people, but for the entire community, such as their families, service providers, policy makers, researchers and other members of the community. Despite the multiple and inconsistent definitions of the concept of social inclusion of SEN and ASD individuals in research and policy documents, it can imply acceptance of a disabled person as an individual who transcends their disability to participate in society (Hall, 2009; Power, 2013). According to the United Nations (2016), social inclusion is "the process of improving the terms of participation in society for people who are disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, or economic or other status, through enhanced opportunities, access to resources, voice and respect for rights" (p. 20). Furthermore, Simplican et al. (2015) define social inclusion for developmental disorders such as autism as

“the interaction between two major life domains: interpersonal relationships and community participation”. However, the formation of personal relationships and community participation can be said to depend largely on the acceptance of non-disabled individuals, which can be considered the biggest obstacle for those with SEN or ASD.

Social inclusion is necessary and important for people with SEN, and especially for ASD individuals, to overcome the communication and social interaction challenges that they face. Inclusion promotes happiness, self-esteem, confidence, and mental health for disabled individuals (Forrester-Jones et al., 2006). Moreover, it helps them achieve a high level of interaction, participation, and social acceptance, which contribute to overcoming social exclusion (Jalal et al., 2017). Despite the many benefits of social inclusion, there are challenges in the form of negative perceptions and attitudes of society towards SEN and ASD individuals. This means that the exclusion, marginalisation, and discrimination of SEN and ASD persons have not been eliminated. Researchers, such as Johnson et al. (2009), Mahar et al. (2013), and Power (2013, as cited in Simplican et al., 2015), argue that social inclusion can reduce negative attitudes, stereotypes, stigma, and discrimination against SEN and ASD persons.

In contemporary discourse, there has been a heated debate on including individuals with SEN and ASD into society, with the purpose of attempting to change traditional societal views and stigmas towards them. Within different social circumstances and contexts, disabled individuals are affected by unjustified restrictions and obstacles surrounding their participation in activities. These restrictions are not based upon scientific perceptions of disability, but rather societal prejudices and stigma. The contemporary discourse shows that these barriers are seldom caused by the SEN or ASD individual’s disability characteristics, but primarily stem from the way they are viewed by society. As a result, disabled people are often marginalised, leading to exclusion from participating within many spheres of activities within society. For example, Brewster and Coleyshaw (2011) discovered that amongst children, SEN and ASD adolescents especially found it problematic to take part in leisure activities due to inhospitable actions from other children. As a result, this might lead to their feeling afraid and unsafe when participating in events outside the house, consequently increasing separation and instances of isolation.

Social inclusion, as opposed to social exclusion, advocates involvement in society for everyone. It proposes that every member of society (irrespective of race, sex, religion, or disability) be engaged in social activities. According to Julie Allan (2008), inclusion requires the engagement of all parties in the

development of an all-inclusive society for disabled people. Allan suggests that instead of avoiding tough issues regarding the nature of disability and the practices surrounding it, society needs to challenge the sites of exclusion for disabled people inside our communities, including workplaces and schools (Allan, 2008; Slee & Allan, 2001). Within some societies, individuals with SEN and ASD have become victims of social exclusion. Some of them have talents and creative energies that must be nurtured for society to benefit from them. However, according to the United Nations (2012), recent research on disability has shown that persons with disabilities are among the most significant human resources in which society does not invest. For example, a study conducted by Buckup (2009) shows that isolating/excluding disabled individuals in Asia and Africa from employment opportunities has resulted in financial losses ranging from 3% to 5% of total output. According to reports by the United Nations (2018), Saudi Arabia ranks first in the unemployment rates for disabled individuals, with the unemployment rate for women with disabilities at 75.3%, which is 2.3 times more than for women without disabilities (32.8%). The unemployment rate for men with disabilities is 48.6%, about 4.2 times more than for men without a disability (11.5%). Through this, we find that disabled women were more affected because they were women and disabled at the same time. The primary cause of this, according to the United Nations (2012), is that disability has not as yet become a human rights issue in Saudi Arabia to the extent that it should. A social stigma often follows SEN and ASD people and makes them feel unaccepted in society, which prevents them from claiming their rights. This might be caused by a lack of social awareness, a lack of regulations and laws that protect persons with disabilities from discrimination and marginalisation, or carers who are not adequately competent in integrating them into society (Wahab, 1997). We can argue that there are also shortcomings within disability inclusion legislation, with there often being the need to review existing policies and processes within some societal contexts to better promote opportunities for potential equality to manifest.

On the other hand, methods of developing social inclusion skills for SEN and ASD people remain important for enhancing opportunities for social inclusion in society. Al-shami (2004) indicates that developing autistic children's social skills at an early age remains a vital task that caregivers should attempt, as this will assist them later in life to achieve maximum independence and inclusion into society. Community inclusion from earlier stages within a disabled child's life can be critical to developing critical life skills (Gray et al., 2014). However, society has often considered that individuals with autism are isolated and have minimal social interaction, although this perception remains a fallacy (Suleiman, 2014). Typically, it is often the case that they have not successfully learnt how best to engage in social interaction.

Consequently, this affects the relationships and friendships that ASD and SEN children are able to create. When reconsidering the barriers that deeply hinder the process of social inclusion, family and society both play an effective role in undermining opportunities for social isolation for individuals with SEN and ASD.

2.9 Educational inclusion

Special education has seen radical re-interpretation throughout the years. The basis of special education was established from the perspective of the philosophy of the medical model. In the middle of the last century, special education was discussed from the standpoint of rehabilitation and classification. Disabled students were grouped first in special classes and then distinguished according to the type of education they needed. With these measures, education was provided for them in educational institutions. According to Norwich (2013), such categorisations are used by researchers to systematise the SEN and ASD children on which they are conducting research, and by service managers to observe, design, and delineate special education pedagogy within learning provisions. However, as Linton (1998) states, the name 'special education' has been built around the appropriation of the term 'special' to "confer legitimacy on the educational practice and to prop up a discarded group." Thus, it obscures the reality that society considers "neither the children nor the education" truly desirable (p.15). It can be argued that this attitude has affected individuals with disabilities and made them feel that they are unacceptable to society and education. They might believe that they have a deficiency or inability in the physical, sensory, or social spheres that prevent them from participating in the same way as non-disabled individuals in education. It has also contributed to the creation or promotion of negative perceptions and attitudes towards disabled individuals by non-disabled community members. In the end, their creative capabilities and potential might go undiscovered.

2.9.1 The transition from exclusion to inclusion

In the 1970s, the idea of isolation between disabled and non-disabled students started through the use of the term 'mainstreaming', whereby disabled students were placed in the general classes but without educational support. In 1980, parents and special education teachers addressed the failure of this prior experience by providing educational support in the classroom, calling it 'integration' (Avramidis & Norwich, 2002). Although there was improvement, there was also imbalance in this experiment because the integration of disabled students was only carried out in the physical sense. These students did not share activities with their abled peers, or make friends with them, which limited the benefits of integration (Snow, 2008). Finally, the term 'inclusion' emerged in the 1990s to overcome and address the

shortcomings of the previous programmes. The following table will explain the difference between these concepts:

Table 2: Mainstreaming, Integration and Inclusion

'Mainstreaming' or 'Integration' 1970s – 1980s	'Inclusion' 1990s
Mainstreaming is about getting learners to 'fit into' a particular system or integrating them into this existing system.	Inclusion is about recognising and respecting the differences among all learners and building on the similarities.
Mainstreaming is about giving some learners extra support so they can 'fit in' or be integrated into the 'normal' classroom routine. Learners are assessed by specialists who diagnose and prescribe technical interventions, such as the placement of learners in programmes.	Inclusion is about supporting all learners, educators, and the system as a whole so that the full range of learning needs can be met. The focus is on teaching and learning actors, with an emphasis on the development of good teaching strategies that will benefit all learners.
Mainstreaming and integration focus on changes that need to take place in learners so that they can 'fit in'. Here, the focus is on the learner.	Inclusion focuses on overcoming barriers in the system that prevent it from meeting the full range of learning needs. The focus is on adaptation and support systems available in the classroom.

(Department of Education (DoE) in South Africa, 2001, p.17)

The transition from 'mainstreaming' or 'integration' to 'inclusion' is more than a modern change in the semantics of politically correct terms. Although the terms are often used as if they are interchangeable, there are real differences in their values, aims, and practice (Mittler, 2000). It is clear from the previous table that 'mainstreaming' or 'integration' refers to the total or physical integration of pupils designated as disabled, while inclusion goes beyond that to changing values, attitudes, policies, and practices (Polat, 2011). More precisely, inclusion involves adapting the school environment to receive disabled students through removing obstacles and barriers rather than adapting the disabled students themselves to fit into the school environment (Allan, 2008). It can be said that this concept of inclusion implies a fundamental rethinking and contemplation of educational policies and practices and that it reflects a completely different way of thinking about the barriers that cause isolation. In other words, this represents a shift from a 'defect' to a social and human rights model. Educational inclusion is "the process of bringing all, or nearly all, exceptional children into the general classroom for their education, with special educational support" (Kirk et al., 2008, p.44). Within this definition, inclusion is a process that

recognises the obligation to remove barriers that restrict or prevent participation as well as the need to change the culture, policy, and practice of inclusive schools to accommodate the needs of all students with and without disabilities (Booth & Ainscow, 2002).

In recent years, the idea of inclusive education has been used in the field of human rights as a primary mechanism to achieve the right to education for all individuals with disabilities, such as the World Declaration on Education for All (UNESCO 1990), the Dakar Framework for Action Education for All (UNESCO 2000), and the UN Convention on the Rights of Persons with Disabilities (2008). The main objective of these policy guidelines has been to create legal, social, and ethical foundations for inclusive education stemming from human rights calling for equality, non-discrimination, and non-marginalisation (Majeed, 2008). Despite the importance of this objective, it is dependent on the difference and diversity of the cultures within some country contexts that do not properly adhere to international human rights systems and laws for disabled people.

Disability studies scholars specialising in education (also known as critical special educators) endeavour to transform the social, governmental, cultural, and historical comprehension of disability to create a better understanding of human differences. Critical special educators challenge the hegemony of medical, psychological, and scientific knowledge in special education by offering alternative methods and conceptions of understanding human differences (Conor, 2014). For example, Slee and Allan (2001) suggest using the analytic tool of deconstruction to reveal existing exclusionary forces within so-called inclusive practices. They argue that dialogue is necessary to penetrate the roots of inclusive practices and conclude that the creation of inclusive contexts relies upon the reconstruction and deconstruction of inclusive practices: “Devoid of deconstruction, inclusive education postures as an element within the modernist project of schooling” (p. 176). Only after deconstruction, they argue, can new ways of understanding disability create the cultural contexts for inclusive practices. It can be said that the new research, oriented towards inclusion, should focus on rebuilding the former inclusive practices and create new inclusive contexts in which to better understand disability.

Concentrating attention and exploration towards encompassing educational inclusion within political demarcations allows for an advantageous understanding of how multi-country adoption of universal treaties manifests in a local environment. Within the Convention on the Rights of Persons with Disabilities (CRPD) (2006) — which includes 162 signatory states, including the Kingdom of Saudi Arabia,

which has implemented this convention since 2008 — Article 24 discusses the education rights of persons with disabilities. Inclusion is considered important to the development of an individual, so much so that state parties are directed to provide an “inclusive, quality and free” education on an equal basis to that of their more abled peers (Ramachandran & Subramonian, 2016). Efforts to achieve these aims pertain to United Nations member states as exceeding efforts to realise a substantially equal or adaptive education for SEN and ASD students and provide an inclusive and equal education as a civil right. Having established an understanding of how these universal rights are encoded into law within each country through this treaty, we will next examine additional factors concerning educational inclusion for those with an ASD designation.

2.9.2 Educational inclusion for ASD students

Inclusive education proposes to achieve scholastic equality for all children, irrespective of their perceived normativity or disability. However, in the case of children with disabilities, inclusion usually becomes varied and conditional upon the type of disabilities that they present as well as the extent of the availability of appropriate educational needs for each disability. Nevertheless, some children with ASD, in particular, are not welcomed within inclusive schools. Al-Khashrami (2004) found that students with ASD were the least represented among those with special educational needs by 0.02%, in relation to inclusion in the Kingdom of Saudi Arabia. Al-Khashrami (2004) concluded that the most important obstacles to educational inclusion in Saudi Arabia were negative attitudes towards disabled individuals, lack of experience and knowledge of disability, lack of specialised teachers, multiple child disabilities, lack of prior preparation for integration, lack of family cooperation, and lack of building facilities. Moreover, children with ASD are more likely to be excluded from school entirely, or be denied access to cohort-wide educational trips, given a lack of suitably qualified staff and resources to accompany them (Pellicano et al., 2018).

The exclusion of ASD students from inclusive education had additional long-term implications for the individual, with an increased number of students self-harming or attempting suicide, which was at a rate approximately 12 times higher than for normative children (Dillenburger et al., 2015). Amongst high-school environments in the United States, students with ASD were twice as likely to be bullied as those without the condition (Sterzing et al., 2012). Attempts to overcome these implications through increasing educational inclusion for ASD students have been proposed through a variety of methods. For example, Schuller et al. (2013) reported that virtual worlds in a computerised environment provided an excellent

and entertaining way for ASD students to learn to recognise emotions and monitor their own reactions to stressful situations. One such programme is the Secret Agency Society (SAS) software programme, which can be offered by instructors within a regular school setting. The software demonstrates that a multilevel computer game can assist children in ways that will help them understand behavioural expectations and learning characteristics within a school environment, recognising their emotions effectively and allowing an adequate expression of their feelings. Moreover, students who used this programme were also better able to manage bullying from others. The results were increasingly successful over a longitudinal timeframe, with conclusions from a five-month follow-up period showing that the initial improvements were maintained, even though the original programme was completed (Beaumont et al., 2015).

Some researchers have argued that such activities may be a hindrance in themselves. Parks (2014) believes that activities that target ASD or SEN individuals directly may contribute towards further exclusion, along with presenting additional forms of exclusion and division. As a result of this thinking, alternative solutions have been suggested. Parks' solution has been to aim to increase cooperation within the classroom by attempting to facilitate awareness within the entire class on autism education. The hope has been to improve appreciation of disabled individuals, along with improving how SEN and ASD students engage socially with others, without applying labels to either set of students.

As an extension of perceived good practice within the classroom from a pedagogical learning perspective, many studies have shown that children with ASD require essential support to manage both their ASD 'symptoms' and a variety of potential barriers when partaking in education. This is particularly important to recognise, given the variation and range within individual capabilities and learning capacities that a student with ASD may present as possessing. Some argue that children with an ASD designation have unique and diverse learning styles (Hendricks, 2011). For Briggs, this makes the requirement of individual assessments for the purpose of identifying specific needs important to achieving maximum student success (Briggs, 2017). Concordance of these pedagogical teaching practices, within early intervention specifically, has mostly recognised agreement within effective methods of understanding the needs of students with disabilities (Davis & Florian, 2004). Within a comparative review of the literature by Dawson (1997), the most commonly accepted agreement of good practice across the literature involved developing a specialist curriculum that emphasised ways to enhance communication and social interaction of disabled students. In addition, family involvement whilst developing study components also has been deemed important. Both of these proposals have been suggested by Iovannone et al. (2003),

whilst early intervention, which successfully identified children with ASD or SEN, along with making sure that these students had a supportive and structured learning environment within the school, was a commonality amongst 75% of studies (cf. Powers, 1992; Dawson and Osterling, 1997; Hurtb et al., 1999; National Research Council, 2001 – as cited in Iovannone et al., 2003).

Over the last decades, teachers' attitudes in general have gradually shifted to become more accepting of inclusion, considering a sense of self-efficacy to be an indicator of their ability to affect pupils' learning positively. Nevertheless, there is still much concern regarding teachers' beliefs about their practices rather than their actual practice, which influences their attitudes towards inclusion and the inclusion of students with ASD itself. According to Koster et al. (2010), students with ASD have fewer chances to succeed in general education classrooms when teachers have a negative attitude towards them. This is not surprising when one considers that numerous primary or elementary teachers are found likely to have a negative attitude toward inclusion of students with SEN or ASD in the general education classroom. It is argued that some teachers have great difficulty in understanding, accepting, and dealing with those frequently labelled as 'shy', 'hypersensitive', 'problematic' and 'aggressive' in school education (Orpinas et al., 2004). These common characteristics of normative children are often mistaken, by teachers with limited knowledge of SEN, as being attributes of autism. Nowadays, again due to lack of knowledge, or at least knowledge on the topic of ASD, some continue to perceive pupils with ASD in the same manner in Saudi Arabia (Al-quraini 2012). Hower (2014) has found that teachers are generally supportive of inclusion, but they too believe that policies on inclusion need to be modified in order to be effective.

2.10 A Summary

Millions of families around the world are affected by the ways in which disability is constituted and understood within existing social structures. Despite the existence of a number of international conventions and treaties that support the rights of persons with disabilities, individuals with SEN and ASD are still subjected to marginalisation, isolation, and oppression, which often accompany disability. As a result, disability studies emerged as an academic field to help conceptualise and explain the challenges faced by disabled individuals and their families. The main goal of disability studies scholars is to challenge the traditional notion of disability as an impairment that can be cured through medical intervention.

Critical disability studies (CDS) are a branch of disability studies that seek to examine disability from a critical perspective. CDS focus on the problematic nature of how disability is constituted at the societal level through the dominant discourses in this field and present alternative perspectives related to social justice. CDS challenge prevailing perceptions and conceptions of disabled people as sick, vulnerable or individuals requiring patronage and sympathy. CDS aim to change the views of society so that it can accommodate and include disabled individuals instead of expecting disabled individuals to adapt to the rest of society or be pushed to its margins.

There are three key models of CDS that have contributed to scholars' understanding of disability, namely, the medical, social and rights-based approaches. The first approach considers disability from a medical (or deficit) perspective, viewing it as a condition that requires medical intervention and 'rehabilitation' (Kaplan, 1999). This means that people with disabilities are viewed as being unable to lead normal lives. Thus, there is a need to eliminate the attitudinal, environmental and institutional barriers faced by individuals with SEN and ASD. The social model focuses on the environment-related difficulties faced by disabled individuals, which prevent them from experiencing equality in society. It aims to remove the stigma of disability so that it is not considered a negative factor in the disabled person's integration into society (UNICEF, 2007). Finally, the rights-based model is linked to the social model. It believes that disability is a social concept and should not be a reason for denying disabled individuals their human rights (Lawson & Beckett, 2020). It goes further to suggesting that people carrying a designation of disabled should have the agency, and be granted opportunities, to voice their experiences and claim their rights.

Meanwhile, impairment-based explanations have dominated the autism field. This phenomenon has led to the emergence of critical autism studies (CAS), which foster insights and complement CDS by focusing only on autism-specific issues. CAS aim to challenge the prevailing understanding of autism as a medical disorder requiring treatment by uncovering the power relationships that constitute prevailing perceptions of autism in mainstream discourses. According to CAS, autism should not be considered a disease that needs treatment. Rather, it is associated with challenges in communication and social interaction.

With regard to social and educational inclusion, persons with disabilities have faced some attitudinal, environmental and institutional barriers preventing them from fully participating in society. Despite the importance of inclusion for them and the rest of society, people with disabilities, especially

those with autism, still suffer from high levels of social and educational isolation. This phenomenon may be due to a lack of social awareness; the weakness of the legislations and laws protecting disabled individuals from discrimination, marginalisation and exclusion; and/or the predominance of the medical model of disability over the prevailing discourse. Recent research has confirmed that disabled individuals are amongst the most important yet underinvested human resources in society.

Despite the international treaties and agreements that call for equality in education, the inclusion of individuals with SEN and ASD is often followed by conditions that prevent them from being truly included or accessing special education. Arguably, in order to eliminate the barriers facing inclusive education, current policies and practices related to the education of individuals with disabilities, especially ASD, should be reviewed. Society should be educated in order to eliminate negative perceptions, stereotypes and stigmas that are often associated with disabled individuals.

Overall, individuals with autism face many difficulties compared to those with other disabilities in terms of social and educational integration in the Kingdom of Saudi Arabia. Thus far, the educational policies related to autism have focused on the medical aspect of disability rather than on other social and human rights aspects, as discussed in the introductory chapter. In relation to this argument, the importance of CAS could be considered, an approach that calls for revealing the power relations that constitute public perceptions of autism and confronting more centrally the negative opinions affecting the prevailing discourses on autism. Therefore, the critical discourse analysis (CDA) methodology, which will be discussed in the next chapter, is crucial in revealing such power relations.

Chapter Three: Research Methodology and Methods

3.1 Introduction

Drawing on the field of Discourse Analysis, Critical Discourse Analysis (CDA) has become a well-established qualitative methodological field in the Social Sciences. It focuses on the analysis of institutionalised patterns of knowledge production and views 'discourse' as more than simply the structure of written text from a technical linguistic perspective. CDA perceives 'discourse' in a way where language is constituted as a social practice that evokes meaning within particular interactions and contexts (Wodak & Meyer, 2014). Critical discursive analytical processes attend to the possible socio-political, psycho-sociological, and philosophical tenets that discursive interactions may reveal in particular contexts. Influenced mostly by the work of Michel Foucault, CDA assumes an interaction between knowledge/discourse and power. In this sense, power is not simply embedded within discourse, but rather discourse evokes power in contextual practices. CDA helps to reveal how such power operates to socially construct particular meanings and constitute 'truths.' Norman Fairclough has been a key figure in the development of CDA, and a number of texts, such as those of Fairclough & Fairclough (2011, 2012) and Wodak (2013), have assisted in opening up methodological approaches within critical social theory. While critical social research aims to address existing social issues around injustice, inequality, and oppression, CDA provides an important methodological approach to engage in such political analyses to reveal the many operations of power by which injustice, inequality, and oppression develop within social structures. Therefore, critical discourse analysis for this study is necessary in underscoring analyses of the complex relations of power invested in and between policy discourses on educational and social inclusion in the context of Saudi Arabia. CDA will be used to analyse what the semi-structured interviews of key stakeholders may reveal in relation to policy and practice with respect to educational and social inclusion in this national context. CDA will contribute to revealing discourses of power in the dialectical constitution of various social relations, positionalities, knowledge, and identities within specific enabling contexts in Saudi Arabia.

Disability, with respect to educational inclusion, has arisen as a linguistic product of socially-constructed discourses in the Saudi Arabian context (King Salman Centre for Disability Research, 2015; Alquraini, 2010; Berger & Luckmann, 1967). The research critically assumes the existence of disparities between the political and theoretical agendas of the King Salman Centre, the Ministry of Labour and Social Development, and the Ministry of Education in Saudi Arabia as well as their stated intentions within the

context of a prevailing educational and social culture regarding special educational needs. These three institutions both produce policies and practice discourses that are incommensurate and contradictory. CDA is, therefore, justified as a methodological approach for the critical analysis of how special educational needs, specifically autism, are addressed and 'understood' through policies and discourses emanating from these institutions as well as their practitioners within the context of the Kingdom of Saudi Arabia's decrees. The critical method will comprise both an analysis of official policies and documents as well as a series of semi-structured interviews. This chapter outlines the theoretical framework that will underpin the methodological approach used in this research. This theoretical framework is based on critical social theory as well as on critical post-structuralist viewpoints presented by Foucault, including considerations of power, truth, and knowledge in these terms. Finally, the discussion will introduce CDA as a methodology, provide an in-depth elaboration of CDA, and include examples of CDA's applications to discourses on inclusion, human rights, disability, and autism.

3.2 Critical Social Theory

Critical studies has evolved from a range of philosophical frameworks and traditions, including Marxist philosophy. Philosophical tenets within Critical Social Theory (CST), especially from Marxist perspectives advanced through the Frankfurt School of Thought (Corradetti, 2014), presupposes the existence of a dialectical relationship between socially subordinated groups and the ruling classes within societies, predominantly Western societies. Western Marxist thought was notably influential on CST, which centred on the role of cultural and ideological actors in determining the forms of social relations and patterns of power struggle. The school's founders, Horkheimer, Habermas, Honneth and others, were interested in understanding and unveiling the underlying principles behind socialism and Marxism. According to Honneth (1995), CST identifies "the driving forces of society which locates in the historical process itself the impetus both to critique as well as to overcoming established forms of domination" (p. xii). Nevertheless, the school's theorists inevitably shifted their focus and concern to consider more varied perspectives in relation to theory and culture (Freeman & Vasconcelos, 2010).

Historically, the primary role of Critical Theory has been to establish a sustainable critique of the social formations that create the conditions whereby social actors carry out undemocratic, unjust, exploitative, or oppressive activities (Freeman & Vasconcelos, 2010). According to Bradley-Levine and Carr (2015), the key motivation of applying critical social theory is to investigate the historical development of the social system and the effects on individuals and social groups today. It encompasses a sustained

critique of social constructs such as those of race, class, socio-economics, and gender, and other social difference discourses, as well as discourse, education, religion, and other relevant social institutions, ideologies, and cultural dynamics. Thus, the main purpose of applying CST to a reading of some social conundrum or text is the critical examination of relationships and interactions that exist in social fields to understand what motivates social actors in contemporary society (Bradley-Levine & Carr, 2015). Maeve Cook (2004) suggests that CST serves as a model of reflection for modern-day people by critically observing the social development process from a point of view that takes into consideration the various obstacles hampering human prosperity and development (Granter, 2016). Thus, it can be argued that CST seeks to unleash possibilities for changing society for the better, achieve human liberation, understand the relationship between knowledge and power, reconcile theoretical and practical reason, and better raise awareness of the socially-constructed nature of truth and its value in social relations.

Although critical social theorists share a few common constructs, the general stance held by most is that there is a constitutional relationship between society's structures and its members. Society's structures and members, for example, are affected differently and to various degrees, due to the existence of oppressive systems in which a number of discursive practices are implicated. These oppressive systems have become so embedded in the practices of everyday life of individuals, thus distorting and misrepresenting human beliefs, identities and desires (Freeman & Vasconcelos, 2010). In support of these perspectives, Booth (2017) asserted that, often, when the academic fraternity meets to discuss matters related to critical social theories and education, the accounts they exchange are mostly those promoted by government. This implies that most times academics and other relevant social actors digest and replicate what the most authoritative entity in their respective countries has fed them. The state most often sets the agenda and the terms by which social actors constitute knowledge or social practices of the day. Weber (1919, as cited in Little et al., 2016) stated that the modern perpetuation of oppressive structures is evident through the hegemonic ways in which these structures reproduce predominant ways of thinking, commonly referred to as 'instrumental reason.' Undoubtedly, this comes in the form of the social member's values, desires, and experiences (Freeman & Vasconcelos, 2010). The purpose of carrying out a critical social theory analysis is to reflect on and reveal the way in which individuals and groups in their various roles are subject to systems of oppression and inequality, and to seek structural avenues for escape from such oppressions within contemporary culture.

CST is inherently ambiguous and open to considerable interpretation (Felluga, 2015). In its most distinctive form, critical theory constitutes a historical materialist approach to the study of society. It seeks to expose structural hierarchies and stratifications that perpetuate oppression, domination, and the rule of the traditional ruling elite (Felluga, 2015). Italian Marxist philosopher, Antonio Gramsci, for instance, argued that prevailing capitalist discourses (and the values, norms, and ideologies that underpin the capitalist system) are disseminated by powerful groups and interests to subaltern sections of the population. In this sense, the underclasses are socialised into taking on the interests of the ruling classes as their own. This bolsters control without the need for physical coercion (Ives, 2004). Understood in this way, critical theory demonstrates the ways in which individual human agency is shaped by wider social, political, and economic structures (Cole, 2017).

Poststructural and postmodernist approaches to social theory, on the other hand, look beyond the macro-level factors that restrict human agency to examine the social construction of identity and social reality at the more micro level. Critical race theorists, postcolonial theorists, and feminists have shown that race/ethnicity, gender, and history are not natural, value-free units of analysis. Rather, they are subjective realities that are underwritten by social and discursive conventions (Ashcroft, Griffiths, & Tiffin, 2007; Felluga, 2015; Cole, 2017). In particular, critical theorists outline the crucial role that power plays in constructing social reality and manufacturing cultural consensus (Williams & Chrisman, 2013). For instance, critical feminist theorists have consistently argued that, rather than being grounded in any biological 'facts,' gender is a social and cultural construct that serves to sustain patriarchal interests and institutions (Butler, 2011). Viewed from this critical perspective, discourses of femininity and masculinity are culturally contrived. In these terms, where femininity is associated with the discourse of sensitivity and empathy, masculinity is intertwined with the language of power and authority (Hines, 2007; Berlant, 2009). This influences the social expectations in regard to the respective roles of men and women. While women have traditionally performed the roles of mothers, carers, and homemakers, men have undertaken more influential social roles as leaders and autonomous economic actors (Hines, 2007). Critical feminist theorists therefore outline the extent to which gender hierarchies are developed and sustained by, firstly, the language of exclusion and, secondly, the social and cultural practices that are embedded and normalised through the proliferation of patriarchal discourses (Butler, 2011). In these terms, critical feminism highlights the discursive limits of sex and gender (Butler, 2011).

Critical theory has also played a significant role in the field of education. It has provided the potential for crystallising critical perceptions of ‘critical pedagogy’ in the minds of educational thinkers. The *Greenwood Dictionary of Pedagogy* defines critical pedagogy as:

an approach to teaching and learning that encourages the learner to reflect critically on issues of power and oppression in his/her society and on what might be done to change the current situation. Critical pedagogy helps learners to develop their own sense of identity and power as an important component of their learning experience. An approach to teaching that builds critical consciousness by helping students analyse their lives and identify the political and social forces that are acting upon them so that they can take action to overcome the barriers those forces have put in place. (Collins & O’Brien, 2011, p. 112)

Although critical pedagogy has multiple definitions, they have strong resonance with the description hereby given. It is clear from the definition provided here that critical pedagogy is political by nature. According to critical theory, critical pedagogy is based on the assumption that every aspect of knowledge in an educational context inculcates an implicit political discourse. Therefore, the goal of critical pedagogy is to expose hidden political agendas in the areas of innocence and familiarity within the field of education. Ira Shor (2014) claims that all forms of education are political because they either strengthen or domesticate the students’ accountability habits. As a result, education could either develop or disrupt its critical relationship with knowledge, school, and society.

On the other hand, critical pedagogy also has concerned itself with marginalised groups, ones that are not part of the dominant culture. This interest can help to expose the roots of marginalisation and exclusion as well as ascertain whether they are rooted in class, race, religion, sex, ability or other social difference discourses. Kincheloe (2008) points out that critical pedagogy is concerned with margins of society as well as the experiences and needs of individuals exposed to both oppression and marginalisation. It can be said that critical pedagogy seeks to foster opportunities for the voice of “marginalised people” to be heard, and to trouble the obsession with the cultural styles of the dominant. It is an approach that perceives pluralism as perspective for learning that works against the monologism of Euromodernism. It also supports a perspective that refuses to divide the world into centres and parts. The epistemology of critical social theory, in general, should not be regarded as a solution to a problem but as a methodological tool to help critique and analyse educational systems, while seeking avenues to

afford greater equality. These systems could be plagued by power imbalances and approaches that limit equity, social justice, and innovation (Klibthong, 2012). Nevertheless, a critical theory approach to analysing educational systems would have at the heart of intent the disruption of an oppressive status quo.

3.3 Poststructuralism – Michel Foucault (1926-1984)

According to Dillet (2017), poststructuralism did not result from the coming together of several philosophers to form a group, nor was there ever a group labelled as such. Instead, poststructuralism provides philosophers and scholars with the retrospective epistemological construction that enables meaning to emerge in multiple possible ways. Poststructuralism argues that there is no absolute state of knowledge or truth regarding any matter. While structuralists assert that truth can be elicited through language and its structure, poststructuralists believe that it is impossible to reach truth, even through language, and that multiple truths can exist alongside each other and are all socially-constructed. In Vygotsky's terms, language precedes thought; it does not follow it (Van der Veer & Zavershneva, 2018). In poststructuralist terms, everything is related to the metaphysics of existence and that verbal signification is fluid and contingent on the context in which it is elaborated. Thus, language is ambiguous in terms of its capacity to communicate truth or reality, but it is a structure or code that possesses meaning through linguistic variation rather than through the ways it explicitly represents the outside world. The use of the term, poststructuralism, has been met with criticism because of its tendency to create confusion and ambiguity rather than clarity. Its central tenet hinges on relativism, thereby setting up oppositions with notions of history, reason, and representation (Dillet, 2017).

Michel Foucault was among the pioneers of a poststructuralist school of thought. Foucault analysed the power relations between social relations and criticised discourses that he otherwise referred to as 'enslaving.' This section will present and discuss the critical poststructuralist viewpoint presented by Foucault, particularly as it relates to the intersection between the concept of power and knowledge. This section begins by outlining the main features of Foucault's critique on power, especially relating to the way in which power is operationalised to ensure that society is effectively controlled. This section, then, examines the importance that a Foucauldian theoretical perspective brings to language, focusing on the significance of the discursive unfolding of the relationship between power and knowledge. Special attention is also given to the relevance of the concept of 'governmentality' in the Foucauldian analysis of

power. The last section offers a critique of the main issues that arise from the theoretical assumptions posited by Foucault on the relationship between power and knowledge.

3.3.1 The Main Features of Foucault's Critique on Power

Michel Foucault espouses a view of power that departs from the rigid taxonomical categories derived from Enlightenment thinking (Taylor, 1984). According to Foucault, power is not exerted by particular individuals or groups. Power should not be seen as something that is only concentrated in the hands of a small number of people and deployed in a coercive way (Gane, 2013), nor should it be considered an object or quality held by a distinct actor belonging to a society. Instead, power emerges in a more pervasive, ubiquitous, and diffuse manner that permeates through networks and relationships inside a society.

It is worth noting that Foucault has a rather playful concept of power, which he describes in *The History of Sexuality* as the “myriad relations of force that are immanent to the domain wherein they are exercised, and that are constitutive of its organisation; the game that through unceasing struggle and conflict transforms them, reinforces and overhauls them” (Foucault, 1990, p. 92). From this definition, it is possible to surmise that the non-hierarchical distribution of power described by Foucault creates the potential for establishing spaces of domination in the social spectrum while also offering to liberate the individuals that are oppressed by them. According to Foucault, people are naturally endowed with the will to dominate others, which consequently causes friction and the space for oppression in society (Gutting, 1994). The concept of power upheld by Foucault is deeply influenced by his historical examination of the values generated by Western Enlightenment. This philosophical movement has been based on the idea that the use of reason would generate the conditions for the emancipation of humankind from all forms of oppression. However, as Foucault would argue, the spread of an Enlightenment version of rational methods in all areas of social life has led to the imposition of tyrannical regimes. Nevertheless, Foucault's ideas are interested in examining power from the perspective of the “limits that are imposed on [the individual] and ... the possibility of going beyond them” (Gutting, 1994, p. 69).

To extend the discussion on the nature of power still further, the best way to understand how power operates is not by studying its impact and influence in a top-bottom approach (Dillet, 2017), as a singular act of authoritarianism. Rather, we should analyse the flow of power from a bottom-outward

approach because it helps capture how its nature operates complexly on both populations and individuals. Power, in this way, presents itself to the reader as a naturalising agent, which makes events and practices feel and seem 'normal' to those subjected to authority. It applies to those members of a community that acknowledge that their power operates through a top-down approach. Nevertheless, the dissemination of power in society is enacted according to the entrenchment of certain notions of 'truth.' In this manner, Foucault points out that the axiological content of knowledge that influences the distribution of power in society is entrenched through acceptance of a certain type of knowledge. In essence, the relationship between power and knowledge, according to Foucault, is underpinned by the manner in which the former is able to exert control over the latter (Gutting, 2005).

In his book, *The Order of Things*, Foucault posits that there are no "power relations without the correlative constitution of a field of knowledge." At the same time, he writes that one cannot think of "knowledge that does not presuppose and constitute at the same time power relations" (Foucault, 1970, p. 66). Foucault emphasises the importance of the social construction of knowledge as an instrument that influences the process of differentiation as well as the possibilities for examining the economic, linguistic, and biological factors that establish oppressive practices (Hoy, 1991). In other words there is a reciprocal relationship between power and knowledge, which is variously elaborated within specific contexts. The heart of the power theory espoused by Foucault looks at the technical rather than the institutional elements attached to the manner by which power unfolds. By looking at the technique of power, one is to identify the existence of the loci of oppression that regulate life in society and therefore also the manner by which one may overcome them successfully (Elden, 2017).

Foucault claims that scientific knowledge is nothing more than an instrument for the effective control of society (Gutting & Oksala, 2019). From this standpoint, one can argue that Foucault denies the possibility that knowledge may be constituted in a rational and objective manner. Foucault justifies this claim by arguing that the labels created through the use of scientific knowledge have traditionally served to justify the stigmatisation of disenfranchised social groups (Gutting, 2005). However, these labels are not constituted in a material way. They rather are constituted appropriate to attitudes and desires of dominant groups in order to strengthen certain notions of power. For instance, the concept of 'madness' that was applied by scientific practitioners in the nineteenth century was used to describe the actions of downtrodden groups such as the poor and the sick (Oksala, 2009). Foucault argues that the concept of

'madness' that was concocted by the emergence of a scheme of social normativity in the nineteenth century created an important element of differentiation between the norm and the notion of deviance.

The differentiation between the norm and the notion of deviance was responsible for the establishment of a workable concept of 'madness,' which could be operationalised to exert control over the individual. Foucault argues that "the constraint of a multiplied meaning liberates that world from the control of form. So many diverse meanings are established beneath the surface of the image that it presents only an enigmatic face. And its power is no longer to teach but to fascinate" (2006, p. 20). There are, according to Foucault, certain 'truths' that are both accepted by society and replicated in a discursive manner. These are important elements that are necessary for understanding how power is constituted and how it is used to keep any alternative forms of truth away from the public sphere (Hoffman, 2015). Foucault describes this situation as the organic establishment of 'regimes of truth' as well as the creation of a political environment that privileges certain issues at the expense of others (Dreyfus & Rabinow, 1983). Foucault argues that, in general terms, the establishment of a particular 'regime of truth' comes about as a result of the way in which the media and educational institutions reinforce the prevalence of certain values and suppress the existence of alternative modes of thinking (Downing, 2018). Nevertheless, Foucault's referencing of a 'regime of truth' is not meant to discover what different societies hold as truths, but to provide a discursive understanding of how these truths came to be. Therefore, using a Foucauldian interpretive perspective, one may argue that 'regimes of truth' are constituted in a fluid manner and are subject to a great deal of change since they are reproduced through the instrument of discourse (Hoffman, 2015).

Foucault analyses power by referring to the different ways in which individuals are transformed into subjects. A number of objectifying mechanisms are highlighted by Foucault to determine how this process unfolds. To begin, Foucault argues that the objectivisation of the individual as a subject comes about linguistically. At the same time, objectivisation occurs by considering the individual part of the (re)productive system. Reference is also made to the biological existence of the individual as another instrument of objectivisation (Faubion, 2001). Foucault observes that the development of objectivisation occurs as the individual goes through a process of division within himself as well as division from other human beings. It may be argued that the linguistic, economic, and biological factors cited by Foucault are responsible for creating a sense of alienation by which the individual refers to his ontological characteristics in a compartmentalised manner (Hoy, 1991). For instance, the individual may think of

themselves in their distinct roles as worker and as mother and/or father. This compartmentalisation serves as a mechanism of disempowerment (Faubion, 2001). There is also a process of socialisation that contributes toward enhancing the spectrum of division. For example, society differentiates clearly between those who abide by the law and those who are considered to be criminals, as well as between those who are healthy and those who are sick (Elden, 2017). Power operates by ensuring the individual is subject to the system of economic production and the web of signification that gives meaning to social life (Faubion, 2001).

A Foucauldian orientation moves away from the 'episodic' and 'sovereign' conceptions of power, allowing us to focus on the manner in which those that live in modern societies are able to discipline themselves without the use of outside coercion. The administrative system that exists in modern societies and the growing spectrum of invasive surveillance that is being exerted upon individuals are responsible for creating the basis for the entrenchment of common behaviours across society (Dreyfus & Rabinow, 1983). One of the main effects of the growing spectrum of surveillance concerns the ability to regulate concepts of normalcy and deviance in the way people govern their bodies (Hoffman, 2015).

Overall, the 'bio-political' approach used by Foucault for explaining relations of power is underscored by the examination of the way in which discourse serves as an instrument to consolidate certain forms of oppression. Discourse helps construct both a reality and an 'ideal world' to a specific social group. Additionally, discourse is responsible for generating the knowledge and variations of truth, facilitating the development of power, and characterising itself as well shaping identities in its terms.

3.3.2 The Discursive Unfolding of the Relationship Between Power and Knowledge

Foucault is also interested in fleshing out the discursive elements that underpin the relationship between power and knowledge. In *Archaeology of Knowledge*, Foucault posits that the relationship between knowledge and thought is underscored by 'discursive formations' that are operationalised for the purpose of deploying power. To appreciate the relationship between thought and knowledge, it is incumbent to look beyond the logical use of language (Schirato, Danaher, & Webb, 2012). There are specific circumstances that dictate the true meaning of statements that are propagated as well as their influence on social space. Foucault adds that to ascertain how language affects relations of power, we need to: "grasp the statement in the exact specificity of its occurrence; determine its conditions of existence, fix at least its limits, establish its correlations with other statements that may be connected

with it, and show what other forms of statement it excludes” (1969/2002, pp. 27-28). In his book *History of Sexuality*, Foucault states, “discourses are tactical elements or blocks operating in the field of force relations.” This is a situation that has crucial implications for understanding how power is disseminated across the social spectrum within and through discourses. Foucault adds, “there can exist different and even contradictory discourses within the same strategy; they can, on the contrary, circulate without changing their form from one strategy to another, opposing strategy” (1990, p. 102). When properly propagated, discourse has the potential to generate and/or transform the relations of power that exist in any given society.

One of the most important facets involved in the discursive underpinning of the relationship between power and knowledge described by Foucault is the importance of language in the creation of a certain type of material reality (Merquior, 1985). Foucault invites us to leave aside the literal interpretation attached to the statements that are being constituted in the realm of politics and instead search for deeper meanings that may explain how the distribution of power is configured at any given time (Hoffman, 2015). Foucault adds, “we must question those ready-made syntheses, those groupings that we normally accept before any examination, those links whose validity is recognized from the outset; we must oust those forms and obscure forces by which we usually link the discourse of one man with that of another; they must be driven out from the darkness in which they reign” (1969/2002, p. 21). The relationship between thought and knowledge that is part and parcel of the Foucauldian worldview is fleshed out by identifying the way in which the lexical order appearing within the text is responsible for constructing a particular system of values (Foucault, 1970).

Another interesting Foucauldian perspective necessary for understanding the way in which power relations are responsible for constructing ‘truth’ relates to the distinction between what is normal and what is not (Gane, 2013). In this manner, ‘truth’ serves to reinforce certain social and cultural values that are both accepted and rejected by people (Miller, 1994). Therefore, the construction of truth serves to exclude those who infringe on the central norms guiding the social sphere and to discipline those who may be tempted to do so (Scott, Mattison, Ardoin, & Gontarski, 2018). The language that is used to establish social relations disseminates, in a subtle way, the mechanisms needed to maintain a level of cohesion amongst individuals.

Foucault is interested in ascertaining the manner in which power propagates itself across the social spectrum and the way in which the truth that is constructed as a result of the exercise of power is responsible for creating a type of social knowledge that is neither false nor true from an epistemological perspective. Foucault (2007) maintains that what is understood as 'truth' in the social realm arises as a result of the alignment of the power relations that prevails at any given time. Therefore, it is possible to argue that, using a Foucauldian framework of interpretation, what is intersubjectively constructed as the truth changes according to the specific alignment of social relations (Dreyfus & Rabinow, 1983). According to Foucault, the focus of attention when examining power is that human groups, rather than individuals, constitute society. The dissemination of knowledge that is perpetuated in society is socially-constructed, while the propagation of knowledge is executed throughout discourse (Burchell, Gordon, & Miller, 1991). The individuals that inhabit the social sphere are compelled to align their thinking to the verbal and written rhetoric that is disseminated through newspapers, books, and, more frequently, social media. There is a very assiduous connection between social knowledge and the formation of discourse, which is constituted by a specific representation of power (Burchell, Gordon, & Miller, 1991).

It is, precisely, this representation of power that ends up passing as 'truth.' This representation of power is circulated in a variety of media, especially under the force of globalisation, with the expansion of audio-visual material available on the Internet. Foucault argues that power is responsible for determining what the truth is at any given time (Burchell, Gordon, & Miller, 1991). The discourse sustaining the particular 'truth' that is propagated in the social realm is formed by the accumulation of all pieces of information that constitute knowledge. It is important to note that, while the Marxian perspective of power looks at the systemic elements of power generated through the economic process, Foucault looks at the multiplicity of interacting factors that produce specific power relations (Dreyfus & Rabinow, 1983). The concept of class informing the Marxian view of power entails that power is configured according to a vertical orientation, as observed in the dominant position of the capitalist class and the subjugated position of the working class (Callinicos, 1990). Instead, Foucault looks beyond economic factors, establishing that the ubiquitous presence of power creates a non-hierarchical distribution of knowledge that passes as 'truth' according to members of society. This approach has significant repercussions when it comes to shaping the conditions needed for eliminating asymmetrical relations of power (Faubion, 2001). Furthermore, the non-hierarchical orientation described by Foucault also has important repercussions for understanding the manner in which the democratic system of government operates in modern societies (Callinicos, 1990). The recent bout of populism affecting

countries in Western Europe and North America can be understood, at least partially, to the effect that political leaders are willing to elevate the discourse that prevails in social media to the status of political thinking. As such, what the people want, so to speak, becomes government policy to a certain extent (Dreyfus & Rabinow, 1983). This is an aspect of special significance for the purposes of understanding the Foucauldian view of power. According to the French philosopher, power is not accumulated by the political establishment that sits at the very top of the social spectrum (Faubion, 2001). Instead, power is constructed by the social knowledge that emerges as a result of the discourse prevailing in society at any given time. This discourse is not necessarily induced by traditional holders of power, such as powerful media conglomerates. Instead, the social knowledge that is created occurs as a result of the explicit manifestation of the needs and wants of 'the people' who are at the bottom of the social scale (Dreyfus & Rabinow, 1983). This type of social knowledge has the potential to emancipate disenfranchised social groups or to establish the loci of oppression because the needs and wants of 'the people' may entail the exclusion of certain minorities from the political debate, which is observed in the populist rhetoric that currently engulfs some countries of the world.

3.3.3 The Resistance to Power

A better term to use regarding Foucault's stance on power is 'repressive.' This means that Foucault sees power as significantly inhibiting some forms of thinking or behaviour of people living in a community. In fact, Foucault argues that it would be bi-directionally true for power to be both productive and counter-productive (Prestidge, 2010). Contributing to the argument for productivity, power "flows through organizational arrangements, professional expertise, and knowledge, which is utilized by institutions to shape bodies of conduct, individualize, and produce certain types of subjects" (Ball, 2013, p. 6-7). Nevertheless, it must not be overlooked that once the subject is placed in the power-knowledge equation, the realities that result are far from similar to each other. In such analytics, power either lies in the promise of liberation or becomes anchored in the understanding that humans are trapped within its constraints (Wang, 2011). Nevertheless, power is productive in regard to opportunities, social practice identities, discourse, and truth. Foucault indicates that power is always accompanied by a set of resistances, which researchers should approach reluctantly. These resistances may sometimes be co-opted or absorbed by power dynamics in existence within society. Ultimately, the expected impact and outcome of resistance would be minimal following co-option. In general, it can be said that resistance is not the remedy to power, as it can be corrupted or prejudiced by power and can utilise its methods (Pickett, 1996).

On the same point, Belsey (2013) notes that resistance to power only leads to switched positions in which the subject gains the upper hand and subjugates others. This falls in line with Foucault's placement of the 'self' in his studies, which also demonstrates the significant extent to which human beings play a role in subjectivity. This all rests purely on the individual's capability to ponder and think about what type of person they are or wish to become once the assumption of power is established (Välikangas & Seeck, 2011). Therefore, if power is inevitable, then what is moral about it? The move toward resisting authoritative power is just a preliminary means toward exerting it. The only difference may be that certain power repressions are much more difficult than others. This, compounded by the fact that Foucault was himself quite inconsistent in his arguments, is a reasonable explanation as to why there is confusion when it comes to conceptualising the power argument.

It is important to take into consideration that the non-hierarchical distribution of power described by Foucault entails the possibility of resisting social oppression and transforming the notion of truth that prevails in modern society (Merquior, 1985). This is one of the reasons why social activists have had a relatively high measure of success in promoting some issues, such as the recognition of social and political rights for women, disabled people, and many other disenfranchised groups (Scott, Mattison, Ardoin, & Gontarski, 2018). According to a Foucauldian perspective, these activists were successful due to the dissemination of a discourse that served to reverse the notion of truth prevailing in society regarding issues such as equal opportunity (Dreyfus & Rabinow, 1983).

3.3.4 The Relevance of the Concept of 'Governmentality' in the Analysis of Power

Foucault was interested in how governments came into being as well as the techniques they utilised to develop their objectives. Governmentality refers to the methods and procedures designed to direct the conduct of human beings (Drolet, 2015). Foucault was more interested in the process used to create an administrative society throughout different social institutions. The idea of governmentality rose due to the biopolitics agenda that was developing at the time. According to Foucault, individuals were both the controlled populations as well as the means through which the government would maintain control (Välikangas & Seeck, 2011). There have been many studies concerning governmentality as a field of study ever since Foucault coined the word. These studies include accounting, crime control, insecurity and poverty, medicine, psychiatry, health regulation, child abuse, and sexual offenses, unemployment regulation, and social empowerment (Välikangas & Seeck, 2011).

The notion of 'governmentality' that oversees the relationship between power and knowledge entails that the knowledge and discourses used to control a population responds to the expediencies of each particular age (Schirato, Danaher, & Webb, 2012). Foucault elaborated the intellectual framework regarding the linkage between power and knowledge during the zenith of the neoliberal era, characterised in the main by the reduction of state intervention in the economic process and the increasing economisation of all social relations. The neoliberal era emphasised the importance of personal freedom and individual responsibility (Merquior, 1985). Foucault argues that in a 'liberal' regime, "freedom of behaviour is entailed, called for, needed, and serves as a regulator, but it also has to be produced and organized" (2010, p. 65). This situation entails a more horizontal approach regarding the control exercised over the population and the exertion of power through the consolidation of a discourse based on self-regulating behaviour (Eribon, 1992). In *The Order of Things*, Foucault describes some implications of 'governmentality', adding that "the judges of normality are present everywhere" (p. 304). This creates the binary classifications that are responsible for shaping what is accepted and what is not. Foucault argues that individuals live "in the society of the teacher-judge, the doctor-judge, the educator-judge, the social worker-judge [and] it is on them that the universal reign of the normative is based." The member of society, to be accepted as normal, "subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements" (1970, p. 194). It is noteworthy to highlight that the advent of the populist era in the last decade has been responsible for instigating its own forms of power, which were disseminated through the knowledge harvested through social media outlets such as Twitter and Facebook. The notion of power disseminated in the populist era is propounded by the idea of excluding certain people from the economic and political process, such as migrants and people of progressive persuasion. The people who use social media to project their views do so to reinforce the knowledge underpinning the concept of truth that is entrenched in the public sphere (Schirato, Danaher, & Webb, 2012).

The idea that power is deployed to control the population by creating a certain sense of safety comprises the core of the concept 'governmentality' (Eribon, 1992). Governmentality ensures that the knowledge entrenching the current concept of power is aimed at exercising an important level of surveillance over the wealth of the nation, similar to the same manner in which the head of a household acts over the people who are directly under their care (Dreyfus & Rabinow, 1983). This aspect is reinforced thanks to the pervasive presence of a bureaucratic apparatus that maintains a record of the actions undertaken by members of society (Dreyfus & Rabinow, 1983).

There is, as was mentioned before, a 'bio-political' perspective inherent in governmentality. Foucault underlines how the exercise of power concerns the practical steps undertaken to 'discipline' the population. In *Discipline and Punish*, Foucault references the way in which the authorities control the implications of unexpected events, such as the spread of 'disease,' by exercising a high level of surveillance over the population. Foucault adds that in such a system: "inspection functions ceaselessly. The gaze is alert everywhere: a considerable body of militia, commanded by good officers and men of substance, guards at the gates, at the town hall and in every quarter to ensure the prompt obedience of the people and the most absolute authority of the magistrates, as also to observe all disorder, theft and extortion" (1991, p. 196). From this perspective, it may be argued that the exercise of power tends to have a maximalist and all-encompassing perspective attached to it, which exceeds the limits of the functionalist orientation that serves to maintain social cohesion (Oksala, 2009). To exemplify the way such governmentality operates, Foucault mentions the Panopticon, conceptualised by utilitarian philosopher, Jeremy Bentham, to introduce the concept of total surveillance as one of the pillars of the maintenance of order (Merquior, 1985). The rise of social media corroborates some elements of this viewpoint. Today the process of surveillance has become more immersive, with a higher level of acquiescence by the younger generation, most of whom do not remember life before the Internet. The process of surveillance, according to Foucault, leads to a situation that "automatizes and disindividualizes power. Power has its principle not so much in a person as in a certain concerted distribution of bodies, surfaces, lights, gazes; in an arrangement whose internal mechanisms produce the relation in which individuals are caught up" (1991, p. 201). Governmentality emerges because "government is only interested in [state] interests." Furthermore, the government "no longer deals" with aspects that relate to the private lives of individuals. Instead, the state concentrates its efforts on projecting "the phenomenon of politics," a situation that reinforces the importance of the connection between power and knowledge (Foucault, 2010, p. 45). From the theoretical assumptions put forward by Foucault, it could be argued that the projection of the values underpinning the relationship between power and knowledge is the remit of individuals who are compelled to actualise their own forms of self-regulation (Elden, 2016).

3.3.5 A Critique on the Foucauldian View of Power

One of the main difficulties that arises from Foucault's theoretical framework is that it does not offer viable alternatives to the manner in which power is enacted in modern societies. The perspective adopted by Foucault on the notion of power neglects to take into consideration the full implications of

the structured use of power by the state. It is important to understand how power affects society at a micro-level. However, one should also bear in mind that the distribution of power that exists in any given society responds to the efforts made by people and entities capable of appropriating resources at a macro-level (Gutting, 2005). This problem has prompted many prominent thinkers such as Jürgen Habermas to claim that the approach taken by Michel Foucault relies on an opaque form of normativity that is responsible for precluding the possibility of breaking free from the manner in which certain deployments of power are re-enacted in modern societies (Elden, 2002). Moreover, the theoretical assumptions put forward by Foucault are influenced by the intellectual legacy of phenomenology, which attempted to transcend the constraints of the logical use of language (Gane, 2013; Elden, 2002). Deleuze (1988) points out the manner in which the description of language used by Foucault is able to generate a better understanding of the uses of power, especially when deployed in a non-stratified manner.

3.4 Critical Discourse Analysis (CDA)

3.4.1 Introduction

There is a critical linking between discourse and influence in any given society. In other words, discourse has been identified as a leading perpetuator of social patterns such as domination, naturalisation, and ideologically driven ‘common sense.’ Based on the thinking of Waugh, Catalano, al Masaeed, Do, and Renigar (2016), some of discourse’s impact on social action can lead to adverse effects such as dehumanisation, exploitation, and discrimination. Therefore, unless the hidden adverse impacts of its use are exposed, it will be difficult for social actors to raise awareness to spark resistance and emancipation. Social action leads to changes that can promote social justice. Critical discourse analysis (CDA) recognises such importance in society and hence makes system provisions that assist in the judgment of what is right and wrong. Through it, individuals are made aware of the best means of addressing the social wrongs emanating from discursive processes (Waugh et al., 2016). This section outlines the main aims and the theoretical foundation that underpins a CDA framework. It begins with an overview of the main features of CDA, establishing the ways in which it differs from discourse analysis (DA). It then proceeds to explore the different approaches to CDA, paying attention to the dialectical-relational approach espoused by Norman Fairclough, the socio-cognitive orientation postulated by Teun van Dijk, and the rights-based, discourse-historical approach highlighted by Ruth Wodak. This section of the chapter also examines the ‘social actors’ orientation proposed by Theo Van Leeuwen and Foucauldian dispositive analysis. Moreover, this section addresses the main critiques that CDA faces. Finally, the application of CDA in fields such as social and educational inclusion, human rights, and disability will be

examined, particularly as it relates to students impacted by autism, particularly in the Saudi Arabian context.

3.5 Discourse Analysis (DA)

3.5.1 Introducing Discourse Analysis: Core Assumptions and Components

Discourse analysis (DA) can be understood as “the study of the ways sentences and utterances are put together to make texts and interactions and how these texts and interactions fit into the social world” (Jones, 2012, p. 2). As Strauss and Feiz (2013) note, discourse is an immensely complex and abstract concept that encompasses a wide range of data, behaviour, thoughts, and actions. Discourse analysis may include the study of the basic units, such as the sentences, words, phrases, and phonemes of language that comprise written or encoded texts; communication ‘acts’ such as speeches; spoken interactions; and the signs, semiotics and symbols through which social and cultural meanings are assigned to communicative language (Strauss & Feiz, 2013). Wodak and Meyer (2014), for example, highlight three primary traditions of DA that include: (1) the German and Central European tradition that examines text linguistics; (2) the Anglo-American school that analyses samples of written and oral texts; and (3) the Foucauldian tradition that examines discourse as an intangible and largely unconscious form of knowledge that is manifest in cognition, feeling, and emotions. Likewise, in an influential analysis of the role of language in modern society, Gee (2005) establishes a qualitative distinction between what the terms little ‘d’ discourse (everyday language, dialogue, and discussions) and big ‘D’ discourse (the ideologies, norms and values which underpin language). Where the former refers to language in use, the latter alludes to the social and constitutive practices that influence the way we think, behave, and take part in the social realm (Gee, 2005).

While there are many diverse threads woven into the fabric of DA, all forms of discursive and linguistic analysis share four common assumptions. Firstly, all proponents of DA—whether conventional or critical—accept that language is ambiguous (Gee, 2014). People do not always mean what they say and, likewise, they do not always say what they mean. As a result, meanings assigned to language and discourse are rarely clear and are never received in a uniform fashion. Therefore, discourse analysts of all disciplines are united in their belief that language is an imperfect vehicle for the expression of feelings, thoughts, and emotions (Jones, 2012). For this reason, the primary aim of DA is to attempt to explain what people mean when they use language and how this message is received (Strauss & Feiz, 2013). Secondly, DA is rooted in the metaphysical premise that language is always situated ‘in the world’ (Gee, 2014). As Gee declares,

language “always simultaneously reflects and constructs the situation or context in which it is used” (2005, p. 82). Previous DA research explains that situations always involve five interrelated components including:

1. A semiotic aspect (different signs and symbolic systems that shape social reality);
2. An activity aspect (the specific social activity in which language is used);
3. A material aspect (the specific place, time, context, and objects that are present during the social interaction);
4. A political aspect (the distribution of social goods, capital, and norms that influence the development of hierarchies and stratifications);
5. A sociocultural aspect (the personal social and cultural knowledge that is relevant to the social interaction) (Gee, 1996; Kress & van Leeuwen, 1996; Van Dijk, 1997, 2006; Strauss & Feiz, 2013).

According to Gee (2005), these five components together create a reflexive ‘situation network’ that significantly influences the meanings ascribed to language and discourse. Therefore, a trait common to all forms of DA is the concept that the meaning of discourse depends not only upon who is talking (or writing) but when, where, and how language is used (Gee, 2005). Thirdly, DA accepts that there is an intrinsic link between language and social identities (Benwell & Stokoe, 2006). It is imperative to recognise that discourse, whether overtly or unconsciously, always denotes belonging to different social groups and identification with a variety of social identities (Jørgensen & Phillips, 2002). Radical and post-feminist theorists, such as Butler (2006), for instance, argue that gender identities are habitually and performatively constituted in language and discourse. Fourthly, DA assumes that language is never used in a social or cultural vacuum. Instead, it is always combined with other subtle means of communication such as facial expressions and gestures in spoken discourse or graphics and stylistics in written discourse (Widdowson, 2007). Discourse is thus a social and cognitive process through which people translate their lived reality into words (Strauss & Feiz, 2013). For this reason, all strands of DA, regardless of their academic origins, are essentially constructivist (Jørgensen & Phillips, 2002).

3.6 Critical Discourse Analysis (CDA)

3.6.1 The Main Features of Critical Discourse Analysis

CDA is a qualitative research methodology that examines how the use of language can engender certain social practices. CDA examines how the manner in which discourse is framed entrenches certain power relations within society (Chouliaraki & Fairclough, 1999). It examines, “the reproduction of sexism

and racism through discourse; the legitimation of power; the manufacture of consent; the role of politics, education and the media; the discursive reproduction of dominance relation between groups; the imbalances in international communication and information” (Kress, 1990, p. 84). CDA is not, *per se*, a specific methodology that follows a well-defined set of taxonomical parameters. Rather, CDA methodology can be used in parallel with any of the sub-disciplines of the humanities and social sciences to examine how language is used to entrench power relations that lead to social injustice and inequalities. The aim of this CDA is not only to investigate textual structures. Conversely, CDA also looks at how language is used and embedded in a particular sociopolitical framework. Blommaert and Bulcaen state that, “critical discourse analysis explicitly intends to incorporate social-theoretical insights into discourse analysis and advocates social commitment and interventionism in research” (2000, p. 447). There are, therefore, certain political objectives to research based on CDA.

One important feature of the use of CDA as a methodology is that the research approach is ‘problem-oriented’ rather than ‘paradigm-oriented,’ which makes it useful when addressing specific challenges concerning the spectrum of inequality and injustice that exists in society (Chouliaraki & Fairclough, 1999). CDA is focused on examining the interplay between language and power. Its main objective is to critique the asymmetrical power relations that exist in society and are maintained in the intersection between language and power. It is worth noting that CDA does not have any prescriptive agenda for the emancipation of people and/or social groups that are subject to oppressive practices (Machin & Mayr, 2012). Instead, its purpose is restricted to dissecting how certain oppressive practices are entrenched through the use of language. It also examines how non-verbal factors are used to reinforce oppression (Strauss & Feiz, 2013). Most crucially, CDA can be used with a high degree of effectiveness to examine the ideology that underpins the reproduction of the practices of dominance and also resistance of various social groups (Locke, 2004). Its ultimate aim is to identify the patterns responsible for entrenching metanarratives (Machin & Mayr, 2012).

CDA also focuses on identifying how the dominant narratives that serve to consolidate the inequalities that exist in society are reproduced through verbal and written language (Strauss & Feiz, 2013). It is important to note that to be effective, CDA should not only focus on describing the asymmetrical relations that exist between different social groups, but also it should propose prescriptive mechanisms that disrupt any social inequalities that exist in society (Wooffitt, 2005). Luke states that, “critical discourse analysis sets out to capture the dynamic relationships between discourse and society,

between the micropolitics of everyday texts and the macropolitical landscape of ideological forces and power relations, capital exchange, and material historical conditions" (2002, p. 100). From this perspective, one could argue that critical discourse analysis is a methodology that takes into consideration the ideological undercurrents that frame the dominant narratives that inform the social sphere at any given moment (Machin & Mayr, 2012). Billig states that there are,

two basic concerns that are posed by critical discourse analysts. First, as Fairclough has stressed, contemporary capitalist society is characterized by deep-seated processes of marketization, which are leading to the emergence of new patterns of discourse ... Second, [critical discourse analysis prompts researchers] to be reflexively self-critical, [which] involves critically examining its own discourse (Billig in Weiss & Wodak, 2007, p. 36).

In this context, one may argue that this methodology is also useful to assess and unveil the subtle ways that evolve the relationship between knowledge and power based on the needs of dominant social groups. This requires, according to Reisigl, the use of a socio-linguistic perspective that examines how language is used to advance certain political and economic agendas (Reisigl in Bayley, Cameron & Ceil, 2015).

CDA is also interested in showing how the power exerted by dominant social groups in the dissemination of knowledge restricts access to public discourse for disenfranchised social groups. The groups that do not occupy a dominant position in society have no way of shaping the way in which language and power intersect. It is important to stress that to establish an effective critique of the relationship between power and language, it is necessary to apply multidisciplinary knowledge from the social sciences and the humanities. This approach helps to examine the nuances involved in the sociopolitical context that regulates discourse (Weiss & Wodak, 2007). CDA is also interested in identifying how certain social actors establish ontological boundaries that restrict other social groups from participating in the formation of knowledge (Billig in Weiss & Wodak, 2007). CDA also deals with the way in which powerful social actors compel disenfranchised social groups to use language in a way that may restrict their participation in the configuration of social knowledge (Weiss & Wodak, 2007). The relationship between knowledge and power is also explored to analyse the way it serves to influence the status quo espoused by dominant and disenfranchised social groups, respectively (Blommaert, 2005). There is, therefore, a perspective that is centred on manipulating the consent of people by excluding

certain meanings attached to the analysis of social reality. This means that interactions between knowledge and power attempt to preserve the power held by the hegemonic social group (Wooffitt, 2005).

The examination of discourse and the manner in which it affects societal relations is not undertaken in isolation. Conversely, this qualitative approach typically uses knowledge from the social sciences and the humanities to decode the sociopolitical implications of the use of language (Blommaert, 2005). The effective analysis of the relationship between knowledge and power comes about from the close examination between language and the contextual framework to which it is attached (Wooffitt, 2005). The institutionalised spaces that exist within society (such as government, media, and religious organisations) have greater scope to configure knowledge and disseminate it in a manner that influences the targeted audience (Hart & Lukes, 2010). CDA specifically offers an important framework to emancipate disenfranchised social groups from the semantic manipulation of language by hegemonic social actors. This is especially relevant given the greater availability of knowledge that characterises the modern age (Blommaert, 2005).

3.7 The Distinction Between Discourse Analysis and Critical Discourse Analysis

While it is important to acknowledge the commonalities that unite all approaches to DA, it is also essential to recognise the qualitative distinction between DA and CDA. DA focuses on the interaction between the linguistic aspects of text and discourse, and how they impact human communication (Billig in Weiss & Wodak, 2007). DA examines the functional perspective attached to discourse. Gee states that, “language allow us to be things. It allows us to take on different socially significant identities. We can speak as experts ... or as ‘everyday people.’ To take on any identity at a given times” (2014, p. 2). Mainstream DA examines the morphological aspects related to text and how they affect the functional way that discourse works (Gee, 2014). CDA deals with the semantic aspects related to the use of language. It investigates how certain narrative structures and ways of deploying language are used to project a particular form of knowledge. CDA goes beyond the mere examination of the lexical organisation of language. Instead, it analyses the way in which the structural deployment of language is used by dominant social groups to exert power (Johnstone, 2018).

There are several fundamental differences between CDA and mainstream DA. It is essential to note that the academic discipline of DA remains theoretically and practically wedded to the school of

linguistics (Widdowson, 2007). For instance, discourse analysts of the European tradition typically isolate fragments (or frames) of language to analyse what speakers do and what they mean in linguistic texts (Bax, 2010). Mediated discourse analysts and linguistic anthropologists, meanwhile, incorporate ethnographic research methods to study language and discourse as they are used in their natural environments (Scollon, 2001). This approach allows discourse analysts to explore how language and discourse are influenced by culture, habits, customs, and situational networks (Scollon, 2001). Likewise, comparative discourse analysts may examine the macro-structural integrity of semantic and narrative structures, which are common to language groups and disciplines, in addition to variations of structural norms (Taylor & Tingguang, 1991). This typically involves transcription and coding of linguistic texts to isolate and identify emerging themes and patterns (Wetherell, Taylor, & Yates, 2001). Furthermore, multimodal DA incorporates a diverse range of methods and practices to examine how social actors produce meaning through language (Carey, Bezemer, & O'Halloran, 2016). According to Carey et al. (2016), the three main multimodal approaches to DA are systemic functional linguistic multimodal discourse analysis, social semiotics, and conversation analysis. Ultimately, all of these linguistic approaches to DA undertake an empirical analysis of specific linguistic units in an effort to outline the systems, structures, and social interactions that give meaning to words, phrases, and sentences (Jørgensen & Phillips, 2002). Understood in this way, discourse is reduced to an outer layer of language (Gee, 2014).

CDA differs from orthodox DA by drawing upon ideas, practices, and theories beyond the discipline of linguistics (Van Dijk, 2006). CDA rejects the idea that language can be understood independently of wider social and cultural analysis (Wodak & Meyer, 2014). CDA employs a multidisciplinary approach to the study of language and society that is heavily influenced by the 'critical turn' in social theory (Fairclough, 2010). Thus, as Fairclough argues, to be critical "implies showing connections and causes which are hidden" (1993, p. 9). For this reason, CDA focuses on the interplay between the production of text, the text itself, and the way in which the text is consumed to analyse the processes through which ideologies of power, exclusion, injustice and domination are created, naturalised, and negotiated (Coffin, 2001). In contrast, the text itself occupies a pre-eminent role at the centre of academic theory and practice in DA (Gee, 2005). It is prudent to note that where orthodox approaches to DA understand discourse as an empirical unit of language, critical discourse studies focus on (1) how language is produced and (2) how discourse is interpreted (Fairclough, 2010; Wodak & Meyer,

2014). For critical theorists, then, all discourse represents a Foucauldian form of social practice (Van Dijk, 2001; Strauss & Feiz, 2013).

It should also be acknowledged that, drawing upon the critical theoretical tradition, CDA aims not only to highlight the processes and practices that perpetuate inequality and hierarchy but also to encourage resistance against the language of power and control (Van Dijk, 2001). Critical discourse studies uncover the kind of discourse that perpetuates hegemony and injustice while at the same time uncovering the texts and language that encourage alternative (and more liberating) meanings and social interactions. Wodak (2015), for instance, analyses the exclusionary and xenophobic discourse used by right-wing populist parties as a means of underlining how political actors incite fear, create scapegoats of the stereotypical 'other,' and inspire longing for a mythical, romantic, and wholly unrealistic past. At the same time, however, Wodak (2015) outlines the ways in which liberals can use the language of inclusion and tolerance to counter populists' anti-global, anti-elitist rhetoric, thereby promoting multiculturalism and progressive pluralism. Therefore, it is apparent that where DA is based upon a moral linguistic tradition, CDA is rooted in an instrumental critical tradition, which actively seeks to change the world for the better (Van Dijk, 2001). CDA differs from DA as its theoretical and methodological roots carry emancipatory intent (Fairclough, 1993).

3.8 Examination of Approaches to CDA

Researchers can use several techniques to carry out CDA. These approaches are grounded in the different theoretical foundations that each of the proponents of CDA believe in. Some common approaches used for CDA include Fairclough's Dialectical-Relational Approach, which refers to social theory and the way in which the "systemic functional approach" attached to it enables us to understand how relations of power are forged through the use of language. It is also the contribution made by Teun Van Dijk and his "socio-cognitive approach" that highlights the relationship between knowledge and power (Reisigl in Bayley, Cameron, & Ceil, 2015). Additionally, Ruth Wodak has developed the Discourse-Historical Approach (DHA), which analyses the influence of historical junctures on the way in which knowledge and power interact. Moreover, CDA is also influenced by the investigations carried out by authors such as Theo Van Leeuwen in the 'social actors approach.' These studies analyse how semiotic devices such as pictures and signs supplement the functional use of language and reinforce unequal power relations in society. Finally, the Foucauldian perspective endorsed by CDA thinkers such as Jäger and Maier

(2009), sees the production of discourse as a grand artefact capable of generating sources of knowledge that facilitate the effective use of power by hegemonic social groups.

3.8.1 Fairclough's Dialectical-Relational Approach

This approach is primarily based on a Marxist framework anchored in Fairclough's 1989, 1995 research on language, ideology, and power. Fairclough highlights the semiotic reflection of the social conflict that exists in the different discourses, which announces his interest in social processes (Tenorio, 2011). By doing so, Fairclough argues that objects, entities, persons, discourses, and organisations are all socially constructed and the result of processes and relations. Fairclough proposes a three-pronged model for examining discourse. First, there is the examination of written or spoken language. Second, there is the examination of the practice of discourse, including the processual elements involved in the production of text as well as how it is distributed and consumed. Third, there is an analysis of discourse in the context of sociopolitical practice.

Critical analysis in this approach is a four-stage process. (1) Identify the social problem with an association between semiotics and other 'moments.' (2) Identify any obstacles that may arise when addressing the issue. At this stage, the analyst may find it prudent to evaluate the dimension using the semiotic ways of being (style), acting and interacting (genre), and construing the world (discourse). (3) Establish whether the social order needs the social wrong. This is achieved by focusing on the differences between the three attributes, and the scholar identifies the various ways through which the dominant styles, genres, and discourse are resisted. (4) The final method involves identifying possible solutions to the identified social obstacles. It could mean a shift in focus towards the study of structure, and the analysis of agents, tense, transitivity, modality, and visual images of body languages (Tenorio, 2011, p. 190; Waugh et al., 2016). In addition, Fairclough makes an important distinction between the micro, meso, and macro levels of analysis. Fairclough describes how micro-level analysis facilitates understanding of how rhetorical devices such as the metaphor are used to create specific types of discourse. The meso level deals with the way in which the discourse produced is distributed and consumed. For example, researchers analyse the institutional and/or corporate interests that propel the projection of discourse. At the same time, researchers who use CDA also look at the audience that is targeted. The macro level looks at the intersubjective elements involved in how discourse is interpreted by different parts of society. Fairclough states that:

All practices are practices of production; they are the arenas within which social life is produced, be it economic, political, cultural, or everyday life ... every practice includes the following elements: productive activity; means of production; social relations; social identities; cultural values; consciousness; semiosis. These elements are dialectically related. That is to say, they are different elements but not discrete, fully separate, elements. There is a sense in which each 'internalizes' the others without being reducible to them. (Wodak, & Meyer, 2009, pp. 122-123)

Fairclough's approach provides a useful framework to analyse the different contexts that influence the intersection between knowledge and power. Although this approach offers a salient way to understand social processes, Fairclough has been criticised for over-emphasis on depoliticisation and insufficient focus on politicisation. It has been asserted that his justification for this is the known bias stemming from his involvement in left-wing politics in the 1970s (Waugh et al., 2016). Fairclough also admits that there is no single way to solve social issues and welcomes the idea of using complementary approaches together with his dialectical-relational approach. Nonetheless, this corroborates Foucault's emphasis on the constitutive nature of discourse by accepting interdiscursivity, which is the assumption that discursive practice is defined by relating it to others. Interdiscursivity is exemplified by his critical analysis procedure where he states that the critical analyst must analyse the differences that exist between three elements: style, genre, and discourse.

3.8.2 Van Dijk's Socio-Cognitive Discourse Analysis

Teun van Dijk's socio-cognitive approach helps to illustrate the relationship and interactions between cognition, discourse, and society. Van Dijk emphasises the fundamental importance of studying cognition and perception in the relationship between the mind, discursive interaction, and the community at large (Sahputri, 2018, p. 4; Tenorio, 2011, p. 190; Waugh et al., 2016, p. 80). In this approach, discourse is considered to be a multidimensional social issue and it is studied in the context of social representation, thinking, and the types of inferences that construct social identity. Some of the core issues that the approach addresses include ethnic prejudice reproduction, stereotypes, power abuse, and consequent resistance. Dijk also emphasises that control of discursive dimensions is a tool that can be used by individuals or groups to gain access to power. Social cognition can thus be controlled using discourse since individual cognitions are inherently informed through social representations (Tenorio, 2011).

According to Van Dijk (2014), 'social power' is a form of control that manifests in the use of language in a manner that impacts on the actions and thoughts of oppressed social groups. Van Dijk says that social actors have an interest in preserving the relationship of dominance and consolidating their power vis-à-vis the oppressed, by demarcating the manner in which the oppressed social group uses verbal and written language. It should be noted that the rise of social media and the ubiquitous presence of the Internet has expanded the modes of reproduction available to dominant groups (Van Dijk, 2011). Van Dijk states that, "in order to be able to relate power and discourse in an explicit way, we need the 'cognitive interface' of models, knowledge, attitudes and ideologies and other social representations of the social mind, which also relate the individual and the social, and the micro-and the macro-levels of social structure" (1993, p. 249). In this context, there is an important distinction to be made to demonstrate the 'access' to power enjoyed by dominant and oppressed social groups. While the oppressed social group can project certain narratives in intimate circles, the dominant social group is able to do so within the institutional framework that guides social life as well as in the public arena. Van Dijk uses the example of racism, reproduced "in western societies through parliamentary discourse," to show the relevance of a socio-cognitive interface between discourse and dominance. Van Dijk argues that, "although seldom blatantly racist, such more or less 'moderate' discourse may nevertheless enact white power group ... while at the same time manipulating the public mind in such a way that ethnocentric or racist policies can be legitimated" (1993, p. 280). The dominant social group sustains its hegemonic position through its 'access' to the most important discursive genres that prevail in the social sphere at any given time. The position of dominance is established and solidified through a cognitive perspective that is centred on using language to create the type of social knowledge that reproduces social inequality between social groups (Billig in Weiss & Wodak, 2007).

Despite the method being refined and seemingly flawless, Tenorio notes that it is subject to multiple interpretations. The rational explanation provided by the author is that the socio-cognitive approach lacks a credible explanation about how the intersubjective agreements between scholars should apply. To carry out CDA, van Dijk explains that all examinations should focus on aspects such as coherence, lexical and topic selection, rhetorical, propositional structures, implications, hesitation, and turn-taking control (Tenorio, 2011, p. 191; Waugh et al., 2016). The complex and parallel processes are problematic for researchers carrying out DA. One cause of the problem is the lack of control and coordination of the local sentence meanings or propositions (Van Dijk, 2017).

3.8.3 The Discourse-Historical Approach

The Discourse-Historical Approach is closely associated with Ruth Wodak, one of the influential figures that helped found CDA. The discourse-historical approach (DHA) is a series of socio-linguistic and ethnographic methods of evaluation help to identify and characterise cases where people abuse their power to remain in authority. Hence, DHA mainly applies to political discourse, and its objective is to deal with problems in contemporary society (Waugh et al., 2016). According to Tenorio, DHA was not always concerned with the analysis of national sameness and social exclusion as it is today. Initially, it was focused on anti-Semitic discourse (Tenorio, 2011). Wodak noticed that there was a paradigm shift in the use of sanitised historical narratives to reconstruct the past. Her arguments corroborate Haberman's theory to support a public sphere and a deliberative democracy where freedom and equality 'in debate, critique and decision-making are guaranteed by the rule of law' (Wodak, 2015, p. 3).

Triangulation is one of the important principles of the DHA approach. This reduces the impact of subjectivity through the use of different data, methods, theories, and backgrounds (Wodak, 2015; Tenorio, 2011). It suggests that societies can only understand historical knowledge through the linguistic co-text, intertextual and interdiscursive relationships, extralinguistic social variables, and the sociopolitical and historical context (Wodak, 2015). The use of DHA has three main dimensions. First, it is an analysis of the topic or content of a particular discourse with racist, nationalist, anti-Semitic, anti-ethnic or xenophobic elements. The second dimension is to investigate the discursive strategies used either for positive-self or negative-other representation to create in/outgroups within society. Finally, DHA deconstructs the linguistic meanings and realisations of current practices. Wodak also applies an ethnographic approach towards DA. This offers an 'inside perspective' using focus groups that examine the experiences of minority groups in societies today (Waugh et al., 2016).

Wodak sees discourse as a 'social practice' that creates a basis for the institutionalisation of the narrative that prevails in the social spectrum at any given time (Wodak & Krzyzanowski, 2008). Wodak emphasises the importance of specific historical contexts to understand how language is used to establish the ontological foundations of a specific historical moment in society (Wodak, 2009). Moreover, Wodak focuses on how language can influence society's ideological structure. In this manner, discourse is understood as a form of 'knowledge' that is disseminated by different social actors for the purposes of establishing power relations (Wodak & Meyer, 2009). Wodak and Meyer argue that, "although the core definition of ideology as a coherent and relatively stable set of beliefs or values has remained the same in

political science over time, the connotations associated with this concept have undergone many transformations” (2009, p. 8). This means that the use of language associated with the maintenance of certain social practices changes according to the social and political expediencies of the specific historical era. Wodak and Meyer state that, “power is about relations of difference, and particularly about the effects of differences in social structures. The constant unity of language and other social matters ensures that language is intertwined in social power” (2009, p. 10). The socio-historical orientation projected by Wodak demonstrates that discourse is a power instrument to ‘manage’ the knowledge that circulates in society. It enables demarcation of social groups that are considered true exponents of mainstream ideology (Wodak, 2009). This socio-historical orientation espoused by Wodak also attaches a high degree of importance to the performative aspects of the use of language in a political context, and the degree to which the narrative projected by people who possess power can capture the imagination of the targeted audience (Wodak & Krzyzanowski, 2008).

3.8.4 The Van Leeuwen’s Social Actor Approach

Van Leeuwen argues that discourse is used to represent reality. As such, discourse is a tool that serves to create meaning about the historical situation that affects society at a particular juncture. Nevertheless, the sense of meaning that serves to understand reality shifts depending on the different actors in a society. The dominant social group uses language to justify its hegemonic position, while disenfranchised social groups are usually compelled to adopt practices that emanate from the manner in which language is projected (Van Leeuwen, 2008). Van Leeuwen argues that, “since its beginnings in the late 1980s, critical discourse analysis has become well established as an approach to the analysis of text and talk that is united, not so much by a common theoretical or methodological approach, but by a common goal of not only describing but also explaining and critically evaluating the crucial role of text and talk in creating, maintaining, and legitimating inequality, injustice, and oppression in society” (2015, p. 1). From this perspective, Van Leeuwen is keen to underline the practical outcomes of the ways in which discourse is used by dominant groups. Van Leeuwen’s interpretative framework blends the approach that is usually inherent in CDA with a semiotic orientation that recognises the role of visual signs as producers of meaning (Zhao, Djonov, & Björkvall, 2017). This is particularly significant to appreciate the hermeneutical implications of CDA as a tool that enables researchers to appraise how power relations are reproduced in modern society. The projection of certain images tends to reflect domination strategies of hegemonic actors, as they position the disenfranchised groups in a demoted social stratum (Machin & Van Leeuwen, 2007). In this way, language is used to manage social position, with verbal and non-verbal

communication acquiring specific ideational stances aimed at propping up the dominant position of hegemonic groups. Van Leeuwen's orientation also highlights the intersubjective elements attached to the use of language, which compel disenfranchised groups to act in ways that reinforce their weaker social status (Zhao, Djonov, & Björkvall, 2017). The 'social actors' approach highlighted by Van Leeuwen also underlines the importance of the media in disseminating certain rhetorical structures upon society and how it reproduces the discourse of dominance by preeminent hegemonic actors (Machin & Van Leeuwen, 2007).

3.8.5 Foucauldian Dispositive Analysis

The Foucauldian dispositive analysis is based on the notion of 'dispositif' outlined by Michel Foucault. This concept references the material and institutional mechanisms and epistemological structures that sustain the use of power. CDA sees knowledge as a rhetorical apparatus that can be deployed to establish narratives that allow the dominant group to entrench its power. Jäger states that, "discourse analysis, extended to include dispositive analysis, aims to identify the knowledge (valid at a certain place at a certain time) of discourses and/or dispositives, to explore the respective concrete context of knowledge/power and to subject it to critique" (Arribas-Ayllon & Walkerdine, 2008, p. 92). The influence of language-as-an-artefact can be understood in the way that discourse influences different social spaces, including the private and public arena (Jäger, 2001). The Foucauldian dispositive analysis examines how the relationship between language and power influences all areas of public life, including the government, public debate, the arts, and the sciences (Arribas-Ayllon & Walkerdine, 2008). Public power relations percolate the private sphere, most notably in the family structure. There is, according to Jäger, an interactive symbiosis between the language used to describe the knowledge that informs social life and the actions that are derived from the manner in which that knowledge is assimilated by the different social actors. Moreover, Jäger argues that power relations are influenced by the ways in which different 'dispositifs' weave themselves across society and create a grand rhetorical machinery that serves to regulate relations between individuals (Arribas-Ayllon & Walkerdine, 2008).

It is important to stress that the Foucauldian discursive approach is heavily influenced by an historical orientation. In other words, researchers using this method tend to investigate historical causalities that engender a particular entrenchment of knowledge in society. For instance, the narrative pertaining to American Exceptionalism may be examined with reference to the manner in which the narrative of geographical expansion resulted in the oppression of social groups such as African-Americans

and Native Americans (Johnstone, 2018). This method of inquiry also examines the functional aspects of power relations in a society. Furthermore, researchers that use this method of inquiry are also keen to investigate how knowledge is used to typify certain social groups and how this taxonomical process serves to create the oppressive practices that are generated through the use of language (Hart & Lukes, 2010). There is a recent tendency to link the use of certain lexical styles and the meticulous use of grammar to explain the subtle ways in which language generates and maintains unequal relations of power in society (Johnstone, 2018). The Foucauldian perspective is used to analyse the way in which mannerisms associated with institutionalised communication are used to exclude certain people from public debate. In practical terms, this means that social groups that adhere to a different set of meanings (derived from their own specific ways of using language) have little power to shape the spectrum of social knowledge.

3.9 The Critique of Critical Discourse Analysis

CDA has long drawn criticism from various academic sources. CDA has an important role to play to uncover the loci of oppression that emerge in society because of hegemonic types of discourse (Billig in Weiss & Wodak, 2007). However, certain academics argue that CDA does not incorporate a systematic approach to interpreting the hegemonic implications arising from the relationship between power and language. Toolan argues that, “for critical discourse analysis to make more of a difference ... it needs to critique some of its own theoretical distinctions (e.g. between description and interpretive explanation), it needs to be more critical and more demanding of the text linguistics it uses, it must strive for greater thoroughness and strength of evidence in its argumentation while pursuing simplicity of presentation, and it must not shrink from prescribing correction or reform of particular hegemonizing discourses” (1997, p. 83). Yet, it can be argued that prescription of corrections would go against Foucauldian thought and would simply assert another ‘regime of truth’ over the one just displaced. CDA is not a methodology that can be used in a uniform manner. As a result, the current CDA framework cannot fully ascertain how discourse is used to manipulate power relations in a consistent manner. However, it can be argued that the social practices are different and their social contexts are multiple and intersecting (Yatawi et al., 2019)

Another important critique of CDA concerns the question of agency. Cobb states that, “critical discourse analysis either presumes that persons are active agents, intentionally and strategically resisting oppression and domination or that persons are objects, inscribed in the reproduction and reconstitution of speech conventions” (1994, p. 132). Exponents of CDA assume that recipients of discourse are passive

social actors and that language is always deployed for the purposes of exerting power. There is an excessive reliance on the sociopolitical approach to outline a critique on the use of language that is responsible for blurring the boundaries between “analysis and interpretation” (Widdowson, 1995, p. 157). CDA espouses a research project that assumes, *a priori*, that it cannot be separated from the contextual and semantic meanings attached to the use of language. This means that proponents do not consider that individuals may assign meaning to discourse in a manner that is completely devoid of a sociopolitical connotation (Hart & Lukes, 2010). For Foucault, such an apolitical deployment of language would be impossible.

3.10 Application of CDA in the Field

The literature explored in this section reveals the features of CDA. First, it is a multi-disciplinary approach that helps to bring together different disciplines to explain the nature and being of social occurrences in society. Second, researchers that have conducted studies related to CDA appear to have different opinions as to how it should be examined. Each of these researchers bases their arguments on a different perception of CDA’s forte. Hence, the practicality of CDA depends on the perspective of the researcher involved, but it is not limited in terms of how many academic disciplines or professional specialisations it can rely on to make clear its characteristics and objectives. By maintaining a focus and relevance to the topic and purpose of the research regarding the applicability of the CDA methodology, the following subjects are discussed: social and educational inclusion, human rights, and disability, particularly as they relate to students affected by autism.

3.10.1 CDA, Educational and Social Inclusion

Over the past thirty years, the language of inclusion has become embedded in educational policy and practices in every western liberal democracy (Ball, 2017). In Britain, for example, educational inclusion discourse is closely associated with the language of social inclusion (Ball, 2017). As Levitas (2005) attests, New Labour was responsible for making the discourse of social inclusion mainstream in the UK. The discourse of social inclusion, which was consolidated at the end of the 1990s, drew upon the rhetoric of stakeholding and communitarianism. On the one hand, this rhetoric appealed to traditional ‘Old’ Labour principles including social solidarity/cohesion, equality, and social democracy (Pierson, 2016). Social inclusion discourse also alluded to neoliberal values and ideals such as personalisation, productivity, efficiency, globalisation, and free market liberalism (Pierson, 2016). Before coming to power in 1996 as the UK’s next Prime Minister, Tony Blair gave a speech in which he equated social inclusion with “a

stakeholder economy in which opportunity is available to all, advancement is through merit and from which no group or class is set apart” (Levitas, 2005). CDA of this and other speeches at the time clearly demonstrates how eradicating barriers to social inclusion was conceived as a way of, firstly, reducing the economic burden of welfare provision upon the state and, secondly, enhancing individual responsibility to social and economic outcomes (Grimaldi, 2012). CDA therefore highlights the way in which meanings and discourses of social inclusion are a vehicle through which hegemonic practices and ideologies are legitimised and reproduced (Wodak & Meyer, 2014).

Qualitative research into inclusive education has identified the same discursive disjunction between rhetoric and reality that is present at the wider social level. Dunne (2009), for instance, undertook multi-textual research with a cohort of teachers, teaching assistants, and lecturers of professional development programmes to assess how educational professionals interpreted inclusion. Dunne found that their interpretation was often limited to a ‘neo-traditional’ special educational needs discursive framework. As a result, participants used stereotypical phrases such as ‘meeting needs,’ ‘keeping children safe,’ ‘mainstream education,’ and ‘the included child.’ This reflects prevailing social policy discourse included in documents such as the Every Child Matters (2003) campaign and the Strategy for Special Educational Needs: Removing Barriers to Achievement (2004). Understood in this way, educational practices of inclusion mimic the ‘doctrine’ of inclusion, which has been set out in government policy (Graham & Slee, 2008) and instrumentalises them. CDA therefore reinforces the idea that discourse inexorably is linked to social and disciplinary practice (Graham & Slee, 2008). Mulderrig (2011) states that CDA of policy corroborates this view and shows that New Labour’s hegemonic ideology of inclusion textually and discursively manufactures consent over its policy decisions by promulgating an ‘enabling’ approach to governance. Thus, Mulderrig argues that the discursive representation of social identity is inseparable from the discursive representation of social action. Power, hegemony, and cultural control thus are reinforced through ownership of a specific body of knowledge (Baker, 2002).

Within education, inclusion is a term used to assess the level of student co-mingling in general education schools and classrooms. It also involves collaboration between general and special educators to facilitate classroom teaching (Ashton, 2010). In a study carried out by Ajodhia-Andrews, the researcher recognises that CDA is an effective methodology to be used by researchers analysing the issue of inclusion in schools. In his conceptual framework, Ajodhia-Andrews (2013) notes that CDA can help those seeking to understand and resist social inequity by understanding the role of language and texts in influencing the

power dynamics applied in schools. CDA is both constructive and deconstructive in nature. First of all, it interrupts and investigates the power imbalances that exist in daily texts. Second, it infiltrates the curricula used in schools and allows room for creation where students get to discuss and critically analyse the discourse of what and how they are taught (Ajodhia-Andrews, 2013). These texts contain guidelines that help to shape the school experiences and practices while contributing to the social identities found in the respective schools.

The application of CDA does not apply to students alone. Teachers also form part of the school experiences, and CDA methodology has also been used to assess their representation in schools. According to Davari and Moini (2016), CDA was identified as the most relevant analysis framework to use. The researcher used a variation of the CDA mechanism known as the Van Leuven's framework (2008), which has three main dimensions: deletion, rearrangement, and substitution. Deletion examines inclusion and exclusion. Exclusion is the process through which a social actor is excluded from a group using some linguistic mechanism. Inclusion is the opposite of exclusion, where CDA analysts refer to similarities in text or speech used to deem a social actor worthy of being in a group while suiting the needs and purposes of the producers and readers of the text. In the same fashion, CDA has also proven useful in assessing the impact of a discourse on a teacher's identity. If what is expected from them by the curricula does not match their professional identities, a conflict of interest may occur. Sometimes, they may be excluded from teaching practice altogether (Trent, 2015). Considering these findings, CDA is a valuable resource for researchers, policymakers, teacher educators, and the teachers' fraternity to identify a dominant discourse as well as how different discourses interact with each other in the school environment (Trent, 2015).

CDA is also important in discerning the power relationships between the policymakers in charge of developing rules and regulations concerning inclusivity measures within schools. In one such study, Avissar, Licht, & Vogel (2016) found that CDA could unveil unequal power relationships between the different education stakeholders and policymakers. This has relevance to inclusion in the decision-making processes of which laws to apply to education. For example, Avissar et al.'s (2016) study discovered that despite the social actors involved agreeing that inclusion is necessary when formulating policy, discourse tends to create differences among those who are concerned. Some actors supported mainstream education, while others had backgrounds and affiliations that supported special education. Such difference can sometimes result in domination and inequality, which is what CDA works to unearth.

3.10.2 CDA and Human Rights

Much like social and educational exclusion, the language and discourse of human rights has been subjected to a long process of evolution and expansion in western liberal democracies (Hoover, 2013). Human rights legislation, including the United Nations Convention on the Rights of the Child 1989 and the Human Rights Act 1998, conceive of human rights as an inalienable and universal legal entitlement afforded to all citizens regardless of race, religion, gender, age, sexuality, physical ability, or socioeconomic status (Hauser, 2008). Human rights are associated with emotive and moral vernacular such as altruism, emancipation, and empathy (Hauser, 2008). For this reason, the discourse of human rights has transcended political tribalism and ideological partisanship and has become a taken-for-granted normative principle that governs and organises contemporary multicultural societies (Hoover, 2013).

Critical analysis has uncovered numerous flaws in the discursive logic of human rights. Prasad (2007), for instance, argues that universalistic approaches to human rights discourse have indirectly led to the rise of cultural relativism in parts of the world that have not experienced the same economic and political trajectory as western democracies. As a result, the ethnocentric language of human rights has, paradoxically, been used to suppress the rights of marginalised individuals and groups that do not conform to prevailing (Western) social and cultural standards of inclusivity (Okafor & Agbakwa, 2001). In a similar vein, Waites (2018) argues that the understanding of key terms such as sexual orientation and gender identity are based on heteronormative values and ideas rather than the language of the sexual and gendered 'other.' In this way, the discourse of human rights is co-opted and controlled by the traditional power elites (Waites, 2018).

CDA has also been implemented in the field of Human Rights Education. It involves imparting knowledge about human rights to society members. The topic is problematic because human rights and education are multifaceted and complex (Coysh, 2014). Furthermore, Zembylas (2017) argues that there is a discursive association between the judicial treatment of human rights as a legal entitlement and human rights education (HRE), which focuses upon cases of horrendous human suffering as a means of inciting compassion, empathy, and pity for other people. Zembylas argues that universal human rights concepts have resulted in 'monolithic truths' derived from a questionable epistemology. This, in turn, has given rise to a conservative and conventional approaches to human rights practices in mainstream education (Coysh, 2014). Most notably, talking about human rights in the classroom is often reduced to a

binary distinction between ‘heavenly’ societies (i.e. those cultures that are said to respect human rights) and ‘hellish’ societies (cultures that do not implement or respect the universalist tradition) (Zembylas, 2017). This, as Coysh (2014) attests, not only presents a one-dimensional notion of human rights as a moral imperative, but also fails to consider the diversity of human rights experiences, contested narratives of persecution and identification, and the inherent complexity of knowledge. Thus, as Bekerman and Zembylas (2012) argue, human rights education (HRE) has become increasingly associated with ‘empty sentimentality,’ which promotes superficial feelings of empathy for and guilt over those who suffer. As a consequence, Williams (1991) equates human rights with a form of ‘word bondage’ in which rights are pitted against, rather than asserted on behalf of, wider and more pervasive social injustices. The abstract concept of ‘rights’ has taken precedence over a more descriptive and instrumental understanding of human ‘needs’ (Williams, 1991). This, as Stenberg (2011) argues, has polarised critical thinking at the theoretical level and undermined inclusive practices in the classroom. From this perspective, CDA has established the link between power, hegemonic ideology, and flawed pedagogical practices that embed culturally-accepted ‘regimes of truth’ (Van Dijk, 2006; Foucault, 2000).

Researchers have also used CDA to determine whether discourse meets the prerequisites of what constitutes human rights. The Declaration of Children’s Rights and the Universal Declaration of Human rights in 1924 stated that education was a human right (Brissett & Mitter, 2017). Since then, numerous initiatives have promoted inclusive and equitable quality education meant to promote lifelong learning without prejudices for all individuals. CDA methodology has been used to measure whether education ‘quality’ meets international standards. For example, Brissett and Mitter (2017) conducted research to assess the quality of the Sustainable Development Goals set by the United Nations to eradicate poverty, fight inequality, and tackle climate change. CDA strives to ensure that sustainability is achieved through textual and contextual understanding, which can alter people’s perceptions of gender equality, peace, human rights, environmental sustainability, together with other objectives. A discourse analyst can also assess whether the UN development objectives sustain or transform through the permeation of power and empowerment (Brissett & Mitter, 2017).

The desire to protect children from social harm should be a priority for schools and education systems all over the world. Francia and Edling (2017) base their research objectives in the Convention on the Rights of the Child, which makes provisions to protect children against all forms of violence, injury or abuse, neglect, maltreatment, or sexual abuse while under the care of a legal guardian. Basically, learning

institutions (especially boarding schools) assume responsibility over the child once they report for studies. CDA can be used to assess documentation and to ensure that children are protected in accordance with the human rights provision. Their findings demonstrate that the ambition to protect children from harm, abuse, or violence needs to overcome contradictions posed by public and private social spheres. Primarily, both private and public institutions need to cater to several discourses when running educational facilities. However, the analyst conducting the CDA research must judge the effectiveness of the documentation, as well as the subsequent implementation practices that are developed from its contextual understanding.

3.10.3 CDA and Disability

The discourse of disability inexorably is linked to the discourse of inclusion. As Armstrong (2005) discusses, the New Labour doctrine of inclusion was mobilised in accordance with a wider policy drive to include disabled children in mainstream education, as part of an 'integration' process, as well as those children identified as having 'special educational needs' (SEN). Indeed, according to Roulstone and Prideaux (2008), disability has become conflated with lofty ideals such as inclusion, equality, and social justice. The interchangeability of the terms disability and inclusion should be understood as part of a wider shift from a medical model of disability to a social model of disability in the discourse of social policy (Grue, 2011). Where the medical model is a quasi-scientific and an explanatory tool that focuses upon the pathologies and problems associated with disability, the social model acknowledges the systematic and structural barriers that limit the agency and autonomy of people living with a physical or mental disability (Glasby & Tew, 2015). The medical model is therefore associated with the schematic discourse of labelling and categorisation while, in contrast, the social model implies inclusion and empowerment (Grue, 2015). As a result, although the term remains unaltered, there can be little doubt that the meaning of disability has been subject to considerable change (Haegle & Hodge, 2016).

As demonstrated by a number of prominent critical discourse analysts, the discourse of disability is much more problematic than the language and rhetoric of inclusion. There are two reasons why this is the case. Firstly, as Corker and French (2001) assert, disability discursively is linked to 'impairment'. While one can make a conscious attempt to discuss disability in value-free and neutral terms, in practice it is immensely difficult to talk about disability without alluding to impairment (Corker & French, 2001). For example, as Grue (2015) details, arguably one of the most pervasive and widely accepted metaphors in education is the concept that knowing is seeing. This implies that blindness is associated with ignorance

and a lack of knowledge. As a result, although the meaning of disability may have changed, the discourse of disability remains inexorably associated with the discourse of the 'impaired' and 'broken' body (Haegele & Hodge, 2016).

Secondly, as it has become conflated with inclusive social policy, the discourse of disability has facilitated binary distinctions between normality and abnormality and ability and disability (Roulstone & Prideaux, 2008). Thus, as Dunne argues, the discourse of disability, underwritten by the discourse of inclusion, facilitates a process that "identifies, fixes, cures or makes normal that which is 'other' " (2009, p. 12). CDA identifies a number of important points, including: (1) disability is subject to a complex process of social and cultural construction; (2) individual, institutional, and cultural identities of disability are interlinked; (3) disability remains discursively associated with problems and pathologies; and (4) the language of disability is controlled by social and political actors that have little direct experience of the emotional and social reality of living with a disability (Baker, 2002; Grue, 2011; Oliver, 2013; Grue, 2015). As a result, CDA shows the need for more emancipatory discourse in order to challenge the oppression of disability and reclaim disability discourse for disabled people (Corker & French, 2001).

Disability is a significant focus of this research. Therefore, it would be interesting to understand whether the CDA methodology is practicable in the context of this research. A closer look at the issue of disability within the context of education touches on matters relating to inclusion and the consideration of human rights. To date, research has identified various fields and studies where both concepts apply with relation to CDA. Hence, the same application potential for CDA should also apply. Regardless, certain researchers have dedicated their research to focusing on the critical analysis of disability discourse, and these are discussed below.

Kivistö (2017) argues that disability discourse is a vague topic that has been underrepresented in analysis. With that in mind, the objective of Kivistö's research was to discuss some of the discursive representations of the inclusion of people with disabilities in Finland. In this way, the study sought a more in-depth understanding of the factors that left disabled people feeling excluded from the rest of society. CDA was found to be appropriate for this analysis. It was selected for its ability to explore typical and meaningful ways of speaking, writing, or producing texts. The researcher noted that discourse could develop shared meanings through communication and interaction (Kivistö, 2017). It was through CDA that the researcher discovered that inclusion was indeed a topic of discussion but was not realised until social

actors became aware of the social exclusion that actually existed. Hence, inclusion of disabled people depends on whether a society can raise an issue concerning the representation of disabled people in all areas of life.

Further, Aciene and Vaicekauskaite (2011) address the issue of inclusion of disabled people in society from a human rights perspective. The two authors used CDA to ascertain whether Lithuanian society does work towards the equality and social inclusion of disabled people, in line with the human rights provisions that apply within that jurisdiction. Some of the limitations identified by this research included a lack of equal access to education. Education is one of the most important factors for the successful social and educational inclusion of people with disabilities. These findings also show that there is an overall lack of equality in the distribution of resources, which curtails opportunities for disabled children to achieve academic success.

Overall, according to research carried out by Grue (2011), it is crucial for analysts to carry out CDA on disability studies due to two primary reasons. First, there has been constant academic infighting and adherence to the misguided notion of exclusive theoretical models of disability. Second, there are signs that disability studies could become more introverted and circumspect. That would mean less energy spent on creating meaningful connections between the discourses and other sympathetic disciplines. Ultimately, these conditions may undermine the ties that exist between disability studies, activist circles, and policy development (Grue, 2011).

3.10.4 CDA and Autism

Like disability, the discourse of autism spectrum disorder inevitably is linked to the vernacular of impairment and deficit (Ravet, 2011). Moreover, like the discourse of disability, the language of autism is linked to discourse around inclusive education (Shakespeare & Watson, 2001). This has given rise to an ostensibly positive discourse of diversity, difference and special interests, and special pedagogies without ignoring or denying the underlying discourse of disability (Silberman, 2012). It is necessary to note the qualitative distinctions between the discourse of disability and the discourse of autism. Where the discourse of disability remains located within the realms of a traditional dichotomy between physical normality and abnormality, the discourse of autism resides firmly within the sphere of mental illness and mental disorder (O'Reilly & Lester, 2017).

It should be noted that autism spectrum disorder is only diagnosable by a school of experts that have access to actuarial diagnostic tools such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) (O'Reilly & Lester, 2017). This has two important consequences. On the one hand, as O'Reilly and Lester (2017) attest, although social policy endeavours to lower barriers to inclusion, the discourse of autism spectrum disorder has failed to transition from a medical to social model of disability. Qualitative research with educational professionals has consistently demonstrated that talk about autism continues to fixate upon the individual child's symptoms and behavioural deficits, and the extent to which the problems and pathologies of autism challenge the ideals of inclusion and mainstreaming (Emam & Farrell, 2009; Lindsay, Prouix, Scott, & Thompson, 2014). When analysed within the medical framework of mental health, autism discourse has a negative and constraining impact upon autistic people (O'Reilly & Lester, 2017). Framing discourse within the medical model of disability fails to consider the wide variety of diagnoses of autism spectrum disorder and the diversity of subjective experiences of inclusion and exclusion that this necessarily entails (O'Reilly, Lester, & Muskett, 2016). Additionally, narrow and rigid interpretations of autism as a mental health illness fail to take account of the diversity of stakeholder perspectives. As O'Reilly et al. (2016) reveal, the language used by parents to describe their children's lived reality is far removed from the discourse of practitioners and policymakers.

On the other hand, within a framework of mental illness, the discourse of autism (and the policy of inclusion) continues to be shaped and directed by medical experts and institutions rather than people who have direct knowledge of autism. As Foucault (1972) observed, expert medical knowledge does not represent a universal or object form of epistemology but a historically situated body of knowledge that reflects the ideologies and interest of powerful social and political classes. In the case of autism spectrum disorder, expert medical discourse serves the interests of a neoliberal agenda that aims to promote individual responsibility and personalisation in social welfare policy (Wedell, 2008). As a result, CDA reveals how concepts of risk and vulnerability are socially and culturally constructed according to underlying political and ideological objectives (Graham & Slee, 2008). Additionally, CDA has demonstrated, once again, the essential and undeniable link between power, knowledge, and discursive hegemony (Howarth, 2010). Whether consciously or unconsciously, discourse manifests in social practice (Van Dijk, 2006).

3.10.5 CDA & Educational Inclusion for Autistic Students

CDA is a methodology that can be used to examine how the use of language prevents the inclusion of those students with different abilities into the educational system, specifically those that are impacted

by autism (Chouliaraki & Fairclough, 1999). Liasidou argues that, “critical discourse analysis is proposed as an emancipatory research tool that has the potential to destabilize the authoritarian discourses entrenched in educational policy agendas, thereby facilitating the linguistic and, by implication, conceptual reinstatement of inclusion as a notion that unequivocally advocates the protection of the human rights of children with special educational needs” (2008, p. 483). CDA may be used to examine how the policy of inclusion of students with autism may be framed to entrench the inequalities that exist within the educational system.

The language associated with autism may not be conducive to effective inclusion in the education system (Chouliaraki & Fairclough, 1999). It helps to highlight that the emancipatory project attached to the analysis of discourse in this area is meant to enhance the spectrum of human rights of the students with different abilities that are placed in the education system. One of the most significant features of the policy of inclusion instigated in countries like the United Kingdom and the United States is that the policies put in place to accommodate the needs of students with autism are informed by a ‘consensual’ approach aimed at establishing certain types of hegemonic discourse (Mulderigg, 2012). There is also an important correlation between space and identity when it comes to analysing the question of discourse in the area of educational inclusion. For instance, some scholars highlight that the very idea of ‘special classrooms’ (underpinned by the language of ‘educational inclusion’) can entrench a sense of identity that differentiates students with different abilities from other students (Hart & Lukes, 2010). Caetano argues that, “special education classrooms were pre-developed as a place where, at a specific period of the day, people with special needs were tended to. This modality implicates that a student remains in a regular classroom, participating in daily activities with his or her so-called ‘normal’ classmates and receiving specialized assistance in that specific classroom” (2014, p. 688). In many instances, the dialectic that accompanies the spatial policy of inclusion creates a rigid spectrum of differentiation. Therefore, one could argue that critical discourse analysis has the potential to uncover the way in which language is used to consolidate the asymmetrical relations that exist between students with different abilities and so-called mainstream students (Rogers, 2011). In any case, the conceptual and interpretative power of critical discourse analysis could be used to create mechanisms that create a sense of empowerment among students with different abilities through an emancipatory use of language (Rogers, 2011).

CDA has not been used, previously, in the context of disability in the Saudi Arabian context. Approaches that seek to deconstruct and reveal the way in which power flows through discourses, language use, and official texts, and is adopted by people with status to shape what is considered the *truth* and *facts* about such issues as disability and autism are not common in the Saudi context. This is why I felt that a Foucauldian approach to CDA would be necessary for me to adopt in this research project. Nevertheless, it is important for me to acknowledge that the Foucauldian approach taken was not intended as a framework for foregrounding a systematic analysis, but rather as a background guide for 'thinking through' the ways in which the Foucauldian concept of power functioned to effect certain discursive understandings of autism, disability, and inclusion in ways that were exclusionary to some, while disadvantaging others in the context of this research. In other words, embracing relevant Foucauldian conceptualisations contributed to revealing the power relations among the social relations responsible for the formation of knowledge and the construction of 'truth'. These 'truths' become accepted by and normalised within society and are embedded in various discourses in ways that replicate inequalities and existing exclusions. Foucault describes this process as the organic basis for 'regimes of truth' to develop and become established. For example, individuals with SEN and ASD in this study were perceived as unable to learn/unteachable, weak, mentally retarded, and in need of compassion and empathy. These accepted labels and understandings reflect the ways in which Foucauldian relations of power are in operation discursively in relation to autism and disability in Saudi Arabia. Beyond Foucauldian theoretical approaches and because I recognised, from my experience working in this field in Saudi Arabia, that there is such a paucity of rights-based approaches to disability in the context, I felt that the work of Wodak and Fairclough should also inform my approach to CDA and that Wodak and Fairclough's theorisations and approaches should be central, alongside Foucault's thinking, in shaping my own approach to CDA in this research project.

Research Methods

3.11 Data Collection for the Proposed Thesis

Having worked in the field of disability studies and educational inclusion in Saudi Arabia, I recognised that certain sources would be important for me to access through a CDA analysis of them. This means that I needed to access official policy documents such as Disability Code and institutional discourses. I also recognised that a range of stakeholders should be interviewed to obtain a breadth of interpretations, diverse points of view, a range of experiences, and different stakeholder positions that reflect differential access to power. I therefore interviewed (3) parents of disabled children, (9) stakeholders in educational and social institutions for individuals with SEN and ASD and (1) an official at the King Salman Centre for Disability Research. Because of the sensitivity around such issues in the Saudi Arabian context, including disabled or autistic people themselves in such interviews was not possible.

On the one hand, there is a stated claim that in that present-day educational praxis in the area of disability in Saudi Arabia is unsatisfactory (King Salman Centre, 2015). As part of this, then, official literature, as published by the institutions responsible for SEN provision, including the Ministry of Education, the Ministry of Labour and Social Development require have been taken into account. The present study considered policy documents on 'inclusion' in Saudi Arabia that is a purported trajectory in the direction of inclusive practice. While literature on educational inclusion is very sparse in Saudi, this research also had taken into account previous literature, that has addressed a 'deficit' in needs in the Saudi context, notably the work of Al-Mousa (2010) and Al-quraini (2010 and 2012) that address utopianisms and disparities.

Furthermore, it is worth saying that the semi-structured interview is a fairly unobtrusive method of data collection, for it requires the researcher to maintain a particular distance from the interviewee, but it also raises questions of an exploratory nature with which to prompt the latter. The semi-structured interviews contributed to obtain deep and meaningful data, such as personal experience, attitudes, perceptions, inner motivations and feelings. It is considered to be revealing. However, there are some difficulties encountered in finding respondents and conducting interviews with them because of their job position or their gender (female); for certain considerations.

3.12 Ethical Considerations

Before collecting the data, I contacted the interviewees and asked them to participate in this research by being interviewed. After their approval, I obtained a permission letter from my academic supervisors at the University of Stirling, as well as from my workplace in Saudi Arabia at Umm Al-Qura University to the Ministry of Education, the Ministry of Labour and Social Development, and the King Salman Centre for Disability Research in order to allow facilitating the procedures for visiting educational and social institutions. The fieldwork took place in Saudi Arabia. Because no specific formal ethical research guidelines exist in Saudi Arabia, I followed the Research Ethics guidelines at the University of Stirling (2018), and the procedures of the British Educational Research Association (BERA, 2018) in order to overcome any ethical challenges that may arise.

The present research is sensitive, as it discusses issues related to sociocultural, religion, gender and children with disability within Saudi Arabia. Therefore, several measures have been taken with this in mind. All the research participants gave their informed consent before taking part in the study (University of Stirling, 2018). What this means is that they were notified of the nature of the research, its purpose, and the way that the data will be handled, and asked whether they wished to participate or not, with no sanctions applied, and the assurance that they can withdraw from the study without consequence at any time (BERA, 2018). I have taken pains to preserve their anonymity, to respect the ethical implications of educators' and policy-makers' responses, and to assure them of this anonymity. Moreover, since this research is funded by the Saudi government, not only were participants needing to be protected, but for cultural, gender and religious reasons, it became more difficult to find women stakeholders readily willing to be interviewed for this research project. Further, as I am a Saudi male, women had to be interviewed with their husbands or fathers present, or be interviewed by a female researcher willing to undertake the interviews with other women stakeholders on my behalf. This created some barriers for the data collection process.

3.13 The Relationship of Participants in the Disability Field

All interviewees have a direct relationship with disabled people either in all three institutions or as parents of disabled people. The following table (3) describes their position, qualifications, experience, preparation, and scientific knowledge to work in the disability field:

Table 3: List of interview participants

The name of the interviewer	Position	Qualification	Experience
MOE 1	Assistant Professor in the field of special education specialisation autism and behavioural disorders at the University of Umm Al-Qura.	The BA was psychology, the MA was special education from the University of Exeter UK, and a Ph.D. from the University of Washington in the U.S.A was in autism and in applied behaviour analysis (APA).	11 years
MOE 2	Teacher unite in one of the integration schools	Bachelor's in Autism and Behavioural Disorders	6 years
MOE 3	Director of the Institute of Intellectual Education Bachelor degree in autism and behavioural disorders	Bachelor's degree in autism and behavioural disorders	12 years
MOE 4	A teacher of behavioural	Bachelor's degree in autism and	4 years

	disorders and autism in the autism centre for females	behavioural disorders	
MOE 5	A teacher of behavioural disorders and autism in the autism centre for females	Bachelor's degree in autism and behavioural disorders	8 years
MOE 6	A teacher of behavioural disorders and autism in the autism centre for females	Bachelor's degree in autism and behavioural disorders	7 years
Min Lab. Social Dev 1	Social researcher at the Ministry of Labour and Social Development Comprehensive Rehabilitation Centre for the Disabled	Bachelor's degree in sociology	16 years (10 years with the disabled + 6 years with the orphans and the infirm)
Min Lab. Social Dev 2	Paediatrician (diagnosis and treatment of disabilities in the comprehensive rehabilitation centre)	Bachelor's degree in Medicine and Postgraduate Diploma in Paediatrics after undergraduate	6 years (working with disabled people)
Min Lab. Social Dev 3	Deputy director of the comprehensive rehabilitation centre	Bachelor's degree in Sociology and an Educational Diploma	24 years

	as well as a social worker in the centre		
Parent 1	***	***	***
Parent 2	***	***	***
Parent 3	***	***	***
King Sal. Ctre 1	Official at King Salman Centre for Disability Research	Ph.D. from University in USA	***

This chapter has presented a detailed description of the theoretical framework that supports the methodological approach used in this research. This theoretical framework was based on critical social theory and the critical poststructuralist perspectives presented by Foucault, such as power, truth and knowledge. Discourse analysis, critical discourse analysis and the differences between them are discussed. The approaches of critical discourse analysis were also identified. The following subjects were discussed by maintaining a focus on and relevance to the topic and the purpose of the research regarding the applicability of the CDA methodology: social and educational inclusion, human rights and disability, particularly as they relate to students affected by autism. The next chapter will present and discuss the findings of this study.

Chapter Four: Critical Discourse Analysis of Interviews and Policy Documents

4.1 Introduction

This chapter critically examines how '(dis)ability', autism, and special educational needs (SEN) have been discursively and culturally constituted as well as elaborated in different contexts within Saudi Arabia. It also interrogates how discourses on Special Educational Needs (SEN) and Autism Spectrum Disorder (ASD) emerge as cultural, religious and historical texts and social difference discourses, and seeks to reveal convergences and contradictions within such discourses. Critical implications and contextual recommendations based on these discourses and practices are discussed in chapters five and six.

These findings are drawn from critical discourse analysis (CDA) of 13 semi-structured interviews as well as select discourses of official policy documents with respect to disability, SEN, and ASD within the Kingdom of Saudi Arabia. With regard to the semi-structured interviews, interviewees were from three different governmental institutions, with direct responsibility for disability, SEN, and ASD in Saudi Arabia, in addition to parents of disabled people. Of these, six interviewees worked for the Ministry of Education (MOE), teaching within SEN and ASD centres, institutes, inclusive schools and universities. These interviewees are referred to respectively as (MOE 1, MOE 2, MOE 3, MOE 4, MOE 5, and MOE 6). A further three interviewees worked for the Ministry of Labour and Social Development (Min Lab. Social Dev) in the comprehensive field of rehabilitation centres for disabled people. They are referred to as (Min Lab. Social Dev 1, Min Lab. Social Dev 2 and Min Lab. Social Dev 3). A further stakeholder was from the King Salman Centre for Disability Research. This interviewee is referred to as King Sal. Ctre 1. The final three interviews, conducted with parents of disabled children who had either ASD or SEN, are referred to as (Parent 1, Parent 2 and Parent 3).

As discussed in the methodology chapter, CDA is useful in revealing the ways in which language shapes social practices that replicate injustice, inequality and oppression within the social structures that SEN and ASD people need to operate. It thus is considered a useful and effective approach in evidencing how SEN, and specifically ASD, are taken up and 'understood' through policy documents and institutional discourses as well as by stakeholders in relation to policy mandates. For the purpose of this thesis, CDA is used specifically to analyse these discourses and policy documents within the Saudi Arabian context. Attempts to elucidate resistance, dominance, and other social relationships (surrounding constructs including race, gender, language and religion) are investigated, along with underlying ideologies that

reproduce dominance, injustice, or inequality. Through recognition of these social reproductions, an uncovering of implicit and hidden ideologies should emerge, in an attempt to focus “on the strategies of manipulation, legitimation [and] the manufacture of consent” (Van Dijk, 1995, p.18).

The term, Critical Discourse Analysis (CDA), is often associated with a group of scholars who have been credited with laying out its foundations and approaches, such as Norman Fairclough, Tuen van Dijk, Ruth Wodak. Michel Foucault is one of the leading scholars weighing in on social power relations, whose critical approach focuses on a systematic analysis of the complex historical, socio-cultural and spatial conditions that inform disciplinary discourses: knowledges that result in the creation of relationships of power (Gordon and Grant, 2013). A Foucauldian view on the formation of the subject has practical effects on the way ‘docile bodies’ (such as the disabled/autistic body) are encouraged to fashion themselves as subjects or identities within a new disciplinary regime in Western culture (Parker, 2004). This chapter addresses the first four research questions of this thesis through a critical discursive analytical methodological approach of policy documents and semi-structured interviews.

Research questions (1 & 2):

1) How are autism and special educational needs discursively and culturally constituted in the Saudi Arabian context?

2) How is ‘(dis)ability’ constituted and elaborated in different contexts in Saudi Arabia?

Using CDA as a valuable and unique approach to this research assists in revealing hidden assumptions and relations of power invested in discourse, contributing to cultural and discursive constitution towards SEN and ASD. It also contributes to the constitution and elaboration of (dis)ability in distinct contexts within Saudi Arabia. It also helps to reveal dialectical discourse in relation to social and educational policy and practice of inclusion of SEN and ASD people in that national context. Analysis for the first and second research questions has resulted in a number of prominent and interconnecting themes and sub-themes. These elaborated themes follow.

Conceptions and classifications of disability

An array of stakeholders used outmoded or judgmental terms and classifications when referring to ASD and SEN individuals, including “*mentally disabled ones*” (MOE 4), “*mental retardation*” (MOE 2,3,6, & MIN LAB. SOCIAL DEV 3), “*the degree of autism (mild - moderate - severe)*” (MOE 1), “*moderate and severe disability*” (MIN LAB. SOCIAL DEV 2) and “*learning difficulties*” (KING SAL. CTRE 1). This was

increasingly compared against *“the perception of ‘ordinary’ children and students”* (MOE 1,2,3,6), *“they may even be almost normal”* (MOE 6), *“their son is normal or abnormal”* (MIN LAB. SOCIAL DEV 2), *“he was normal”* (Parent 3). MOE 6 decided to study autism because *“it was a new field as well as mysterious and strange”*. It can be said that these terms of categorical disability reflect the medical model of disability, as they hide the dynamic factors and complexities that the human rights-based approach seeks to uncover. Moreover, the use of these terms and classifications omit environmental barriers and may also undermine the implementation of inclusive education (Hollenweger, 2014).

With regard to the concepts of disability for parents, it tended to be seen from a purely medical perspective. For example, parents recounted some narratives related to misdiagnosis, unfamiliarity from hospital staff when dealing with ASD people, *“he was diagnosed only when he was three years old by doctors and specialists in several hospitals and centres. The diagnosis was inconsistent whether he had autism or not, whether the autism was very simple or severe”* (Parent 1), *“since he was born, he was normal and had no problems, but after receiving the triple vaccination, the symptoms and problems started to appear. After going to the hospital, they told us that he had severe autism, so I think that the vaccination was the cause of my son’s autism”* (Parent 2).

Members of the public, as mentioned by the interviewees, also viewed ASD and SEN individuals as *“insane or possessed”* (MOE 3), *“with too much pity and inferiorly”* (MIN LAB. SOCIAL DEV 1) or *“non-teachable/learnable”* (MOE 1,3,4). The terms, concepts, and classifications used may assist in understanding the current discursive and cultural perception of individuals with SEN and ASD in Saudi Arabia, which stems from the direct perspectives of both ministerial stakeholders and SEN/ASD parents, as well as anecdotal observations of others. It can be argued, nevertheless, that such perceptions were constituted on illogical and unscientific bases as ‘truth’ in order to reinforce certain concepts as an exercise of power. It also served to reproduce discourses of social inequality through discourses on ‘dis(ability)’. Foucault emphasises that labels created through the use of scientific knowledge have traditionally worked to justify the stigmatisation of disadvantaged social groups (Gutting, 2005). Therefore, CDA here is useful in revealing the way in which structural distribution of language diffusion is used by dominant social groups in order to exercise power (Johnstone, 2018).

On the other hand, the main conceptions of disability within official policy documents in the Saudi context may assist in developing a discursive and cultural understanding of how SEN and ASD individuals

are viewed. Among official Saudi Disability Codes, ASD and SEN concerns were discussed within three spheres, namely prevention, welfare, and habilitation (Article 1):

- Prevention aims “*at preventing or limiting the effect of disabilities*”, by adopting a “*set of medical, psychological, social, educational, informational and regulatory procedures.*”
- Welfare aims to provide a personalised care service contextualised upon “*the degree of their disability, as well as their medical and social situation.*”
- Rehabilitation aims to “*enable the disabled to achieve the maximum feasible degree of functional efficiency [...] to adapt to the needs and requirements of their natural and social environment.*”

Terms including, ‘*preventing or limiting the effect*’, ‘*the degree of their disability*’ and achieving ‘*functional efficiency*’ illustrate the dominant, accepted conception of disability in Saudi Arabia, which views disability as a weakness, deficit or deficiency that needs to be ‘*fixed*’. It also reinforces a socially-constructed distinction between disabled and non-disabled individuals, which has now become indelible. This can be critiqued when applying Foucault’s concept of ‘*governmentality*’, which functions to manage the relationship between knowledge and power in order to exercise social control. ‘Prevention’, ‘welfare’, and ‘rehabilitation’ operate to normalise these tropes as perceptions that require accepting as the normal order of things, as ‘realities’. In the process, they then become instruments for organising the social sphere in a way where people in Saudi Arabia begin to regulate and govern themselves and disabled people accordingly in these terms.

Within binary comparisons between ‘normal’ and ‘abnormal’ that become self-constituting, notions of normality are accepted or rejected based upon contrasting views, government documents accepting abled persons as ‘*nondisabled*’, with disability relegated through a continuous comparison with a constructed status of ‘*disabled*’. This signification might be part of the subconscious, although a key aim of CDA has been accomplished here, demonstrating how asymmetrical power is maintained once such discursive messaging is disseminated via the authority of government policies within Saudi society. As Locke (2004) argues, this convergence between language and power illustrates how control, or command of paradigmatic perceptions, can become entrenched through authoritative yet self-organising processes of knowledge reproduction. Disabled people are therefore observed against able individuals through a singularly comparative framework, benchmarked against their ‘*adaptiveness*’ to mainstream society, instead of adapting the community to accommodate them, further creating and promoting ‘*otherness*’

from their more able-bodied counterparts. Sustained by a process of othering by continuous comparison, in these terms, disabled people carry the 'flaw', which in majority they are expected to carry the onus in addressing via their 'adaption' to mainstream society, rather than society owning 'the flaw' in not being inclusive enough. In supporting this orientation, Article One of the Disability Code stipulates:

A person with a disability is one who is totally or partially disabled with respect to his/her bodily, material, mental, communicative, academic or psychological capabilities, to the extent that it compromises the ability of that person to meet his/her normal needs as compared to his/her non-disabled counterparts. (Disability Code, 2000, p. 3)

While not referencing ASD or SEN specifically, it could be inferred that "cognitive disability, motor disability, learning disabilities, speech and language impairments [or] behavioural problems [...] which require special care" (Abo El Nasser, 2015, p. 172), are within the remit of this classification. Official classifications such as the one's just stated become problematic because they assist in constituting and promoting a discourse of 'otherness'. It is an otherness that acts to also render disabled people as incomplete in their humanity, as subordinate, as obsolete. According to Bhabha (1999) "to judge the stereotyped image on the basis of a prior political normativity is to dismiss it, not to replace it" (p. 370). The interpretive manner from which legislation is implemented also becomes problematic as parents and ministerial stakeholders frequently cite examples of inconsistent or inaccurate classifications and diagnoses, such as admissions tests within educational institutions, by seeking to determine the type and severity of disability. These purported 'inconsistent' and 'inaccurate' classifications and diagnoses operate according to principles of power that assert particular truths about the 'nature' of disability, thereby constantly reconstituting the binaried notion of ability/disability.

Grue (2015) insists that a medical model is predicated upon grouping, diagnoses and labels, negating the empowerment prospects that a social or rights-based model seeks to promote. Therefore, as the medical model becomes embedded within government policy, this position disseminates throughout society from stakeholders possessing power, until subsequent usage becomes ubiquitous. Consequently, the term ceases to modify its definition, supporting Corker and French's (2001) assertion that disability becomes interlinked with impairment. A binary distinction is created between disability and ability, normal and abnormal, as proposed by Roulstone and Prideaux (2008). Given that these 'definitions' have been constituted within a landscape of uneven relations of power, with actors acting

variously within a spectrum of power, problematical challenges arise. Given that many of these actors have limited exposure to the everyday lived experiences and understanding of disabled individuals, contestation around whose voice on disability counts becomes inevitable.

Perceptions of societal attitudes towards SEN and ASD individuals

Overall, the perception of SEN and ASD individuals was negative, with the majority of respondents believing that social attitudes are pessimistic and adverse. For example, according to MOE 1, *“the majority of the community still holds a negative perspective”* of people with SEN and especially ASD people. These observations were demonstrated by multiple respondents such as those reflected in the interviews of stakeholders or parents of disabled people.

Most of the stakeholders from the Ministry of Education, Ministry of Labour and Social Development, and parents believed that *“many people think that autistic children are mentally retarded or insane”* (MOE 3), and parents felt that society was *“ignorant about autism”* (Parent 1). Collectively, respondents tended to assert that the general population approached disabled individuals *“with more pity than needed”*, believing them to be *“poor, weak, useless and unproductive”* (MIN LAB. SOCIAL DEV 1), which resulted in them being *“looked at inferiorly”* (MIN LAB. SOCIAL DEV 2). These attitudes were believed by respondents to be held by the majority of Saudi individuals, both educated and uneducated. Often such positions were interspersed with anecdotal recollections and encounters with the public, in which participants had observed, or been victim to, such behaviour. For example, parents often recalled occasions when members of the public had directed anger or hatred towards their disabled children, one parent recollecting *“When I was at the hospital, I had to pray in the mosque and my daughter was with me. A man sat looking at her with cruelty and he ended up sending her out of the mosque”* (Parent 2). Stories like this one indicate a negative public perception or stigma that may encourage families to keep disabled children out of the public eye – effectively excluding them from society. Parent (1) stated that *‘I suffer from this with my relatives. Some of them look at my son with too much pity and affection, and others look at him inferiorly’*.

The language of *‘insanity’*, *‘pity’*, *‘weakness’*, and *‘cruelty’* appears to be a perception stemming from cultural ignorance that negatively affects the needs and rights of SEN and ASD individuals. Within these negative perceptions, it can be said that the dominant power emerges from adults constituted as able-bodied within society. As the dominant and collectively influential group, their position is elevated

above those perceived as disabled individuals, resulting in a socially (re)constructed conception of disability. This particular discourse consequently has become actualised and accepted within society, with such reconstructions being observed, normalised and considered as dominant 'truths'. As Cannella states, although "the appeal to reason within a discourse provides an additional compelling form of exclusion" (2000, p. 39), individual attempts to contend with and contest such collective conceptions are often unsuccessful and ineffective. Combined with this, mainstream discourse often alters the actor's beliefs, given that "actors continually reinterpret [...] as changing circumstances lead them to fit these actions into new social configurations" (Gilbert et al., 1984, p. 39). Interconnected postulations from Foucault further support this argument, positing that once such individual views collectively become accepted as the prevailing opinion, this becomes disseminated through individual and inter-connected networks. Consequently, minority voices become subordinated and accepted as the normal order of things. Therefore, within this perception of SEN and ASD individuals, power is not possessed or owned through dominant hegemonic groups or elites but emerges naturally across individual societal opinions and actions. This means that power is hidden and therefore empowers its owner in the process in order to exercise influence through "power behind discourse" (Fairclough, 1989, p. 43).

On the other hand, a minority of respondents acknowledged that this perception was beginning to change:

I have seen that the current status of the society's views has started changing. Previously, the families used to hide their disabled children from people's eyes, thinking that this may affect the social status of the family from several aspects. From my experience with some of the families who have children with special needs, I find that they have started taking a huge interest in their children and are constantly searching for educational programmes that are appropriate for them. They also want to attend some training courses and read the books that enable them to help their children with special needs. The view of some people has changed, but the majority of the community still holds a negative perspective. (MOE 1)

In this narration, the interviewee seems to have developed some hope in progress as a result of their experiences with families of children with ASD or SEN but that hope is tempered by their belief that the larger society still stigmatises disability.

The negative perceptions were seen as being related to a culture that views disabled people as “*poor, weak, useless, and unproductive*” (MIN LAB. SOCIAL DEV 1). Respondents demanded that the media raise awareness and educate society about SEN and ASD people. For example one respondent argued that “*the media in general should spread awareness that these members have rights that must be respected. They should be regarded as successful and active members in the society*” (MIN LAB. SOCIAL DEV 1). It can be argued that these respondents want the media to play the role of guardian in relation to representing and talking about disabled people, rather than their own voices being heard directly. This suggests that a rights-based approach to disability is still fairly limited. The ‘social actors’ approach highlighted by Van Leeuwen indicates the importance of the media in propagating certain rhetorical structures upon society as well as reproducing the dominance discourse through distinguished hegemonic actors (Machin & Van Leeuwen, 2007). On the other hand, other interviewees expressed beliefs that the negative perceptions related to characteristics by which disabled individuals were commonly known. Social attitudes deem those constructed as ‘disabled’ as being “*considered aggressive*” (MOE 2), or that “*some autistic people might act recklessly and cause damage and so everybody will stay away from him*” (MIN LAB. SOCIAL DEV 2). However, others argue that:

this perception results from the observation that autistic individuals resist changes in their environment by exhibiting agitation or excitation when their routine is modified. Other people interpret this resistance as aggressive and extreme behaviour. Perhaps the reason behind that is their ignorance of the causes behind this behaviour of the autistic child and the lack of knowledge of the majority of society regarding autism! (MOE 2)

It can be said that the media were responsible for perpetuating the dominant characteristics by which disabled people have become known.

SEN and ASD parents

Some parents of SEN and ASD individuals participated in the constitution of negative perceptions instead of attempting to overcome and resist them. Two parents stated that whilst “*part of society understands about the disabled, most of it doesn’t. As you know, these children sometimes produce spontaneous behaviours that may anger some people, and we saw this a lot*” (Parent 2). In that particular quote, the parent is repeating the same excuses for the mistreatment of SEN and ASD individuals that are predominant in wider society. In another instance, a parent reported the following: “*On one occasion, when my son was playing, one of them said, ‘Keep this child away from us’. This hurt my feelings so much*

and I avoided all the family social events” (Parent 1). Parents appear to submit to external views, adapting to appease societal prejudices. As Fairclough and Wodak (1997) concluded, this discursive practice demonstrates how replication of unequal power relations through individual representation and positioning creates alternative outcomes. It also shows how victimisation of those constructed as ‘disabled’ permeates victimisation of the family more widely, and that there is sometimes an accommodation and internalisation of such victimisation by the family more widely.

One respondent stated that:

Unfortunately, we find that most of the parents and, especially from the older generations, have incorrect thought regarding bringing up children. Some of them don't even know how many children they have or in what year they are. The old wrong customs and traditions started to disappear only a short time ago. They included neglecting women and restricting their role to tare giving birth and serving the husband and his children. Men marry more than one woman and have a lot of sons and daughters as a result (They take pride in the sons, but not the daughters). The husband leaves the responsibility of raising the children for the wives while his responsibilities are only sometimes providing the household expenses. The wife, in this case, bears the responsibility of many children, maybe up to 12, as well as the husband. It is just natural she won't find time to improve her culture and knowledge about autism and the needs of her autistic child. Then, how do you expect to convince the husband of his autistic child's education? Even if the wife tried to, it would be so difficult to convince him because he thinks he knows everything. This may cause her a lot of trouble, so she is obligated to remain silent and not to express her opinion. Hence, in the end, from their point of view, the only solution is to keep their disabled children inside the houses until they pass away. (MOE 4)

In this quote, the interviewee from the Ministry of Education describes social dynamics and gender roles within families as a contributor to the decision by some families to sequester children with disabilities away from public life. Typically, societal attitudes are thought to be the root of this perception, whereby ‘neglecting women’, ‘serving the husband and his children’ and ‘pride in the sons, but not the daughters’ is an accepted norm. According to Al-Haidari (2017), patriarchy is a social structure rooted in the collective memory of the Arab world, one which is based on authoritarianism and opposition to the contemporary Western thought on human rights. Nevertheless, this could be viewed as an *Orientalist* (Said, 1978) perspective, because disability in Western contexts is often troubled. Arguably, Western

traditions can also be antidemocratic, and attitudes to disabled people are often very problematic in the West. There is often a gap between pro-rights policies in some Western countries, and practices and attitudes on the ground, which are often at odds with a rights-based approach. In much of both the Arab World and other Western contexts, this means that power often prevails at the expense of rights (Gilbert, 2018). Nevertheless, it can be argued that in some Arab contexts and elsewhere, where more authoritarian cultural traditions abound, negative discourses, policies and attitudes to the disabled may be more visible and often more pronounced. Patriarchy holds such societies back, as it is a disinvestment of women and subordinated groups who could also contribute to their society's wellbeing. It reinforces the unequal relations among members of contemporary society, culturally, socially, and even economically. Critical feminist theorists therefore outline the extent to which gender hierarchies are developed and sustained by social and cultural practices that are embedded and normalised through the proliferation of patriarchal discourses (Butler, 2011).

One of the most important ideas postulated for the family unit to improve the education of SEN and ASD individuals was attitudinal changes of male family members (particularly husbands) through improving female decision-making. Foucault's theory of 'governmentality' becomes useful for this justification. In these terms, power becomes not merely expedited from hierarchical positions, but exists within micro-levels of society. Reinforced through traditional cultural codes within Arab society, a husband's power over his wife is an accepted norm in much of society, which upon being internalised, can negatively reposition her self-perceived value and serve to diminish her individual sense of agency. As Hines (2007) corroborates, women have traditionally performed mother or homemaker roles in Arabic and Western societies. Using a Jäger and Foucauldian dispositive analysis allows an understanding of how public power permeates private intra-family structures. Limiting parental agency affects the disabled individuals' scope of influence within society, furthering oppression and exclusion.

Respondents within the Ministry of Education noted negative comments from disabled individuals' family members. Educational behaviours and decisions undertaken by parents regarding their children support these beliefs, particularly regarding the use of educational institutions. Respondents from the Ministry of Education reflected the belief that SEN and ASD parents perceived that education of their disabled children is not important. Ministry members argued that parents often believe their children have no future and are not teachable. As a result of these beliefs, they send *"the autistic child to a school to drain the child's time and give the parents a chance to relax during that period... and for*

playing” (MOE 2). They believed that parents were inclined to use school *“to care for their children and maintain their safety”* (MOE 3) and *“for killing time and entertainment”* (MOE 4) rather than using school for legitimate education. These beliefs were confirmed by a parent who stated that *“my son is now nine years old, but unfortunately he did not benefit from the institute at all except in one case only; wasting his time in playing”* (Parent 1). This could indicate that the parents are critical of the efficacy of school programming for ASD and SEN children. Indeed, one respondent from the Ministry of Education believed that *“the parents of disabled children notice that there are no noticeable results on their child when they go to school. Naturally, this has led to this mistaken and widespread perception”* (MOE 3). Another respondent from the Ministry of Education argued that this perception might exist because the current educational policies and practices *“are not sufficient, and some of them are not valid”* (MOE 2). Ministry of Education respondents also noted how SEN students were often withdrawn from education for fear of affecting the family’s social status. Such generational involvement contravenes educational studies within China, which found that higher levels of involvement were the result of the closer family unit (Yin et al., 2014).

The intended purpose of the Ministry of Labour and Social Development was on maintaining SEN or ASD individuals within the family unit, as opposed to placement within a comprehensive rehabilitation centre. MIN LAB. SOCIAL DEV 1 added the nuance that *“we only admit severe and moderate motor disabilities that are associated with mental retardation. So, if a person has severe motor disability which is not associated with mental retardation, we don’t admit him”*. In particular, ministerial stakeholders discussed this as an intended aim of the Ministry of Labour and Social Development. Such approaches would be *“obliging the families to rely on themselves in caring for their disabled children while we provide the services they need at home”* (MIN LAB. SOCIAL DEV 3). Execution of this proposal could prove challenging, although individuals may define themselves through distinct roles (mother, father, carer), such compartmentalised observations serve as a mechanism of individual disempowerment (Hoy, 1991). Reclaiming these concepts and transforming them into empowering ideological notions that cease to limit equality, social justice, and individual autonomy, could prove difficult – especially considering that such groups are often already marginalised.

In the responses from Ministry stakeholders interviewed, comprehensive rehabilitation centres are thought to be used by parents to *“hide their disabled children from the eyes of people and try to get rid of them”* (MIN LAB. SOCIAL DEV 2). It might be that *“this may affect the social status of the family from*

several aspects” (MOE 1), or *“there are many families that would never accept marriage to a disabled person”* (MIN LAB. SOCIAL DEV 2). Overall, it can be said that the perceptions of society's attitudes towards individuals with SEN and ASD, could assist in the constitution of negative perceptions in the minds of parents of the disabled individuals towards their children. This has certainly been a factor in contributing to lack of acceptance and promotion of educational and social isolation.

The perceptions in education and work

The lack of acceptance explored above was not limited to public places, but was also common in more private places such as educational centres/schools or workplaces. With regard to the former, the Ministry of Education in Saudi Arabia contributes, explicitly and implicitly, to the constitution of negative perceptions of individuals with SEN and ASD through its policies and practices. For example, the admission of persons with disabilities into the educational system is considered one of its most repressive policies. Despite the reality that the Disability Code of Saudi Arabia states that *“all phases of education (pre-school, general, vocational, and higher education) that are suitable to the abilities of the disabled and that are commensurate with their various categories and needs, including the continuous updating of curricula and services provided in this field”* (Article 2), there are some SEN and ASD students who did not enrol in educational institutions. Respondents displayed perceptions that SEN and ASD students were rejected from schools *“on the grounds that they hinder the educational process”* (MOE 5) for other students. This, again, is an example of a more visibly negative attitude to the disabled. Parents too have been victims of oppression and discrimination, through their children being refused admittance to educational centres. In such cases, the exclusion and isolation is extended to the family as a whole. One parent provided a clear example of this form of oppression by sharing that their *“son was not admitted to public or private educational institutes or centres. The reason we were given was that he cannot help himself to the toilet. We tried again and again but to no avail”* (PARENT 3).

Despite the limited number of specialist governmental centres and inclusive schools for SEN and ASD students, there are some ‘biased’ conditions set by the policies and practices of the Ministry of Education that prevent students with SEN and especially ASD from taking part in education, such as non-standard and inaccurate tests or measurements. One respondent from the Ministry of Education described these tests and measurements in this way: *“There are certain standards and tests for the admission of a student depending on the degree of student intelligence, as well as based on the degree of*

autism (mild - moderate - severe). One of the primary conditions for admission is that the student must be teachable/learnable” (MOE 1). Another respondent described them similarly:

We admit students who have mental retardation or autism only, from the age of 6 years to the age of 15 years. One pre-requisite is that the student must be able to learn according to the intelligence exam that is performed by the psychologist. The students must also be psychologically stable in order to benefit from the programmes presented to them. (MOE 3)

Even as these respondents described the tests/measurements as necessary for qualifying a child for admission, there are also differences in admission criteria applied between cities or even between centres/schools within the same city that deprive the majority of ASD and SEN individuals of education. A non-disabled student may be placed with a student with autism for a whole year, and then *“the cases are referred for diagnosis again at the end of the school year, if no signs of autism are noted”* (MOE 6). Furthermore, it was believed by some respondents that a female student with SEN and ASD were more likely to be excluded and marginalised from education compared to a male student with SEN and ASD. According to one parent, *“The schools and institutes are very few, whereas the girls are too many. The existing private institutes often accept boys only, in addition to their very high fees”* (PARENT 2). Such inequalities have led to gender bias and gender disparities in the education received by people with ASD and SEN.

Overall lack of public support has led to assistance being sought from private centres whose goals are motivated predominantly by business interests rather than educational ones. As one parent described: *“Unfortunately, I found that their goal is purely financial in 99% of the cases, and that they exploit the widespread ignorance among parents about the disability of their children”* (PARENT 1). The Saudi government currently pays 40,000 Saudi Riyals (£8000) for each student to join these centres (MIN LAB. SOCIAL DEV 3 and PARENT 1), but they are few and far between and the workers are unqualified to teach disabled students. One parent stated that:

The State pays high amounts for the disabled, also they have allowed businessmen and investors to open specialised centres for the disabled and they pay them annually about SR 40,000 for each pupil in private education. They assigned supervision to the Ministry of Labour and Social Development, but unfortunately, these centres do not exceed three and they provide speech

services for autistic only. Most of those who work there are foreigners with Arab nationalities and they exploit the ignorance of parents by persuading them to accept better services from the centre at their houses and outside working hours at very high and exaggerated fees. I was one of their victims once. (PARENT 1)

One parent believed that the inadequate services in private facilities was the result of the capitalist orientation to managing the facilities. According to that parent, the:

unwillingness of businessmen and investors to venture into these businesses, due to financial considerations, since they consider the return to be very poor or because they know very little about the disabled and lack any sense of social responsibility. Or it could be because they are misinformed and think that the best charity is in building mosques, feeding families, etc. (PARENT 1)

In this quotation, the parent discusses their perception that wider society does not value their child's education and sees other forms of charity as more worthwhile, a sentiment that reveals one of the many effects of social stigma on the education of people with ASD and SEN.

Due to the limited number of qualified and appropriate educational centres, the respondents noted that much was being demanded of them. The government urged to see to the *"Establishing of centres and institutes for autism and equipping them with all the methods and possibilities needed for their education"* (MOE 4), along with exemption from residency fees of non-Saudi people, which cost *"200 SR per month for each child"* (PARENT 2). Such respondents hoped that parents would claim their children's rights within education and society by changing the current misconception that is often cited - that ASD children are not able to learn.

Within the current system of the Ministry of Education (SEN and ASD centres/institutes or inclusive schools) as well as the Ministry of Labour and Social Development (private educational centres/institutes), it can be argued that there is a major imbalance in disability policies, rights and service provisions for SEN and ASD students. This imbalance has led to injustice, discrimination and marginalisation, as well as it has given priority to adopting the *'medical'* model as the dominant framework. MOE 1 stated that:

Recently, seven autism care centres that are affiliated with the hospitals of the armed forces were opened in certain cities. However, they still only accept the children of members of the armed forces, and they only accept the spectrum of mild autism. To this date, they still do not accommodate many autistic children.

This illustrates the dominance of the medical model in the field of ASD in Saudi Arabia.

The implementation of CDA becomes important when deconstructing the current educational policies and practices and how power relations assist in shaping these. It has demonstrated the relationship between power, the dominant paradigm on disability, and flawed educational practices that include culturally-accepted 'regimes of truth' (van Dijk, 2006; Foucault, 2000). Whether intended or unintended, discourse is clearly reflected in repressive and discriminatory practices towards SEN and ASD students. Foucault's 'social-political' approach to interpreting power relations is confirmed by examining how discourse works as a tool to promote and strengthen certain forms of knowledge that lead to oppression. Discourse is also responsible for generating and reproducing knowledge and variations of truth, facilitating the flow of power, and distinguishing itself as well as the people who speak it.

With regard to the workplace, there has been evidence of ASD and SEN individuals being discriminated against or oppressed, compared with their able-bodied peers, although *'they have some skills and capabilities that may be far superior to able people'* (MOE 2). Workplace discrimination abounds despite the existence of Article 5 of the Disability Code that states that businesses would be awarded loans for employing disabled workers. According to one respondent from the Ministry of Labour and Social Development, *'Some disabled people used to come to us with serious psychological and social trauma because of some employers or colleagues at work'* (Min Lab. Social Dev 3). Gutting's (1994) examination of power is useful in this context. Through the penetration of power, the issue becomes observed from the subjugated individuals' perspective. From this perspective, consequential restrictions upon autonomy and free will can be explored. These affordances allow positions of power to become normalised, especially given that formed classifications develop from a top-down approach (Dillet, 2017) by advantaged individuals. Therefore, paradigms of thought "become articulated in discursively constituted networks of meanings" (Lämsä and Sintonen, 2001, pp. 255-267). This naturalises certain mind-sets, power relations and positions of privilege, making a socially-constructed reality appear ontologically

positivistic within an original form. Subordinated individuals observe societal acceptance of this construction, further cementing its epistemic properties. As a result, if employers (who remain in a position of collective authority through afforded power), deem SEN and ASD individuals as being less productive, fewer disabled staff will be hired and they will ultimately be excluded from work.

The disabled individual, observing an absence of workforce disability, will recontextualise their individual position towards considerations of 'productivity' and 'usefulness' (adopting the current normative representation), irrespective of their previously possessed beliefs. Moreover, although governmental support and encouragement was introduced in terms of financial assistance for hiring persons with disabilities, several respondents felt that this lacked professionalism – some employers appeared to be hiring merely to receive benefits from that state-led provision, often paying the disabled worker to stay at home. One respondent states that '*... the owners of the companies and institutions would look for disabled people and give them monthly salaries while they stay at home just to use their identities and manipulate the system to obtain the visas*' (Min Lab. Social Dev 3). Using a Foucauldian framework, individuals' thinking is further aligned with societal rhetoric, propagating such perpetuations of the value of disability as a social stigma in accordance with social constructions, with subsequent knowledge becoming disseminated through discourse by appearing as represented *truth*.

Responses surrounded (and were interlinked with) the perceived benefit of securing a job that would enable the disabled person "*to earn and generate an income like other members of society* [emphasis added]" (Article 2). In addition, Article 1 states that habilitation is:

a coordinated process to utilize medical, social, psychological, educational and professional services to enable the disabled to achieve the maximum feasible degree of functional efficiency; to enable persons with disabilities to adapt to the needs and requirements of their natural and social environment, as well as developing their capabilities to attain independence and be productive members of society to the extent possible.

It could be said that this supports the postulation of the societal model, which posits disabled people as being forced to adapt to existing society, as opposed to society adapting to accommodate them.

Within CDA, the Van Leeuwen's social actor approach posits that society's dominant groups create discourse through chosen language, which becomes applied by what Machin and Van Leeuwen (2007) refer to as the demoted social stratum. Language thus manages social positioning or the disabled individual's expectations *within* preformed societal norms and expectations. Several respondents noted that securing a job was an essential part of integrating disability into society, becoming a vital tool in not only developing, but providing individuals with *"their full social rights through conditioning the environment to accept them and include them into society"* (MIN LAB. SOCIAL DEV 3). However, as demonstrated above, it seems that the devisors of the Disability Code have little direct experience of living with disability, therefore when policies become projected into everyday reality through reproduction from social actors, these negations are merely detrimentally replicated towards such societal expectations of people with disability.

The perceptions in educational and social inclusion

The perceptions in educational and social inclusion was another prominent theme which emerged in response to: *"When mentioning 'inclusion', what do you understand this to mean?"* It was anticipated that individual and personalised understanding of inclusion was dependent upon the sector from which the respondent originated. For example, respondents within the Ministry of Education typically related 'inclusion' with an educationally-assimilated perspective, while respondents from the Ministry of Labour and Social Development highlighted the social perspective. However, it was noted that these definitions were in colloquial (non-scientific) language and did not reflect definitions of inclusion in policy and governmental documents. For example:

- *It integrates of all the categories of children who have disability inside their school and community (MOE 1).*
- *Inclusion in the sense of interacting; interacting in society (MOE 5).*
- *Inclusion here means incorporating the disabled in the society (MIN LAB. SOCIAL DEV 1).*

One of the respondents in the Ministry of Labour and Social Development, in direct contact with disabled persons, reiterated my question and asked me *"What is social inclusion?!!"* (MIN LAB. SOCIAL DEV 2). Some definitions included terms such as *"ordinary peers"* (MOE 3), *"ordinary female students"* (MOE 4), *"normal people"* (MIN LAB. SOCIAL DEV 2), *"the environment of ordinary people"* (MIN LAB. SOCIAL DEV 3), with this terminology once more creating a sense of comparison and notion of difference, seemingly going against the ideology of 'inclusion'.

Such contrasting perceptions of inclusion demonstrate how the issue becomes individually personalised once communication from 'official' policies and definitions has become internalised. CDA has further highlighted these differences, through what Berger and Luckmann (1967) and Alquraini (2010) have assumed to be disparity between the political and theoretical agendas of stakeholders. Although somewhat agreeing with the authors' theory as produced policies are contradictory, once understanding and internalisation take place, the stated intention regarding SEN produces incommensurate and contradictory local discourses. Therefore, such *understanding* of policies becomes contextually subjective based upon the respondents' experience, local environment, and position of power or responsibility.

Educational inclusion

Education inclusion was a prominent theme in the interviews, illustrating how SEN and ASD people have been discursively and culturally perceived in the Saudi Arabian context. All teachers were asked: *"What is your view on inclusion in classrooms for autistic children?"* The majority welcomed inclusion of SEN and ASD students, believing this would possess benefits for both sets of students and society alike. Current attempts to include SEN and especially ASD children were considered defective, therefore requiring ministerial stakeholders to change current policies and practices. With regards ASD inclusive schools, some respondents believed that the failures of inclusion were the result of policy. For example, one argued that *"many programs of inclusion have been cancelled and limited to two or three schools in a large educational city such as ***. This indicates a failure in the implementation of inclusion"* (MOE 3). Another respondent believed that it was the implementation of the policy, rather than the policy itself, that caused problems. According to this respondent, *"our problem lies in its application. The implementation of the inclusion program has not changed, as was previously stated. On the contrary, it constituted a negative view of autistic people"* (MOE 2). And, yet another argued that the policy required application *"in a structured, standardized and correct way and when [sic] randomness is avoided"* (MOE 1).

Furthermore, it was believed that educational inclusion was partial to ASD students when compared to other disabilities. For example, one teacher claimed that, *"when we ask them for the inclusion of the autistic students, they request us to implement inclusion in their separate classes, because they make chaos"* (MOE 5). Such constructions when describing inclusion often reflect policies and practices of the Ministry of Education in Saudi Arabia towards ASD students, with the 'otherness' language

embedded in it, through the *'special classrooms'* that create discriminatory division between students of different abilities (Hart and Lukes, 2010).

Although the majority of respondents supported the educational inclusion of ASD students in inclusive schools, non-supporters believed that educational inclusion is suitable for a specific category of students with ASD, and that lack of staff, possibilities, and resources that could make the inclusion process ineffective and unsuccessful. One respondent from the Ministry of Education argued that inclusion *"is a complete system that is only suitable for a very mild and a very limited category of autism. Even then, it is only beneficial after the fulfilment of specific precise conditions and the provision of better resources"* (MOE 2). Another argued against the inclusion of students ASD students on the basis that there is a *"shortage of educational staff, particularly psychologists, social workers, occupational therapists and others"* (MOE 5).

Similarly, introducing assessments such as IQ, teachability, and others increasingly enacted and consolidated splits through an inflexible spectrum of classification and difference. MOE 1 stated that:

There are some tests and standard criteria that apply to the student who will be accepted in the school or centre/institute. There are certain standards and tests for the admission of a student depending on the degree of student intelligence, as well as based on the degree of autism (mild - moderate - severe). One of the primary conditions for admission is that the student must be teachable/learnable.

Utilising these assessments created through government standards further illustrates how unequal relations of power become apparent for different educational stakeholders. Despite an overall agreement and willingness to implement educational inclusion within inclusive schools, personal differences around what constituted 'best practice' created opportunities to assert instrumental forms of authority from stakeholders with power, reducing opportunities to achieve equality for those constructed as 'disabled'. Previous studies, such as Toledano & Avidar (2016), similarly concluded that unequal power relations and contestation around approaches to disability between stakeholders hindered opportunities for ASD students' wellbeing.

Unacceptance of educational inclusion of ASD students could be partly explained through respondents' opinions of staff. Multiple Ministry of Education respondents and SEN and ASD parents believed that SEN and ASD teachers often lacked knowledge of appropriate teaching methods in relation to SEN and ASD students. They asserted that pedagogical instruction was one of isolation and segregation within inclusive schools, with some SEN and ASD teachers setting the precedent of *"a routine allowing the autistic student to use electronic devices away from the rest of the students in the class"* (MOE 2). Educational aspects were seen as a secondary matter, with full inclusion perceived as rare and undesirable for ASD students. These issues further highlight how CDA reveals challenges to policy effectiveness, given attitudes of indifference with respect to proper implementation. When some respondents weighed in on deciding what *'type of education'* is most appropriate for ASD and SEN students in the classroom, the subjectivity in such calls revealed the way in which power is invested in such decision-making, including who gets to make such claims, and who has the expertise to do so. A rights-based approach was noticeably absent. As one respondent put it, *"the curriculum for early intervention was a personal effort by the director and the teachers in the centre along with some quotations from internet website"* (MOE 6). Some of the processes appears as relatively 'ad hoc'. Therefore, power became evident teachers 'decided' how and what SEN and ASD children should learn compared with more able peers, which further confirms the lack of consistency and coherence in the current educational policies and practices for educational inclusion of SEN and ASD individuals.

Lack of equality in inclusive education is apparent with the distribution of resources. According to MOE 1, there is a *"lack of available school buildings, classrooms, educational curricula, programmes, resources and teaching aids suitable for students who have autism"*. It could result in decreased interaction and further segregation (albeit within the same physical classroom) between able and disabled students. These findings support previous research, particularly from Aciene and Vaicekauskaite (2011) who also conclude that such actions inhibit opportunities and academic success for students. Kivistö (2017) highlights how inclusion discourse could create schemas of shared meaning among actors via associated interaction and communication. Although the majority of respondents discussed educational inclusion positively, able individuals appeared to be unable to differentiate or locate exclusion within their surroundings without explicit evidence, *"the perception of non-disabled children and students depends on the teachers' or parents' perception. Whether or not it was explained to them what autism is, what its characteristics are and how to deal with them. In this case, they accept them immediately"* (MOE 6). We

can deduce therefore that able individuals need to be actively aware of exclusion within their specific environments before becoming enablers and raising educational inclusion initiatives.

Social inclusion

Official policy documents in Saudi Arabia assert the need for social inclusion of disabled individuals. For example, disability code in Saudi Arabia perceive social inclusion to be social programmes designed in a way that *“contribute to developing the capabilities of persons with disabilities to enable them to integrate naturally into various facets of public life”* (Article 2). This emphasises *‘the adaptation of such facilities to enable persons with disabilities to participate’* in educational engagement, which will *‘assist them in their integration into society’*. This model positively portrays adaptations undertaken in order to accommodate and integrate disabled individuals. In 2000, Saudi Arabia established a Supreme Disability Council that included *“two persons with disabilities”* (Article 8) amongst a membership of 15 people, eight of whom are high-ranking ministers. This positive portrayal of disability amongst decision-makers appears to correlate with respondents’ attitudes towards social inclusion, with one ministerial stakeholder believing *“the most important thing we call for is inclusion within society. The ministry has for long been seeking to integrate disabled in society, because they are truly effective components in it. If they are properly integrated in society through education, jobs, etc., they will become active members”* (MIN LAB. SOCIAL DEV 1). In spite of somewhat noticeable improvements in recent time in relation to the implementation of a social inclusion process, there are a number of social practices that have contributed substantively to isolation, inequality and persecution toward SEN and ASD people. MIN LAB. SOCIAL DEV 1 stated that:

the employment barriers and the lack of places available to employ them. Once employed they can have their own houses, and make families. There is also the barrier of marriage. There are many families that would never accept marriage to a disabled person, since no one wants to employ them, they will never be able to keep a house or a family. Among the barriers is that most of the public places and governmental facilities are not suitable for receiving the disabled. Same with the government transactions and administrative procedures; the rules that are applied on the normal person are applied equally on the disabled persons! The disabled person is supposed to have a special treatment! Along with many other barriers that prevent the disabled person from inclusion into society.

Although the majority of respondents at the Ministry of Labour and Social Development supported social inclusion for disabled people, all parents were opposed to it due to the exposure of their children to negative attitudes by some members of society. PARENT 3 described his experience in this way:

I can express my opinion regarding his inclusion into society. I am not supportive of this inclusion because I experienced several failed attempts. The reason is that the child's autistic nature does not allow him to do so, because of the difficulty he experiences in verbal and social communication. He has a continuous desire to stay and play alone. This is also due to the lack of the community's understanding and acceptance of his behaviour that may disturb some people. Additionally, the community looks at autistic children with sympathy, which affects the children and the parents. I once took him to a park. He does not like it when other children come close to play with him. A woman approached him and was looking towards him sympathetically. She tried to give him money. I stopped her and made it clear that we do not charity. This encounter embarrassed me and affected me psychologically. I do not need money to spend on him. On another occasion, we were at the marketplace and a woman hit him because he came too close to her. I explained to her that he has autism.

When parents and other stakeholders describe negative experiences of inclusion efforts and use those experiences as justification for abandoning inclusion, it serves as a stark reminder of the power of social stigma to compel exclusionary practices.

In cases of social inclusion for disabled people within comprehensive rehabilitation centres, some disabled people experience particular restrictions. MIN LAB. SOCIAL DEV 2 stated that:

We only admit cases of moderate and severe disability, as well as multiple disabilities such as severe mental and mobility disabilities. These have no opportunity to be socially included. The best chance for including cases with motor disability and simple mental retardation, does not exceed taking a tour around the town with the centre's bus, but there are no other social inclusion activities for them in this regard.

It is clear from the above quote that such limited social inclusion practices are inconsistent with official policy documents in Saudi Arabia. Therefore, CDA reveals the way in which current social inclusion

discourses act as instruments to exercise power and control over the lives of SEN and ASD people. The majority of respondents were thus increasingly demanding media intervention to raise awareness among the community, including the families of disabled people in relation to the right of SEN and ASD individuals. They also were demanding reconsideration and review of current policy and practice. Moreover, both parents and ministry stakeholders also expressed the significant role of families with SEN and ASD children in helping their children with social inclusion as well as facilitating the development of social characteristics of inclusion. As one respondent described it, *“As you know, families play a great role in caring for and educating their disabled children, and they do it better than any centres”* (MIN LAB. SOCIAL DEV 3). A parent reinforced this perspective by arguing that *“the family has the bigger role in the process of social upbringing”* (PARENT 2).

The policies and practices of educational and social inclusion of ASD individuals have become closely linked to a predominantly medical model. According to the Authority for the Care of Persons with Disabilities in Saudi Arabia (APD), which was established in 2019, "autism spectrum disorders may limit an individual's ability to engage in daily activities and participate in society, and these disorders often affect the individual's educational, social, and practical ability whenever the (medical) intervention is delayed" (2020). This confirms the dominance of the medical model as the main framework for disability in Saudi Arabia, which certainly leads to the failure in educational and social inclusion of autistic individuals.

Medical perspectives

As previously discussed, ASD and SEN individuals were frequently constructed, explicitly or implicitly, in ways that inferred inferiority, *‘defectiveness’*, or as *‘patients’* needing medical treatment, consequently following the medical model of disability discussed within this thesis’ literature review. This discourse deemed disabled individuals as requiring *‘fixing’* in order to align with normalised expectations. In interviews, respondents discussed anecdotal examples in which they were victims of prejudice, stigma, or discrimination linked to this medical perspective on disability.

CDA has revealed the dominance of the medical model in the Saudi context. Although perspectives on disability in Western society are beginning to shift towards social and human rights models, some respondents in this study still appeared to view the issue from the purely medical perspective. Glasby and Tew (2015) posit that this approach disregards the various barriers to individuals’ independence and agency. For example, when discussing the current work of the King Salman Centre for

Disability Research, KING SAL. CTRE 1 stated that: *“the project’s central concept is the examination of newborns. Thankfully, it is currently a national project”*. This demonstrates Gee’s (2005) opinion of language as being framed by particular perspectives, norms and a value-laden context. Official documents discussing ASD and SEN babies through a medical ‘*examination*’ model, along with employing an appreciative stance (e.g. ‘*thankfully*’) when describing the project’s scope, further emphasises the belief that disability is considered a defect that needs to be ‘*fixed*’ through check-ups.

The respondent (KING SAL. CTRE 1) stated that the centre *“identified genetic disease factors”* that could *“cause imbalances”*. Similarly, as mentioned in the first article of the Disabled Codes in Saudi Arabia, a medical discourse surrounds *“preventative practice”* whereby tests were aiming to *“hopefully limit or reduce the possible effects of disability [in order to] reduce the severity and the number of disabilities found in the Kingdom”*. This ideology further supports a medical model of disability as well as propagating a binary discourse of difference and inferiority. Hart and Lukes (2010) believe that governments possess greater capacity to construct and spread knowledge in an instrumental manner, therefore as Johnstone (2018) points out, a greater ability to exert power over lesser effete groups. Observations through a Foucauldian framework demonstrate how establishing language creates a form of knowledge as ‘truth’, one which becomes established through power.

Within official policy documents, Article 2 of the Disability Code states that the government *“shall guarantee to provide services to persons with disabilities and their families [through] providing medical, preventive and habilitation services”*. This rhetoric reproduces and is reproduced by prevailing bio-medicalised discourse, as illustrated by KING SAL. CTRE 1 of the King Salman Centre for Disability Research, who discussed the centre’s work and his personal concept of disability within a sophisticated framework of ‘specialised’ medical terminology, such as *“biochemical genetics”* and *“enzymatic imbalances”*. This disposition fails to account for humanistic, individual and rightsbased aspects of disability, along with other societal influences that would open the space for an alternative constructivist epistemology. This is a salient point, as it reflects the discursive way in which dominant paradigms of thinking are reproduced and alternatives closed down. As Strauss and Feiz (2013) postulate, discourse becomes a social and cognitive procedure that allows individuals to interpret their everyday lived reality through linguistic strategies. As CDA accords with a constructivist epistemological paradigm (Jørgensen and Phillips, 2002), such medical postulations of disability are constantly reproduced within policies and disseminated, interpretatively, through replicated actions. Powerful actors, ones that possess status and influence in

Saudi society through their 'specialised knowledge' and positions, project their internalised attitudes discursively, which becomes legitimated through existing legislation. This in turn reveals the way in which positions on disability are reinforced in Saudi society and become the 'official' text by which disability is constructed and come to be known. In so doing, such a homogenised societal framework that is projected and communicated acts to negate and illegitimate humanist perspectives and rights-based possibilities.

Individual 'problems' faced by ASD students were constituted and encapsulated within a medical framework, as exemplified in the following: *"Our first important issue regarding autism is the subject of its diagnosis. We are not alone in facing this difficulty" [emphasis added] (KING SAL. CTRE 1). Parents contributed to this thinking by replicating such terms, frequently using "diagnosed" and "treatment" when asked about the educational aspect of their ASD children. This confirms what was believed by some respondents, as previously explained. This deficit view reflected its exclusionary bias, reinforcing that education is considered unimportant for their children. The dominance of the medical model in the Saudi context becomes self-evident through the replication of exclusionary justifications for 'disabled' children. Such critical discourse analysis supports Carey et al.'s (2016) position that examines how social actors produce meaning through language. Perceiving disability from a medical model thus results in society attempting to understand observations from a homogeneously vernacular framework. We see this reflected in parents' language describing disability in distinction from able-bodied persons. PARENT 3 states: *"since he was born, he was normal and had no problems"*, which also implicitly suggests a binary medical divide whereby conventional comparisons differentiate ASD or SEN children against more abled individuals. Language is thus "delimiting social groups [and] encoding the different ideologies of those groups" (Fowler, 2013, p. 4) through continuing notions of difference, deficit and hence inferiority.*

Academic theorists such as Weiss and Wodak offer critiques of these perspectives, demonstrating how power is reproduced and projected through discursive strategies by dominant social actors. They note how knowledge on disability became into being and instantiated in ways that produce barriers inhibiting the co-creation of alternative discourse for marginalised and subjugated groups (2007). Occupying a subordinated position within society, disabled individuals possess restricted and ineffective methods of participating in, and forming, alternative compositions of knowledge. Such restrictions further support Hart and Lukes' (2010) notion that societal associations between power and knowledge become hegemonic through the discursive manner in which dominant actors exercise control over their establishment and (re)formation of legitimate language.

The social model of disability similarly may promote an ideology of exclusion inadvertently through this misinterpretation and misapplication of its intended outcomes. Such exclusions occur when ASD and SEN individuals are expected to adapt into preconceived society, instead of working towards the goal of society adapting to accommodate disability as a 'normal difference'. This belief was evident in parents' discourse when they sought private medical assistance. In the words of one parent, they sought private medical assistance *"because of my fear for my son and my conviction that the diagnosis and treatment of autism is only medical"* (PARENT 1). Parents' rationalisations of the use of medicine are reflected in the assertion that using medicines on their disabled children resulted in observable *"improvements"*. This connects with feelings that SEN and ASD *"needs intensified efforts to offer many services that they need"* (MOE 1) due to societal postulations of *"the dire need of people with special needs, particularly those suffering from autism"* for medical treatment (MOE 5). These quotes can be read as clear calls for the further medicalisation of the lives of people with SEN and ASD.

Such societal indifference was further supported by ministerial stakeholders, with one noting *"the widespread perception [is] that autism is a medical disease that requires medications to cure it, just like incurable diseases such as cancer"* (MOE 4). These examples highlight Kress's (1990) belief that discourse becomes established within society and results in dominant sectors further propagating inequality via reproducing notions of disability in comparison to ability, and rendering disability as a 'medical disease'. Such reproductions appeared within the data to stem from government official policies, and as demonstrated above, become actualised through individual societal actions that are further reproduced by numerous members, irrespective of their affiliations. This legitimises such lexical power conceptions, and discursively reproduces dominating paradigms of thought through creating further disparity, notions of deficit, exclusion and inequality in respect of SEN and ASD people.

Explanations of current practices towards medication reinforced the dominating medical perspective. One working within a day care centre described the programme as *"90% dedicated to medical treatment"* with autism being *"[mostly] physical disabilities associated with mental retardation"* (MIN LAB. SOCIAL DEV 3). Furthermore, *"advice about preventative treatments [which could] render results with perseverance and effort"* (MIN LAB. SOCIAL DEV 2) was a common disposition of respondents who believed in the prevalent medical view within Saudi Arabia. Conversely, although observed by a minority of ministerial stakeholders, medical *"treatment"* was perceived as one factor within a multi-faceted

approach. Families were deemed as believing that *“it is impossible for their autistic children to become better”* (MOE 2) without medical treatment, with society considering these children to *“have intractable diseases which are hard to cure”* (ibid.). It can be said, overall, that such beliefs and views could assist in explaining the dominance of the medical model entrenched within Saudi Arabia *“... that autism is a medical problem that needs to be treated by drugs”* (MOE 4) and may be thus a reason for numerous examples of prejudice, stigma, discrimination and oppression encountered by ASD and SEN families from across society.

With regard to the differing constitutions of SEN and ASD within educational, social, and medical environments, alternative methods through which compositions of ASD and SEN individuals could be established can be demonstrated along with differing perceptions or attitudes towards disability as a whole. These were often contradictory and therefore ineffectual in asserting coherence and dominance. Evidence of specific methods and environments will now be explored in more depth. First, in order to make decisions related to SEN and ASD individuals, both the Ministry of Education and Ministry of Labour and Social Development followed a top-down bureaucratic system that tended to prohibit innovation. As a respondent from the Ministry of Education put it, *“the instructions, which include the decisions and the directives that are instructed by the education ministry, must be followed”* (MOE 1). An interviewee from the Ministry of Labour and Social Development echoed that sentiment by arguing that: *“We have some policies from the ministry that we must follow to deal with all disabled people”* (MIN LAB. SOCIAL DEV 1). One respondent at the Ministry of Education stated that: *“One of our colleagues who teaches autistic children developed a beautiful programme. When the Ministry of Education found out about this programme, it rebuked him and ordered him to apply only the ministry’s instructions”* (MOE 3). The hierarchy of power and control closes down spaces of resistance or alternative paradigms of thinking. Instead, it operates at the level of domination and control as the primary objective, and diffuses power in order to promote and accept some kind of knowledge as a truth. According to Foucault, the relationship between power and knowledge is premised on this power-controlling knowledge (Gutting, 2005).

There was a second method of establishing and legitimating medicalised discourses. Conferences and workshops provided emerging environments in which these constitutions could arise. This assertion accords with the sentiments of seven respondents from the King Salman Centre, the Ministry of Labour and Social Development, and the Ministry of Education. Primarily, these conferences or workshops were run by or held in cooperation with the Ministry of Education and concerned autism and SEN education.

One respondent highlighted such environments embodying disability as “*every teacher talks about the difficulties he [sic] faces in the field and we try to help him propose solutions to these difficulties from our experience*” (MOE 3). Such events provide settings for sharing best practice and knowledge, which in turn would (re)constitute an iterative framework of expertise and exchange. Subsequently, perceptions of disability could be internally and individually updated by attendees. However, it is noted that some educational conferences and workshops were run by some medical institutions, and in the process this contributed to the instantiation and promotion of medicalised discourses of disability in Saudi Arabia. In this respect, two respondents at Ministry of Education stated that:

I have been attending some workshops in autism at king Fahad hospital” (MOE 1).

Fifth Conference on Developmental Disabilities at King Faisal Specialized Hospital and Research Centre in Jeddah. I couldn’t recall what exactly I benefited from right now (MOE 6).

It was noted that respondents who *did* attend conferences found them to be ‘beneficial’. Some respondents took a positive approach to self-learning and knowledge development, with one believing that “*development is always a work in progress*” (MIN LAB. SOCIAL DEV 1). Conversely, two respondents noted that opportunities like this were “*very small as they are held rarely*” (MOE 3) and that “*the development of my professional life has stopped even since I came to Saudi Arabia [... as] I have not received any kind of training ever since I came to the Kingdom*” (MIN LAB. SOCIAL DEV 2).

A third method for establishing a particular composition of ASD and SEN individuals is the reconstitution of the perception of educational and social responsibility towards them, along with the question of whether this responsibility falls upon the state or private non-governmental educational institutions. Parents in particular increasingly seek assistance from private non-governmental educational institutions (given voids within state-led provision), to reform and reframe ideologies and beliefs encompassing the state’s responsibility towards SEN and ASD people. Several parents expressed resentment at being charged what they believed to be excessive amounts for service provision or resources from private, non-governmental educational institutions, given the limited number of governmental educational institutions and services.

This potential reframing was further evidence that notwithstanding the perceived high costs of private, non-governmental educational institutions, they were viewed more favourably than

governmental educational institutions. This was evident specially from all parents who were interviewed, as one of them stated when referring to a private centre of SEN and ASD people that would be newly opened, *“I have hope in this centre and I wish to see it providing services that suit the disabled”* (PARENT 1). Another parent added that they wished to see both *“governmental and private centres for autistic children, that are ready to accept them unconditionally”* (PARENT 3). One proposed that a method of alleviating high costs was for the state to pay private sector centres for provision, *“since their services and potential could be much better than the government institutes”* (PARENT 2). The trust on the ‘private sector’ reflects neoliberal attitudes that prevail in Saudi society, where the private sphere is accepted as connoting efficiency, high standards, and trustworthiness. The economic prevalence in these discourses becomes self-evident. This discursive text undergirds discourses and around disability, and medicalised framings are fuelled by trust in private interests. Although both parents and ministerial respondents acknowledge using, or being aware of, parents using private non-governmental educational institutions, ministerial stakeholders believed that these institutions *“take huge sums of money from families without providing real benefit”* (MOE 1), *“function on purely financial objectives”* (MIN LAB. SOCIAL DEV 3) and staff are often not specialised in the field of disability.

Research question three:

- **How does the discourse on autism emerge as a cultural, religious, historical and ‘difference’ discourse?**

Truth is shaped by discourse, and discourse is shaped by language. In other words, linguistic and discursive strategies act together, reinforcing each other. Language is always subject to constant (re)interpretation in order to impose domination. In this way, metaphorical linguistic (re)interpretation animates continuous generation of meaning and value. This process, according to a Nietzschean vision, generates power and dominance (Nietzsche, 1967). Within the previous research questions, discursive and cultural perceptions towards SEN and ASD individuals were analysed along with associated prejudices and stigmas. Disability was often viewed from a medical perspective, which allowed disabled individuals to be ‘straight-jacketed’ into pre-existing environments and society. These perceptions were perpetuated by official classifications within the Disability Code, along with expectations of ASD and SEN people being frequently compared against ‘normal’ or ‘ordinary’ (able) individuals, containing underlying status hierarchies, power assumptions and knowledge reproduction. Through recognising these perceptions, attitudes and hidden meanings within semantics, elucidation of the meaning of inclusion was established, supported by observed examples from numerous respondents. This illustrated society’s general attitude

towards educational and social inclusion of SEN and ASD individuals. Now, the lived experiences of SEN and ASD individuals have become elucidated, but an understanding of how and where these have arisen is required. Respondents' data was therefore coded into four discourse categories – cultural, religious, historical and 'difference'. An additional two discourses ('self-learning of knowledge' and 'teachers' educational levels') also emerged as important themes.

Cultural Discourse

Disability is constituted through a framework that propagates the dominant central values and predispositions of its society (Burke, 2008). Therefore, although policy documents and official classifications view SEN and ASD predominantly in individualistic, medicalised terms as previously discussed, specific terms, concepts or classifications begin to move beyond entirely objectified meanings, to start to include ontological shifts toward more (inter)subjective social constructs once layers of societal opinion and attitude are added. This results in iterative and malleable understandings and perceptions of disability, differentiated by the individual, affected by acquired specialist or authoritative knowledge formulated and sustained through particular effects of power. Discourses within a country or region, given the policies and governance structures in place, can influence how these discourses are received, interpreted, and enacted within that context. A cultural discourse arises which attempts to define the ways in which society regards a disabled individual's place in the world.

Within an official policy document, the Saudi government has aimed to lay the foundations for the admission framework for individuals with SEN and ASD within the community, by urging the visual, audio and print media to educate and enlighten the disabled and non-disabled community members in the following areas:

defining the types and causes of disabilities, and the importance of the processes of early diagnosis and prevention, educating the public in the role of persons with disabilities in society, by identifying their rights, needs, abilities and their contribution to the services available; as well as educating persons with disabilities regarding their duties towards themselves and their role in society, producing special programs for persons with disabilities that will assist them in their integration into society, and encouraging individuals and institutions to provide financial and moral support to the disabled and encouraging volunteer work in the community to serve persons with disabilities. (Article 2)

However, this aim has not been realised in successful and effective practices. Increasingly, calls are being made by all respondents to educate community members about disability, with the word "awareness" being spoken 52 times, and the word "culture" 16 times. This confirms the emphasis on cultural discourse of disability in the Saudi environment, and highlights how respondents were identifying inadequacies related to prevailing attitudes in the Kingdom. A respondent from the Ministry of Labour and Social Development echoed this sentiment, arguing that *"unfortunately the community's culture about the disabled in this area is zero"* (MIN LAB. SOCIAL DEV 2).

Several parents cited examples of prejudice that they had observed and experienced directly from society members. In one instance, a parent described an incident in a mosque. This incident has been referenced before in the analysis, but I return to it in order to bring in the argument of 'culture'. The parent shared the following account: *"On one occasion, when I was at the hospital, I had to pray in the mosque and my daughter was with me. A man sat looking at her with cruelty and he ended up sending her out of the mosque"* (PARENT 2). This incident in a mosque suggests that there is interaction between the cultural discourse and the religious discourse discussed in the next section. According to another parent, this has not been limited to disabled people, but included their families: *"We parents suffer more than our children themselves from the culture of the society and their outlook on us"* (Parent 1). The parental respondents noted that such prejudice appears commonplace, irrespective of location, gender or perceived education level of the assailer, as *"even educated intellectuals do not understand anything about them"* (PARENT 3).

Cultural discourse, through the analysis, appears to be propagated through negative perspectives on ASD and SEN individuals. As with the theme *'perceptions of societal attitudes'* in the previous section, ASD and SEN individuals were negatively perceived, with a ministerial stakeholder positing that this *"may be due to the customs, traditions and the culture of the society"* (MIN LAB. SOCIAL DEV 3). Moreover, a lack of understanding of ASD, combined with ignorance and limited exposure from able individuals, was also postulated. Some respondents also cited unwillingness to integrate SEN and ASD students into inclusive schools, attributable to a lack of knowledge and understanding. This lack of knowledge and understanding, as it is believed, has led to inconsistent and arguably ineffectual implementation of educational inclusion. MOE 1 indicated 'the success' of other countries in relation to policies and practices of educational inclusion for SEN and ASD individual. Transferring their purported 'successful experiences'

has been proposed as a potential standardisation method once *“localising them to suit our values and ethics by making simple adjustments to fit our local environment”* has been made (MIN LAB. SOCIAL DEV 2). Nevertheless, it was believed that transferring the experiences of other countries for educational inclusion would not succeed due to the fact that *“our [Saudi] culture is different from the West, and the culture of teachers and children are also different”* (MOE 1). This further supports and emphasises that Saudi culture is a primary driver of societal attitudes and perceptions towards educational and social inclusion for SEN and ASD individuals. Depending on what you believe to be appropriate for contemporary Saudi society going into the future, it can be argued that implicit cultural changes in Saudi society may be needed to effect intended changes outlined in policy frameworks.

This corroborates theories from academics, particularly Wodak who observed discourse as a social practice (2000a). One ministerial stakeholder stated that, *“in case of autistic students, it is preferable to implement the inclusion students who are able to learn. The common perception for the students who are able to learn is that they learn with great difficulty! So, imagine how it would be for the students who are not able to learn? They refuse their inclusion. I also disagree”* (MOE 5). Within this example, members of the public wield more power concerning limits and acceptance of SEN and ASD individuals, than policies and practices themselves. Once a narrative of inclusion has been established within policy, a base for institutionalisation is required. However, both Wodak and Meyer (2014) allude to how such documents are understood by social actors as a form of knowledge itself, which can influence societal culture unintentionally once this ‘knowledge’ is mainstreamed through the repeated actions of different individuals. Nevertheless, there is still variances across public positions on disability. The next section points to some of the possible reasons for this range of views.

Religious Discourse

Islam is the official religion of all Saudi people, but there are a few non-Muslims who are foreign workers living in Saudi Arabia (House, 2012). The Qur'an, along with the Sunnah, are the main sources of Islamic legislation, which categorically and publicly forbids the notion that moral defects are a cause for scarcity, defect, or underestimation. In this way, the Qur'an establishes that disabled people should be given full right to equality with others in order to live as dignified and natural a life as possible and to ensure that no one underestimates their status (AL-Qaddoumi, 2004).

The Islamic religion has dealt with this subject in many verses, in which Allah said:

O you who have believed, let not a people ridicule [another] people; perhaps they may be better than them; nor let women ridicule [other] women; perhaps they may be better than them. And do not insult one another and do not call each other by [offensive] nicknames. Wretched is the name of disobedience after [one's] faith. And whoever does not repent – then it is those who are the wrongdoers (Al-Hujurat: 11, p. 516).

Allah forbids mocking people by despising or belittling them, including disabled individuals.

One of the greatest forms of care for people with special needs is to allow them to play their part in social life and integrate naturally with their communities. According to the holy text, Abdullah Ibn Umm-Maktum was blind and was a muezzin for the Messenger of Allah (peace be upon him), supporting the notion that those with special needs are an integral part of society, so caring for and providing them with both kindness and outstanding, dignified services is an important Islamic principle.

Amongst respondents, perceptions of SEN and ASD emerged through a religious discourse that viewed and regarded God and their faith as fundamental to their involvement with SEN and ASD individuals. This approach was primarily demonstrated by three stakeholders in both ministries. They articulated the belief that Islam instructs them to care for those in need *“to earn good deeds and enter paradise”* (MOE 3). Religious discourse has played an important role in the constitution of the discourse of disability in Saudi Arabia. Parents of disabled children were thought to be religiously lucky, having been beneficially ‘tested’ by God through raising their disabled child. One respondent demonstrated this line of thinking in this way: *“Allah chose them to have a disabled child because this could be the very reason for them to go to Paradise”* (MIN LAB. SOCIAL DEV 2). Another respondent stated that parents *“should thank God for the blessing of the disabled child, because they may be the very reason they will go to Paradise”* (MIN LAB. SOCIAL DEV 1). However, this was directly opposed by some ministerial stakeholders who believed that parents of non-disabled individuals *“thank their Lord for not having disabled children”* (MIN LAB. SOCIAL DEV 3). These contradictions are significant, because it shows that there is not a singular, distinct interpretation of Islam by which all respondents of Islamic faith abide.

On the other hand, the religious discourse of disability may also contribute to the adoption of questionable beliefs and assumptions about disability. For example, insisting and urging parents of ASD

and SEN children to “*go to a religious scholar to conduct a religious healing*” (PARENT 3) was common, with one parent explaining how her child was assessed against “*knowledge of God*” (PARENT 1) despite not being able to speak. It can be argued that Islamic discourse has been used to justify accepting, healing, and educational assessment of SEN and ASD people in often different and contradictory ways. A dominant social group uses language to justify its position, while disenfranchised social groups are expected to adopt practices that stem from interpretative behaviour that emerges in authorising language (Van Leeuwen, 2008).

These opposing views demonstrate how CDA can elucidate differing attitudes and interpretations concerning an issue, in this case a religious one, along with how alternative discourses arise variously within society depending on situated context and prevailing attitudes. Through understanding what Fairclough and Wodak (1997) would regard as uncovering processes of power from which oppression manifests within social structures, examining religion as a discourse has revealed two alternate views, which in their differing interpretations and understandings of religious texts can either serve to oppress or empower. Understanding the reasoning behind these opposing outcomes is essential if we are to understand how such ‘truths’ were concluded by each respective opinion, along with how a homogenous subject became malleable as it emerged through social interactions and different individuals.

Historical Discourse

The focus, historically, has been only on educating individuals with hearing and visual disabilities in Saudi Arabia. However, autism is “*a disability that has been given attention only recently*” (MOE 4). As such, it is believed that “*the field of educating autistic children is not satisfactory and needs more effort than the other types of disabilities*” (MOE 4). This was confirmed by MIN LAB. SOCIAL DEV 2, when it was noted that “*we do not have any special laws or regulations for the category of autism. They just categorise them as ‘special needs’ and they are treated in the same way as special needs. There is no specific distinction for people with autism*”. It can be argued that this may lead to a misinformed or deficient knowledge of ASD individuals. In respondents answers, only a small number of books and academic titles were deemed available, described as “*old and few*” (MOE 2), containing minimal new information. This may explain the belief of Parent 1, who states that: “*My son is now nine years old, but unfortunately, he did not benefit from the institute at all except in one case only; wasting his time in playing*”. Similarly, teachers within institutes, centres and inclusive schools of ASD students were perceived as “*unqualified or may be working outside their speciality*” (MOE 1).

Article 16 of the Disability Code states that: *“This code will be published in the official book of law [and] shall be valid [with] effect after 180 days from the date of publication”*. However, it was noted that the Disability Code in Saudi Arabia is very old and has not been updated since 2000, although according to KING SAL. CTRE 1, the second version of Disability Code is due soon. While KING SAL. CTRE 1 frequently cited the Disability Code and “Universal Accessibility”, little reference was made to, or was inferred from, methods for implementing these codes and policies. It was unclear within either policy or respondent data how frequently Disability Codes were updated or revised, proving that the Disability Code has not been updated recently, and further indicating that update and revision is not a regular, publicly-understood practice. It was suggested that implementation of such frameworks occurred via a traditional, hierarchical, instrumental, bureaucratic system, whereby teachers follow *“the instructions of the school’s principal and supervisor. They are also following the instructions of the Ministry of Education”* (MOE 2). This could assist in explaining the beliefs of numerous respondents regarding processual policy implementation and contemporary research.

It can be argued, overall, that respondents’ perceptions of autism, as herein analysed, are heavily inflected through historical discourse reproduced through government policy discourses, stemming from often historic and outdated research – with the latter leading to outmoded versions of ‘best practice’ being interpreted and applied. CDA therefore allows understanding of a historic approach, which Wodak believes acknowledges junctions of influences, identifying the subsequent interplay between knowledge and power (2000). However, Wodak believed that individuals within a position of authority inherently abuse their afforded power to remain in such positions. Within Saudi Arabia, this premise may appear incongruous, as although the country does not adhere to civic democratic processes, there is nevertheless a serious attempt to increase the rights of SEN and ASD individuals.

It can be argued that historical discourse can be understood through the manner by which society speaks of certain practices; such as the construction of disability and its perceptions through various historical stages. Once an appreciation of the social variables that predicate this relationship as they emerge through society is acknowledged, positive or negative representations, along with the formation of inner and outer groups can be uncovered. Language, therefore, merely upholds social practices that are dependent upon the contemporary historical zeitgeist. Therefore, as discourse informs knowledge

claims and practices, so different social groups observe and interpret varied meanings from historical practices and the social constructs formulated and practiced in those temporal contexts.

Each group will utilise and conceive of language in different ways, perhaps hindering or enabling their ability to assert power and agency. Different conceptualisations of language can explain in part how knowledge becomes accumulated (such as within academic books) and, hence, becomes inaccessible for certain sectors of society. Proposed mitigations include appointing “*two persons with disabilities*” onto the Supreme Council in order to consult in organising the Kingdom’s disability policies (Articles 8 and 9). However, this may prove ineffective as language is often regarded as ambiguous (Gee, 2014) and an individual ascribes different meanings to language, often contributing to ambiguity once communicated. Such interpretations flow through mediated discourses, adding malleability which, as Scollon (2001) postulates, becomes affected by culture, customs, habits and the individual’s situated networks. Meanings dissimilar from those intended and definitions being perceived from an individual’s lived experience occur, contrary to uniform classifications. Consequently, historical discourse could continue inform and be informed by hierarchical power, with limited impact upon future educational and social inclusion outcomes and contributions.

Discourses of Difference and Othering

A discourse of ‘othering’ and difference was frequently demonstrated by respondents, often explicitly through directly selected words, or implicitly through reference towards disabled or abled children using stereotypical language or attitudes of disparity. Numerous respondents believed that society shared a common perception of ASD and SEN individuals; one of “*too much pity and compassion*” (MIN LAB. SOCIAL DEV 3). This view was believed to stem from all members of society, including teachers, social workers, ASD parents and nondisabled individuals, and stated by one parent as affecting both ASD children and their parents.

These discourses of fear, pity, and patronisation appear to manifest through cultural, religious and historically engrained notions. To reiterate discussions above, society was deemed to view disabled individuals as “*weak*” and “*useless or unproductive*” (MIN LAB. SOCIAL DEV 1) with “*the Saudi community [...] showing mercy and even fear for individuals who have clear handicaps*” (MOE 2). Whilst the school environment (particularly school principals) were deemed as somewhat compassionate, education was perceived by some members of the public as non-beneficial and futile. Parents of ASD and SEN students

considered teachers to be *“harsh and lacking understanding of the weaknesses of their child”* (MOE 6). This proposition was supported by Ministry of Education stakeholders who highlighted differences in the needs of ASD and SEN students, with MOE 6 adding that: *“he/she might even seem a very normal child [emphasis added]”*. Reference to able children as ‘normal’ creates an increasingly propagated conception, which perpetuates the notion that SEN and ASD are viewed and classified differently to able individuals. This notion is augmented by the respondents from the King Salman Centre for Disability Research which, when discussing their diagnostics programme examining new-borns for disabilities, concluded: *“Thankfully, it is currently a national project”* (KING SAL. CTRE 1).

Stakeholders’ education levels

Whilst analysing the data, the themes of stakeholders’ education levels and updating self-knowledge were prominent. Stakeholders’ level of education was increasingly noticeable. All six respondents within the Ministry of Education held different degrees in special education or behavioural disorders and autism, with five specifically being a bachelor’s degree in behavioural disorders and autism, and a sixth having completed a Masters in special needs from a UK university and a PhD specialising in autism and applied behaviour analysis (APA) from the US. The country context where these stakeholders received their degrees matters to some degree in the Saudi context, and influences perceptions and recognition around ‘specialist knowledge’ and the authority their qualifications hold.

Of the three respondents within the Ministry of Labour and Social Development, all held undergraduate BA degrees. Two of the three respondents from the Ministry of Labour and Social Development held a BA in Sociology. The third BA was Medicine, along with a Postgraduate Diploma in Paediatrics. KING SAL. CTRE 1 from the King Salman Centre for Disability Research received their PhD from a us university and studied a relevant medical degree. Therefore, almost all respondents held at least a Bachelor’s degree, with some having a Master’s and PhD. In order for Saudi Arabia to benefit from current research and teachings within the field it was recommended by most that latest teachings and guidelines follow contemporary research from the West. This recommendation would potentially be supported by MOE 2 who stated, *“there is no new information for reading about inclusion, as most of the available Arabic books are old and few. Most of them were translated and I had previously previewed them”*.

Increasingly self-updating individual knowledge

Self-learning and increasing individual knowledge was also, by extension, a frequent recurring theme. Although the stakeholders in the Ministry of Education have specialised qualifications to work with

SEN and ASD people, as previously mentioned, the education they received during their studies, it can be argued, might not be sufficient because it was of a conceptual nature only, often without fieldwork participation. However, they were able to develop themselves in relation to educational issues for people with SEN and ASD by reading and attending conferences and workshops. One respondent from the Ministry of Education described their education this way:

Honestly, the education and the information we receive is insufficient. I like to know more information by studying or reading the recent studies, books or fields. In addition, I enjoy visiting the disability centres and attending the diverse conferences and workshops. If I compare myself now with my former self two or three years ago, I feel that I have changed significantly and noticeably. Education and self-development do not stop at a certain age or time, but must continue through our lives. (MOE 1)

In this quote, the respondent clearly indicates both that their formal training was inadequate and that the meaningful education they have received with regard to working with people with ASD and SEN has come from their own efforts to explore the topics. With regard to educational inclusion, it was noted that few of the stakeholders have developed their knowledge of educational inclusion, while others have not developed their knowledge of educational inclusion because of their lack of conviction, which involved their complaints about the existing state of affairs regarding the lack of available updated inclusion. MOE 2 stated that:

I have developed my knowledge through a lot of learning and reading in the field, but unfortunately, I did not continue developing my knowledge regarding the process of inclusion because I am not convinced with the current status of educational inclusion. I believe that it must be corrected/reformed. In addition, there is no new information for reading about inclusion, as most of the available Arabic books are old and few. Most of them were translated and I had previously previewed them.

On the other hand, it was noted that the stakeholders in the Ministry of Labour and Social Development and specifically in the comprehensive rehabilitation centres do not have specialised certificates to work with disabled people, as they move between the departments within the Ministry of Labour and Social Development that are not specialised in disability. It was also noted that the education

they received to deal with the disabled is not sufficient because of their lack of access to qualifications specialising in disability:

I worked with the disabled for four years and then moved to other areas, including working with orphans. All of these falls under the umbrella of social affairs (working with orphans and disabled). Then I went back to working with the disabled. The education I received was not adequate because it was not concerned with disability. The scientific materials I studied in my BA degree encompassed all social cases ranging between industrial, religious, organizational, disabled, elderlies and orphans. They had many branches but were not focused on people with disabilities.
(MIN LAB. SOCIAL DEV 1)

A second respondent from the same Ministry echoed that same experience:

I will be frank with you; ever since I came to Saudi Arabia I did not know anything about dealing with people with special needs. I did not know except to treat them as a paediatrician; one comes with a kidney problem, another with a respiratory problem... and so on... like all other cases. But I did not have any experience working with people with special needs. (MIN LAB. SOCIAL DEV 2)

With regards to social inclusion, the stakeholders at the Ministry of Labour and Social Development noted that one person developed his knowledge in social inclusion through attending courses and reading, the second did not develop his knowledge of social inclusion and the third did not know the meaning of social inclusion: *“What do you mean by social inclusion?!”*(MIN LAB. SOCIAL DEV 2). A small minority of respondents noted that families of SEN and ASD children attempted to increase their own knowledge independently as *“they also want to attend some training courses and read the books that enable them to help their children with special needs”* (MOE 1). However, the books they named were often by Arabic authors, which, as discussed previously, were often perceived by respondents to contain less contemporary knowledge, data, and information. Such books and studies were considered old and outdated, further perpetuating outmoded theory that respondents would pragmatically use within their educational and social environments. Similarly, all respondents noted workshops and conferences as being useful for increasing knowledge on disability and social inclusive practices.

Now that discursive and cultural constitutions of SEN and ASD have been investigated, along with postulations regarding how these arose through cultural, religious, historical or 'difference' (or 'othering') discourses, it is important to attempt to identify convergences and contradictions within these discourses.

Research question four:

- **What are the convergences and contradictions within discourses on special educational needs and autism in Saudi Arabia?**

The question is designed to assess discourses' concordance on SEN and ASD individuals. It assists in demonstrating differences and commonalities surrounding those policies and practices that SEN and ASD individuals are believed to either benefit from or be adversely affected by. Within these themes, the most frequent was *'policies and practices in educational and social institutes'*, closely followed by *'educational and social needs of SEN and ASD people'*, *'educational and social inclusion'* and *'perceptions and talking about SEN and ASD people'*.

Policies and practices in educational and social institutes

Although the current policies designed to support SEN and ASD individuals are the same in all educational and social institutions *'developed by experts in special education'* (MOE 2), in both the Ministry of Education and the Ministry of Labour and Social Development they were seen by the majority of respondents as antiquated and inappropriate for some disabilities, such as autism. Furthermore, some respondents stated that those who had established these policies were not competent to work in the disability field:

Sometimes we get a circular, and it feels like the one who sent this circular is not in touch with reality, nor did he/she ever see it. He/she asks for things that cannot be done, or that are above the human capacity we have here, such as papers, statistics, and other related stuff. He/she asks us to write things down and send them to him before deadlines, and this has become a real burden for me. I have started doing these things outside my working hours (and this is not a problem for me), but I like to take my time doing things correctly and checking them accurately. (MIN LAB. SOCIAL DEV 2)

As a result, the current policies may adversely affect the current educational and social practices enacted for SEN and ASD individuals.

All respondents from the Ministries of Education and Labour and Social Development agreed that the current policies and practices are inadequate. One example of this is a respondent from the Ministry of Education arguing that current policies and practices ‘*required updates and modifications through research and studies, and through utilising the experiences of the developed countries in this field*’ (MOE 3). It was also believed by the majority of respondents that the current educational and social policies and practices did not address special education issues, ‘*because if these policies were able to address these issues, we would have noticed or seen their results reflected on the part of people with special needs in Saudi Arabia*’ (MOE 3). Likewise, most respondents believed that current policies and practices for people with special needs did not serve autism issues ‘*due to the huge difference between autism and the other sorts of disabilities. Each type of disability is greatly different from another, and each type has its own needs*’ (MOE 4).

It was agreed upon by all respondents in the Ministry of Education that there have been no changes in the field of special education that serve autistic individuals, except for the one identified by a respondent as follows:

A very important change that has recently taken place in the special education field in Saudi Arabia, and still commands focus and attention, is the establishment of government centres for the care and rehabilitation of children with autism. Recently, seven autism care centres that are affiliated with the hospitals of the armed forces were opened in certain cities. However, they still only accept the children of members in the armed forces, and they only accept those on the spectrum of mild autism. To date, they still do not accommodate many autistic children. (MOE 1)

This illustrates the dominance of the medical model in the field of ASD in Saudi Arabia. Similarly, in spite of the notable development in the policies of the Ministry of Labour and Social Development, two respondents stated that there were no changes that could be made that could serve autistic individuals. Specifically, a respondent from this Ministry said the following:

There were so many recent changes. For example, regarding our ministries, they have obliged the owners of companies and businessmen to employ the disabled by restricting them from obtaining three visas for workers from abroad unless they have hired a disabled person. However, because

of corruption, some owners of companies and institutions would look for disabled people and give them monthly salaries while they stayed at home just to use their identities and manipulate the system to obtain the visas. Also, among the recent changes, they have introduced a modelling system; in the past, each rehabilitation centre branch had its own model, which was different from the other models in the rest of the branches. The modelling system is intended to unify the tasks, starting from the admittance of the disabled person in the centre, his/her daily schedule from morning to evening, and the services provided to him/her every day. Hence, it is an excellent system. One of the changes that may serve the needs of autistic children is providing facilities for the traders to set up centres for autism and special education and giving them an amount of 40,000 Saudi Riyals (£8000) annually for each pupil or person with special needs. Yet, I don't think that this will serve autistic children. (MIN LAB. SOCIAL DEV 3)

Educational and social needs of SEN and ASD people

A discrepancy appears to exist between official policy on SEN and ASD in Saudi Arabia and stakeholders and disabled people's own experiences of daily life. Respondents spoke of inadequacy in the way in which process-related educational and social needs of SEN and ASD individuals were being met. Stated government aspirations on 'the needs' of SEN and ASD individuals evidenced in Article 2 of the Disability Code that many services for disabled people in the areas of health, education, social opportunities, and work are to be provided. The implementation of this Article, nevertheless, requires the actual provision of the needs of disabled individuals, and several respondents believed that the current services provided in relation to social and educational needs were failing to meet aspirations. This failure was attributed to the adoption of standardised approaches to the implementation of all disabilities, which negated individual personalisation. However, some respondents indicated that:

The traits and dispositions of a student who has autism are different from other students [...] Each disability requires some distinct educational resources that are different from disability to disability" (MOE 1). Another argued that "...autism is in need of policies and practices that are completely different from other disabilities. First, it is a different category from other disabilities. Second, autistic individuals have different abilities and skills that need to be served properly" (MOE 3). A respondent from the Ministry of Labour and Social Development concurred with that assessment and claimed that "... [there is a] difference between autism and other disabilities, and the policies and practices must therefore vary for each disability. (MIN LAB. SOCIAL DEV 3)

This confirms the previously held belief that educational and social needs are not being adequately met. The reason might be that “*the policy makers in the Ministry of Education are not specialised in the disability field*” (MOE 5).

Educational needs

It was agreed by all respondents that there were too few government centres/institutes and inclusive schools for people with special needs, especially autism. The Ministry of Education stakeholders and parents were particularly concerned with this lack, citing ‘*waiting lists due to the lack of institutes*’ (MOE 4), and facilities containing too many children, as examples of this shortcoming. Miscellaneous themes emerged from the respondents’ data, including confusion surrounding current government policies, and, as an extension of the above, private institutes providing services for SEN and ASD individuals were suggested to take the place of the state in addressing the deficiency. However, these private institutes were seen by some respondents as aiming only for financial profit. Six respondents identified private institutes that had willingly provided services for SEN and ASD students. They believed that these private institutes had been created as a result of inadequacies within state-led provision. From a CDA perspective, in understanding potential politico-economic strategy behind the trend, it could be argued that it would be in the interest of private organisations to fuel the belief that government services were inadequate, as it benefits their profit-making. While we cannot say that the private institutes necessarily promoted this prevailing discourse, we can assert that they would benefit from these discourses as sustained. Here, we see how power is invested in particular prevailing discourses that becomes commonplace assumptions, and these operate as strategies to serve particular interests.

With regard to the current educational curriculum, all respondents agreed that it was not suitable for SEN and ASD individuals, as there was no curriculum for ASD students. One respondent stated that the curriculum was undergoing modification ‘*for adoption by the Ministry of Education for all autism centres in Saudi Arabia*’ (MOE 6). The current curriculum in inclusive schools was also believed by the Ministry of Education respondents to be standardised from the perspective of the able student, thus failing to meet the needs of ASD or SEN students. It can be said that the current educational practices must be changed in order for the curriculum to be sufficiently flexible to be adopted to all students irrespective of their needs.

It was also noted by respondents that the majority of teachers in the Ministry of Education working with disabled students were competent, or at sufficiently specialised to legitimately be able to work in the field of disabilities, but a few were not qualified in the field. This is the case even though there were a high number of unemployed people who are qualified to work with SEN and ASD students. Three respondents believed that the heads of departments, officials, and decision-makers in the Ministry of Education who worked to improve the lives of people with special needs and autism were not specialised in the field. This opinion was backed up by other respondents, including a parent who argued that: “... *There are no speech classes on the pretext that there is only one speech expert. When I asked about the reason, I was told that it’s due to the lack of resources and support*” (PARENT 1). A respondent from the Ministry of Education added that the lack of education on disability among leaders contributed to the lack of training among educators:

... despite the availability of material resources and the large number of unemployed graduates who have studied autism. This is because the Ministry of Education allowed public school teachers to teach autistic students after obtaining a six-month or a one-year course or diploma in autism, effectively ignoring the graduates of bachelor’s and master’s degrees in the studies of autism. This is a corrupt approach. In addition, the majority of positions of authority in the Department of Special Education in the Ministry of Education do not have certificates or qualifications in the field of special education. (MOE 3)

A majority of respondents believed that there were insufficient educational resources within educational institutions. Teachers acknowledged that they had to repeatedly ask for adequate materials and resources when teaching ASD and SEN children, and that some ‘*may have to pay for them out of their pockets [sic]*’ (PARENT 1). On this issue, MOE 1 stated the following:

... but the major problem that continually faces the teachers of special education is the lack of some of the basic educational needs for the disabled student. Naturally, the processes will not be adequate in the absence of these basic educational needs. The teachers are not responsible for these educational needs if the Ministry of Education does not provide adequate resources. They have repeatedly asked for such tools to be provided, but to no avail. For instance, I was once in the Prince Sultan Centre for Special Education, and we spoke to the director about the lack of these appropriate educational materials to teach the students. His response was that he was not

responsible for providing these needs if the ministry did not make them available. His priority is to ensure the safety and protection of the disabled students if nothing else is available! That is why the teachers are forced to work according to the resources that are made available to them.

This quote illustrates the tendency among governmental leaders to shift responsibility for providing adequate resources from one ministry to the next.

Unequal and segregated education was the most prominent concern within this theme. Respondents from the Ministry of Education almost unanimously referenced differences between how able children were educated compared with their ASD or SEN peers. Although regarded as being somewhat simplified, particular emphasis was placed upon the requirement for ASD and SEN students to learn similar content, along with being measured against identical objectives. The effect of this inequality was summarised by one Ministry of Education stakeholder as follows:

We need a way that suits autistic students when teaching the public education curricula. For example, the constant assessment is not fair for autistic students, particularly since they have high abilities in some subjects and low abilities in others. This keeps them from progressing from one year to the next. (MOE 5).

Although “*individual educational plans*” were divided between different approaches to preparing ASD and SEN students within curriculum planning, both sets of responses on this subject were from the Ministry of Education stakeholders. One respondent cited how they prepared “*individualised educational plans*” for SEN and ASD students, which were ‘*based on the individual differences and the stages of growth experienced by the student*’ (MOE 2). Whilst this may offer a positive sentiment, it was noted by another respondent that these programmes were benchmarked against able students’ academic teaching, which was caused by a “*lack of the appropriate means, tools and programmes to teach autistic children*” (MOE 3).

Social needs

Respondents in the Ministry of Labour and Social Development believed that there was a shortage of specialised staff and physical facilities in comprehensive rehabilitation centres. The proposal to employ mass media to “*train families of the disabled on handling and care [... along with] providing day-care*

centres and/or home help to assist persons with disabilities’ was mentioned by respondents” (MIN LAB. SOCIAL DEV 1, MIN LAB. SOCIAL DEV 2 and MIN LAB. SOCIAL DEV 3). This supports previous findings that highlight government attempts to transition care needs away from state-led facilities towards an increased care-at-home model, with state carers assisting families within their own homes. It can be argued that while it follows a more neoliberal international trend of downloading responsibility to individuals away from the state, it also reinforces the way the state may be dispensing with their responsibilities towards inclusion.

The Ministry of Labour and Social Development stakeholders frequently highlighted challenges surrounding staffing. Shortages of both carers and specialised staff were noted within comprehensive rehabilitation centres. MIN LAB. SOCIAL DEV 2 said:

... yet in reality we provide accommodation and rehabilitation services for physiotherapy only. As for something like occupational therapy, for instance, we do not have a specialist for it. Also, in terms of speech problems, we do not have any speech specialist. So, the fact is that we provide accommodation and physiotherapy services only so the motor disability cases would not deteriorate.

Parents also often noted a lack of understanding and knowledge amongst caregivers within the comprehensive rehabilitation centres with respect to the appropriate care required for SEN and ASD individuals. Lack of knowledge was illustrated via the belief that current policies and practices failed to address SEN and ASD needs, stemming from a lack of training and qualification for workers in comprehensive rehabilitation centres as well as insufficient physical facilities. This contradicts Article 2 of the Disability Code, which states that the government is “*training health care providers and paramedics in appropriate procedures*”. This theme is interlinked with and extended towards “*access to medical care*”, which was perceived as being similarly deficient. Responses primarily arose from the Ministry of Labour and Social Development stakeholders who cited limited “*availability of centres and qualified staff*” (MIN LAB. SOCIAL DEV 1). Likewise, a shortage of specialist staff and centres at full capacity were cited. One respondent commented that overseas staff had been hired to fill the gap, leading to an increasingly detrimental service given, what the respondent believed, was these staff’s lack of knowledge. Supporting this, MIN LAB. SOCIAL DEV 2 stated, “*I saw a patient who scalded his leg once with very hot water, because the medic had no idea how to use the water faucet or the water heater*”.

It can be argued that this becomes more than just lack of knowledge, when ethical issues come into play. One parent also recalled a situation his wife had encountered when seeing another child in a comprehensive rehabilitation centre:

His hands were folded. He was tied to the bed like a prisoner and had been beaten. When she questioned the nurse from overseas who was doing this, she told her that this was to prevent him from breaking anything in the room, which the nurse would then be responsible for (PARENT 3).

Financial support for families and ASD/SEN children was also an important issue for SEN and ASD parents. Respondents within the Ministry of Labour and Social Development spoke positively about the financial support of SEN and ASD individuals. When discussing how the 'financial aid system' typically operated, families reported that they had received a varying amount dependent upon their child's type and severity of disability. Along with this, some received "*flight discount cards for some of the disabilities as a kind of assistance*" (MIN LAB. SOCIAL DEV 2). Families were also believed to be afforded additional benefits, such as cars and visa renewals for carers. However, although "*the financial aid department receives cases that come from families seeking financial aid and compensatory equipment*" (MIN LAB. SOCIAL DEV 1), parents perceived these amounts to be inadequate, with one parent stating, "*the financial amount that we receive for my son is SR 1,040, which is not enough for his basic needs, such as clothing, diapers and food*" (PARENT 3). Moreover, parents indicated the need for further financial support in order to meet their children's educational, social, and medical needs. For instance, such needs included enrolling their children in private SEN and ASD centres, bringing teachers into their homes or visiting medical institutions. One parent who had visited private hospitals for genetic testing after having three children with ASD indicated that there was a disparity of costs for basic medical care between disabled and able children, which constitutes a further prejudice:

I took him to a private hospital to remove the bad tooth, and I was stupefied by the high costs [...] A normal person pays SR 75 (£15), while the disabled person (as they requested from me) pays SR 4,500 (£900). My salary is barely SR 6,000 (£1200) (PARENT 2).

One rationale for this additional expenditure was that insurance companies only covered minimal amounts for disabled children, with families often having to cover additional costs themselves. When

considering both the higher amounts they pay and the necessity of private treatments, the limitations such individuals encounter contravenes the Disability Code, which promises that “*medical, preventive and habilitation services, including genetic counselling, laboratory testing and analyses for the early detection of disease and necessary intervention*” (Article 2).

With regard to public transport, the Disability Code encourages “*facilitating a method of public transport to securely and safely transport the disabled and their caretakers at reduced cost (depending on the condition of the disability)*” (Article 2), designed to increase mobility, with local authorities required to abide by this article. However, four respondents mentioned transportation restrictions or difficulties that limited mobility. In particular, respondents mentioned difficulties in either accessing or securing transportation to health centres, special education/autism centres or inclusive schools. One parent discussed difficulties in taking his daughters to the autism centre, with neighbours fortunately being “*able to provide a bus with a driver and a supervisor at his own expense. He kindly takes my daughters with his*” (PARENT 2). Whilst the introduction of disabled parking spaces was identified, along with potential house visits, it was noted that most public and government spaces “*lack [the] facilities required to facilitate the movement of the disabled*” (MIN LAB. SOCIAL DEV 3). This results in limited autonomy for SEN and ASD individuals and remains an significant barrier within everyday lived experience.

Educational and social inclusion

Educational inclusion

The majority were in favour of the educational inclusion of ASD students in the classroom when properly implemented. One of the parents described favouring inclusion because they saw the positive impact that inclusion had on their daughter:

*I strongly support this! I noticed that my daughter *** benefited from inclusion during the three months when she went to the Institute. The academic benefit she has gained is very limited, but she benefited from the inclusion through mingling with other girls in special education. This reflected positively on her psychology, and she began to develop skilfully and academically through the teachers who come to our home, who have also noticed her progress. She began to read and write in English. Had she been in a normal school with normal students, I think she would've benefited even more. (PARENT 2)*

As for the non-supporters of educational inclusion, there were two respondents who believed that inclusion was only suitable for a specific category of ASD students as well as to compensate for the lack of qualified staff and capabilities. One respondent stated, *“I also disagree with that due to the shortage of educational staff (particularly psychologists, social workers, occupational therapists and others)”* (MOE 5). Similarly, the protocol of using the Ministry of Education guidelines in order to assess whether SEN or ASD students were suited for educational inclusion was negatively perceived. Due to the lack of inclusive schools for SEN and ASD students, they were often educationally and physically segregated. As previously discussed, respondents believed that this was due to SEN and ASD students being perceived as *“making chaos”* (MOE 5) with school principals, who were thought to reject students *“because they are afraid of having problems in their schools for both the disabled and the normal students”* [emphasis added] (MIN LAB. SOCIAL DEV 2). Aside from this perception, educational segregation was also believed to result from inadequate facilities within inclusive schools for accepting SEN and ASD students. This compounded students’ experience of educational segregation and denial of inclusive education. Along with dissatisfactory facilities, further barriers to successful educational inclusion consisted of a lack of educational resources for SEN and ASD students, with teachers having to manage mainly with non-disabled student resources. The limited availability of physical space, classrooms, autism-friendly resource rooms, activity facilities and suitably qualified teachers were also postulated as reasons for depriving ASD and SEN students of inclusive schools. According to MOE 3, *“... many programmes of inclusion have been cancelled and limited to two or three schools in a large educational city such as Taif. This indicates a failure in the implementation of inclusion”*.

Social inclusion

Some respondents within the Ministry of Labour and Social Development supported the social inclusion of SEN and ASD individuals in society. According to one respondent, social inclusion was noted for *“its positive effects and outcomes on both the disabled and the society”* (MIN LAB. SOCIAL DEV 3). However, the non-supporters believed that *“the society will not accept them as they are”* (MIN LAB. SOCIAL DEV 2). Whilst KING SAL. CTRE 1 believed that *“many programmes that prepare the disabled individual for the job market have started to emerge”*, this inclusion was restricted to the issued recommendations for the type of jobs that a disabled person can perform. This suggests an attitude that perceives the state as knowing best, and as before, promotes a homogenous policy for the varying and contextually personal situations of disabled individuals and their families. This may explain why some parents maintained that other families believed that *“the education of their children is not important for*

them because they consider them disabled and unfit for education or work” (PARENT 1). This perception was supported by ministerial stakeholders, who believed that parents considered education not to be beneficial given the limited number of accessible employers and jobs available to disabled individuals. This ignorance also emanated from other members of the wider society.

Perceptions and talking about SEN and ASD people

The majority of respondents in both of the ministries agreed that the perception and discourse about individuals with SEN and ASD were negative, and that *‘this might be due to the absence of sensitisation and orientation, and lack of awareness’ (MOE 4). However, MOE 2 believed that “the speaking of autistic children is certainly different because of the uniqueness of the disorder in having a normal external appearance. This makes it difficult to identify them as people with special needs, except after observing their behaviour or taking them to a specialist”.* As a result of this perception and similar talk about individuals with SEN and ASD, the educational and social needs of both were found to be similar. The most important and prominent need *“can be summarised in giving disabled children their educational rights” (MOE 1).*

On the other hand, positive portrayals of ASD and SEN individuals were apparent. These were demonstrated by all ministerial stakeholders from both ministries. ASD and SEN individuals were described as having *“talents in drawing, reading and memory” (MOE 1), along with having “skills and capabilities that may be far superior than ordinary people” (MOE 2).* Such individuals possessing a higher-IQ were mentioned by two respondents, as were mathematical skills or remembering numbers and memorising songs or passages from the Qur’an (the latter being specifically referred to by three respondents). These positive portrayals may help in reframing ASD and SEN individuals’ role within society. The portrayals also successfully demonstrate how a reframing of disability might be attained, successfully and effectively, in (re)constituting a human-rights framework through taking inspiration from alternative contexts in Saudi Arabia, and successfully transitioning these toward areas that hold negative perceptions of disability. The following chapter discusses the critical implications of SEN, ASD, and disability.

Chapter Five: Critical Implications

Research question five: What might the implications be for young people, people with disabilities, children, and parents in Saudi Arabia of such constructions on SEN, disability, and autism?

5.1 Introduction

This chapter considers the critical implications of discursive practices for all individuals, whether with or without disabilities, in the Saudi Arabian context. In the discursive analyses, a range of themes emerged that have implications for Saudi Arabian society, policy and practice, including educational ones. The implications arise in the main from social ignorance and prejudice, the consequences of the current social and educational system for people with special education needs (SEN) and autism spectrum disorder (ASD), and the effects of social and educational exclusions when the lived experiences of people, especially children, with disabilities are better considered.

Implications arising from social ignorance and prejudice

The data revealed a disparity in the way in which society was believed to treat ASD and SEN individuals, and what individuals and parents of children with ASD witnessed. Whilst government objectives in the Disability Code and ministry stakeholders attempted to increase awareness and understanding, other stakeholders felt that society remained uninformed. A respondent from the King Salman Centre for Disability Research considered that public awareness and research impact programmes had provided more understanding of disabilities for the public and removed negative perceptions. However, a variety of respondents witnessed and perceived societal ignorance.

Parents spoke of negative experiences when attempting to socially integrate their children into everyday situations, which resulted in the reinforcement of behaviours resulting in isolation for non-normative children and family members. Societal attitudes and a lack of understanding surrounding SEN and ASD were frequently blamed for this state of affairs. Education and awareness of disabilities were alluded to as methods to minimise such prejudices. A respondent expressed that *'they need support and understanding . . . not your pity and compassion'* (Parent 1). Two parents gave anecdotal examples of witnessed discrimination towards their children from members of the public. In one instance, the parent described violence in a marketplace: *'We were at the marketplace, and a woman hit him because he came too close to her. I explained to her that he has autism'* (Parent 3). The other instance took place in a hospital

mosque: *'When I was at the hospital, I had to pray in the mosque, and my daughter was with me. A man sat looking at her with cruelty, and he ended up sending her out of the mosque'* (Parent 2). The question that arises from these narrated incidents, is how often and how normalised such behaviours are in Saudi society, as well as what regulations, policies and practices might effectively mitigate them. It can be argued that these negative perceptions were felt to influence the educational and social needs and rights of SEN and ASD students in Saudi Arabia. In addition, such societal attitudes have negatively affected both the perceptions of parents of SEN and ASD students in relation to educational and social inclusion for their children as well as their emotional and mental well-being. This resulted in some parents not participating and avoiding such environments out of fear for how their children would be treated.

The effects of the current social and educational system for SEN and ASD individuals

All Ministry of Education respondents agreed that the current educational system for SEN students is unsatisfactory, especially for autistic students. As one argued, *'Autism is a disability that has been given attention only recently'* in the Saudi context (MOE 4). Supporting this dissatisfaction, one parent cited the following experience:

My son is now nine years old, but unfortunately, he did not benefit from the institute at all except in one case only: wasting his time in playing. . . . The certificate report of my son for the past year proves all what I've said. They marked him as mastering all skills, and among the skills he masters is the knowledge of God!!! My son does not speak, so how can he master the knowledge of God?
(Parent 1)

It can be said that this has led to the inculcating and embedding of negative perceptions in the minds of parents of children with SEN and ASD, specifically that educational institutions are used for non-educational aims and that religious discourse is used as a justification for the assessment process to cover up current educational system failures. As an extension of this tendency, there are patronising and pathologising practices toward SEN and ASD children at play justified through a complex intersection of normative behaviours, accepted exclusionary practices, religious interpretations, and some socio-cultural and historical norms.

Lack of educational and social needs has been one of the main factors contributing to the failure of the current educational and social system for SEN and ASD individuals. The educational and social

needs of people with disabilities, in general, are numerous, but the educational needs of students with ASD are deeper, and their solutions are more complex because the field is so new in Saudi Arabia. The most important educational needs include the provision of educational centres/institutes, school facilities, appropriate resources, curricula, qualified staff, research, and inclusion practices. A respondent from the Ministry of Education described the following:

One of the educational needs that are required for autistic students is expanding the inclusion programmes in public schools. They need other centres for autism that are equipped with classrooms, teaching aids, curricula, qualified human staff, and appropriate means of transportation for autistic children. (MOE 2)

Corresponding with educational needs, according to the stakeholders in the Ministry of Labour and Social Development, the most important social needs and rights of people with SEN and ASD relate to providing specialised staff in comprehensive ‘rehabilitation centres’, creating social awareness of disabilities, increasing financial aid, providing transportation to educational centres or schools, and monitoring non-governmental (commercial) day-care centres supervised by the Ministry of Labour and Social Development. While not all aspects of the way in which these needs are framed may be agreed upon depending on the perspective of disability and inclusion adopted, nevertheless the fact that there are a range of important ‘needs’ required to address the challenges of exclusion for those designated as disabled is undeniable. Of all the needs expressed, one respondent argued that the most important is *‘for the society to accept them as they are’* (Min Lab. Social Dev 2). Respondents nevertheless believed that the negative conceptualisation of people with SEN and ASD would also negatively affect their educational and social needs, and vice versa. One respondent, speaking about the negative conceptualisation of those with SEN and ASD, argued that *‘Yes, it has an effect. If the common perception about them isn’t positive, it will definitely affect their educational needs’* (MOE 3). Another claimed the following:

Of course, it makes a difference when the common perception of the disabled person is that he is an abnormal person who cannot benefited from hem/her. How can I provide for or identify his needs and include him into society with this perception looming above our heads? It is necessary to change this perception in order to secure their rights. (Min Lab. Social Dev 2)

These educational and social needs will be briefly discussed in the following subsections.

Educational needs

Some respondents believed that there are a limited number of government centres, institutes, and inclusion schools supervised by the Ministry of Education for students with special needs, and there is a scarcity for students with ASD. Such environmental and institutional barriers can lead to (justification of) additional isolation and denial of education rights or inclusive education for individuals with SEN and ASD. Concerning the governmental centres/institutes for students with ASD, one respondent from the Ministry of Education noted the following:

We have one government centre for autism in Mecca under the supervision of the Ministry of Education . . . honestly, there are several problems that we face in teaching children who have autism. One problem is that the capacities of the schools, centres, and institutes are not sufficient for the number of cases of autism. (MOE 1)

Although there are a few institutes, centres, and inclusive schools for males with autism, gender inequality is especially marked in the stark scarcity of provision of the same for females. As one parent recalled, 'I was forced to move from a large city to another city in order to find a place for my daughter in one of the institutes in this area' (Parent 2). A respondent from the Ministry of Education was even more direct: 'In this big city, with a population of over 1.5 million, we only have one autism institute for females. It was established three years ago after parents demanded the establishment of an autism centre for females' (MOE 4).

This has led to a trend towards private centres, such as the non-governmental (commercial) day-care centres that have been established by businessmen and investors, which are supervised by the Ministry of Labour and Social Development. Although the Ministry of Labour and Social Development theoretically pays these centres 40,000 Saudi riyals (£8,000) per student, the majority of centres are ineligible and offer only speech services. One parent stated the following:

The State pays high amounts for the disabled. Also they have allowed the businessmen and investors to open specialised centres for the disabled, and they pay them annually about SR 40,000 for each pupil in the private education. They assigned supervision to the Ministry of Labour and Social Development, but, unfortunately, the number of these centres does not exceed three, and

they provide speech services for the autistic only. Most of those who work there are foreigners with Arab nationalities, and they exploit the ignorance of the parents by persuading them to accept better services from the centre at their houses and outside working hours at very high and exaggerated fees. I was one of their victims once. (Parent 1)

Although there are non-governmental day-care centres (run by a charity), these centres are so few to be almost non-existent, with some cities having only one centre for the entire population. In general, they provide excellent services despite a large number of cases of autism registered with them and despite the lack of opportunities, incentives, support, and encouragement by ministries and institutions, as evidenced in the following:

The Ministry of Labour and Social Development opened a charity centre for people with special needs about a year ago. Those who work there are volunteers specialising in the field of disability. The number of registered disabled people is about 200 children, and I have noticed that they [the workers] are diligent and try to help as much as possible. Unfortunately, the potentials available for them are not helping them at all, such as the building, the educational equipment, transportation . . . etc. Also, there is a lack of commitment from their side when it comes to attendance, and absence may be because the work is voluntary or because they are frustrated by the lack of available potentials or other reasons related to their poor financial and living conditions. Most of them are unemployed, although they hold bachelor's, master's or doctorate degrees in special education, so we cannot blame them for their negligence. (Parent 1)

This disparity often resulted in additional homeschooling being sought by parents, with private tutors being hired to 'cure the weaknesses and educational imbalances' (Parent 2).

It was noted that there are some obstacles in the governmental educational institutions supervised by the Ministry of Education, which led to the majority of individuals with SEN and ASD being deprived of an education. These obstacles include 'psychological tests' as well as 'teachability', which may be subject to variation in implementation.

There are some tests and standard criteria that apply to the student who will be accepted in the school or centre/institute. There are certain standards and tests for the admission of a student

depending on the degree of student intelligence, as well as based on the degree of autism (mild–moderate–severe). One of the primary conditions for admission is that the student must be teachable/learnable. (MOE 1)

It can be said that admission policies in governmental educational institutions in Saudi Arabia are restricted and embedded in a medical framework. Although the meaning of disability may have changed, the discourse of disability remains inexorably associated with the discourse of the ‘impaired’ and ‘broken’ body (Haegele & Hodge, 2016). Respondents believed that the lack of sources and resources in educational institutions affected both SEN and ASD students and their teachers:

But the major problem that continually faces teachers of special education is a lack of some of the basic educational needs for the disabled student. Naturally, practical procedures will not be adequate in the absence of these basic educational needs. The teachers are not responsible for these educational needs if the Ministry of Education does not provide. They have repeatedly asked for such tools to be provided, but to no avail. For instance, I was once in the Prince Sultan Centre for Special Education, and we spoke to the director about the lack of these appropriate educational materials to teach the students. His response was that he was not responsible for providing for these needs if the ministry did not make them available. His priority was to ensure the safety and the protection of the disabled students if nothing else is available! That is why the teachers are forced to work according to the resources that are made available to them. (MOE 1)

Findings from Rojewski et al. (2015) support the preceding statement, recognising that SEN students achieving the required academic credits were twice as likely to pursue further education. This is particularly pertinent given how adequate resources would be associated with the likelihood of achieving additional educational pursuits. Consequently, lack of resources has also affected teachers’ spirits, as noted here:

A message to everyone from the teachers of autism: Please do not put all the blame on us. We want to educate your children, and we try to provide all that is in our power for their education. We did not choose this field randomly, but, unfortunately, the working environment is not helping us. (MOE 3)

Although there was a perceived shortage of teachers for SEN and ASD students, there are high numbers of unemployed educators in the field. One parent stated that *'there is no training and no interactive lessons, except one day every two weeks. There are no speech classes on the pretext that there is only one speech expert'* (Parent 1). Neglecting the employment of SEN/ASD specialists to work in the field and the Ministry of Education's habit of assigning non-specialists are also noted challenges:

The Ministry of Education allowed ordinary schoolteachers to teach autistic students after obtaining a six-month or a one-year course or diploma in autism while ignoring the graduates of bachelor's and master's degrees in the studies of autism. This is a corrupt approach. In addition, the majority of authority positions in the departments of special education in the Ministry of Education do not have certificates or qualifications in the field of special education. (MOE 3)

One Ministry of Education respondent believed that *'there is no difference in curriculum between general education and special education. Special education requires curricula'* (MOE 1). The special education curricula need some adjustments to suit the capabilities and needs of SEN and ASD students. The same Ministry of Education employee believed that the individualised educational plan is not applied effectively, and the behaviour modulation plan is rarely used, citing the proof for those claims as *'the inadequate results that we see after achieving the objectives of these plans'* (MOE 1). Curricula can often be difficult for a student without disabilities and, therefore, might be more difficult if not differentiated for a student with disabilities, which *'may have negative effects on their performance'* (MOE 3).

With regard to ASD students, respondents noted that there were no consistent and standardised curricula corresponding with appropriate teaching methods. In addition, differences exist among educational institutions in curricula and implementation. One respondent who was working at three educational institutions explained that *'the curriculum was a personal effort by the director and the teachers in the centre along with some quotations from the internet . . . the same as general education. . . Based on the [CARS scale by Dr Tarish] . . . they are given the curricula of the mentally retarded'* (MOE 6). One parent supported this perspective according to his son's teacher that *'the curricula for autism are not provided by the ministry'* (Parent 1). He added the following:

Some parents and I have offered to help solve these problems by providing some of the educational requirements that teachers need to teach the children, like providing advanced curricula from

other countries. But our request was rejected because they said that we would be interfering with their authorities. (Parent 1)

This had negatively affected the education process of ASD students, and the socialisation that ASD students received outside their families, *'for example is more or less like "a nursery in prison"! They lack any form of appropriate curricula, trips that develop the child's social upbringing . . . and so forth. The child is confined there from 7:30 AM to 11:00 AM without any benefit'* (Parent 1). Jha (2002, p. 15) states that *'there are walls between schools and children before they get enrolled, they face walls with curriculum inside the classrooms, and finally they face more walls when they have to take examinations which determine how successful they will be in life'*.

Several Ministry of Education stakeholders argued that the current research is old, weak, and out of keeping with the modern educational issues of individuals with SEN and ASD, such as educational inclusion:

The Ministry of Education should be interested in researching and conducting studies that are related to the concept of inclusion, as well as studying the experiences of others regarding their success in the inclusion process. Additionally, they should identify and correct the reasons that can lead to the failure of inclusion. (MOE 3)

When a researcher from the King Salman Centre for Disability Research was asked about the current research for autism, the focus on medical research was very dominant in his discourse:

There are a number of research projects concerned with autism, as this was one of the topics that the Centre was interested in from several perspectives. One of the research projects was related to the medical diagnostic aspect and is currently in the phase of publication. We published several research papers that identified some of the genetic factors that cause autism or are related to it. (King Sal. Ctre 1)

From this information, it can be argued that the medical discourse negatively affected the current educational policies and practices of those with SEN and ASD in the Saudi context. This means that the concept of deficit embedded in the policies and practices of people with SEN and ASD was a main reason

for the denial of their human rights. The following section discusses what has been framed in inclusion literature as the 'social needs' of individuals with SEN and ASD.

Social needs

The Ministry of Labour and Social Development has established 38 comprehensive 'rehabilitation' centres for people with disabilities in most areas of Saudi Arabia. Respondents working in this ministry indicated that they have a purposeful policy when considering the obstacles to acceptance of people with disabilities in its centres. They also discussed a high dependence on the role of the family in the care of their children with disabilities as an alternative to the centres. The ministry seeks to integrate people with disabilities into society by having them stay with their families and providing the support needed by the family and the individual.

We only admit severe and moderate motor disabilities that are associated with mental retardation. So, if a person has a severe motor disability which is not associated with mental retardation, we don't admit him. This is the ministry's admittance policy for the centre, and all the comprehensive rehabilitation centres in the Kingdom apply this policy. The aim of the ministry is to integrate disabled people into society by keeping them with their families instead of keeping them in the centre. Even if we looked at the worst family and their disabled son, staying with his family is better than keeping him in the centre, through the provision of the appropriate support. (Min Lab. Social Dev 1)

It can be argued that the intended aim of the Ministry of Labour and Social Development had a positive effect by relying on the family to care for their children with disabilities. The major defect in the services provided by these centres, however, is that the majority were primarily medical. One respondent at these centres stated the following:

This is supposed to be a comprehensive rehabilitation centre, yet, in reality, we provide accommodation and rehabilitation services for physiotherapy only. . . . so the motor disability cases would not deteriorate. . . . For example, our policy is that when a patient comes, he never goes out, and his condition does not improve, and so he stays here till he dies. (Min Lab. Social Dev 2)

The dominance of the medical model had negatively influenced social and vocational 'rehabilitation', which are considered the basis for establishing these centres. Depending on the perspective from which these challenges are being discussed, it could be argued that this might possibly lead to depriving people with disabilities of their rights regarding social 'integration' into society as well as exposure to vocational education to qualify and prepare them for job opportunities.

Regarding the staff who work at these centres, respondents noted that the majority of staff in the comprehensive rehabilitation centres did not specialise in working with people with disabilities. Staff worked in this area for two purposes: either for a promotion or to gain an additional financial allowance estimated at 35% for people working with individuals with disabilities. One respondent stated that he was working in this centre *'because of the recruitment and career promotion'* (Min Lab. Social Dev 3). In another example, when asking a different respondent about social inclusion, one Ministry of Education employee replied, *'What do you mean by social inclusion?'* (Min Lab. Social Dev 2). Moreover, there was a lack of specialists despite increasing unemployment in the field: *'We do not have a speech specialist, occupational therapy specialist, or autism specialist. Actually, the same problem was in the previous centre where I worked before I came here'* (Min Lab. Social Dev 2).

When members of staff are hired from overseas, it is assumed that they are experts and qualified in the field of disability in order to benefit other staff and individuals with disabilities. One respondent from the Ministry of Labour and Social Development admitted that this was not true in his case:

I will be frank with you. Ever since I came to Saudi Arabia, I did not know anything about dealing with people with special needs. I did not know except to treat them as a paediatrician; one comes with a kidney problem, another with a respiratory problem . . . and so on . . . like all other cases. But I did not have any experience working with people with special needs. (Min Lab. Social Dev 2)

In many cases, it was these physicians, untrained in working in the areas of ASD and SEN, who performed diagnoses of ASD or other disabilities as well. They were also often responsible for assigning and identifying the social needs of people with disabilities. There was no recognition that the expertise for medicine and for special needs are not one-and-the-same, highlighting just how dominant and all-encompassing is the medical model of disability in the Saudi Arabian context. One respondent reported finding that difficult:

I, myself, even though I diagnose autism, yet I find it difficult to diagnose. For example, I graduated from medical college, and I carry a paediatrics diploma; still, I did not know anything about autism except its name. I thought it meant 'being isolated' . . . for example, an outpatient is diagnosed in three minutes, and the degree of disability is determined based on the hospital report. Within these three minutes, it is difficult for me to study the case and determine their needs because I will certainly end up being a liar. If I had the opportunity to study the case accurately, I would be able to identify all the social needs and provide the best service. (Min Lab. Social Dev 2)

With regard to governmental day-care centres, these facilities supply a home visiting service for people with disabilities and the provision of services and support that they require. These provisions, however, are limited solely to 'medical' services:

90% of the day-care programme is dedicated to medical treatment. We make around three to four visits per day, and we have two cars to do this. As for autism, it is often cared for within this same category because it may include hyperactivity or aggressive behaviour. (Min Lab. Social Dev 3)

The medical approach, in general terms, affected the policies and practices of comprehensive rehabilitation centres, resulting in a lack of social rights guaranteed by the Saudi government through these centres. It also contributed to increasing the social exclusion of people with disabilities. Individuals with disabilities were also believed to have been oppressed and marginalised in jobs, as noted in the following respondent comment: *'Some disabled people used to come to us with serious psychological and social trauma because of some employers or colleagues at work'* (Min Lab. Social Dev 3). This had adversely affected their social life concerning marriage and family formation, as reflected in the following respondent comment: *'There are many families that would never accept marriage to a disabled person; since no one wants to employ them, they will never be able to keep a house or a family'* (Min Lab. Social Dev 1). It also led to the failure to take advantage of the minds of people with disabilities through participating in building and developing society, as articulated in the following remark: *'Some of the disabled people are very innovative and possess creative abilities'* (MOE 1); *'they have some skills and capabilities that may be far superior to able people'* (MOE 2).

Findings by Shier et al. (2009), in Canada, indicate that persons with disabilities still face widespread stigma and discrimination in the labour market, even in the face of institutional and

constitutional support and protection. It can be said that power is embedded in society and has the conscious or unconscious effect of exerting control over those with designations of disability by those without such designations. A common issue of discussion was that the majority of public places and government facilities were not accessible to people with disabilities:

We keep getting shocked by how the disabled are received in many places! Many facilities are not properly set, including government departments, companies, and schools. There is no facilitation whatsoever, even something as simple as corridors that can be used by the disabled or handicapped. (Min Lab. Social Dev 1)

These physical environmental barriers affected the opportunities for social inclusion of persons with disabilities through the friction created in interacting with people who did not have disabilities in the community. Through creating appropriate public places, government facilities have the potential to assist in altering negative attitudes, normalising disability within communities, and allowing those with disabilities 'to exercise their rights in science, work, production, and creativity, and this benefits the community with a great deal of their efforts' (MOE 3).

All parents believed that health and treatment services were not suitable for their children with disabilities. They also believed that the lack of available treatment for non-Saudis reinforced exclusion. These exclusions are reinforced by the trend toward private hospitals and health centres whose treatment costs for a person with disabilities are expensive compared to a person without disabilities. Although medical insurance is available, it covers only a small amount of expenses, and some cases are not covered at all. This has affected not only the parents in finding appropriate health and treatment services for their children with disabilities, but also the financial budget of these families. One parent said the following:

I must pay the treatment costs off my pocket, and my salary is too small to cover these costs. On one occasion, [my son] had an abscess, and the painkillers made him suffer. I took him to a private hospital to remove the bad tooth, and I got stupefied by the high costs compared to the normal person! A normal person pays 75 Saudi riyal (£15), while the disabled person (as they requested from me) pays 4,500 Saudi riyal (£900). My salary is barely 6,000 Saudi riyal (£1,200), and I have other expenses like rent, food, and the expenses of my other children. (Parent 2)

Although the Saudi government provides financial and non-financial support to people with disabilities and their families, the parents believed that the financial support provided was not enough. They noted: *'The financial amount that we receive for my son is 1,040 Saudi riyals (£208), which is not enough for his basic needs such as clothing, diapers, and food'* (Parent 1). This has caused financial pressure on families to meet the needs of their children with disabilities.

The effect of social and educational exclusion

The denial of inclusive education for SEN and ASD individuals has resulted in learning and development limitations. Consequently, both children with disabilities and children without disabilities have endured multiple negative effects. For those with disabilities, reduced social development has decreased individual advancement in socialisation, placing limiting attitudinal, environmental, and institutional barriers on ASD and SEN children. Moreover, children without disabilities have been held back from associations and interactions with their peers who have disabilities. Such limited exposure and normalisation propagate paradigms of perspective that SEN and ASD children are 'different' and should remain 'separated' from them. Consequently, this can lead to a proliferation of 'otherness', which generates demarcation, distinction, and separation, and leads to and justifies discrimination.

Ministry of Education respondents believed that inclusion would positively and negatively affect both groups of students. The most important positive effects of educational inclusion that were perceived by Ministry of Education respondents for students without disabilities in the inclusive classroom were described as:

enhancing their understanding of disabled individuals and the ways of dealing with them, the identification of the skills and the energies that they possess, and respecting their rights. This will contribute to transferring this understanding from the ordinary child to society and can elevate public awareness. The ordinary child may one day become a decision maker in matters concerning disabled individuals in the country. This person has prior experience in dealing with them and knowing their needs, and will be more likely to give them their due rights. (MOE 3)

One respondent also believed, however, that an ASD student could negatively affect students without disabilities, stating that inclusion:

may affect their levels of performance. This means that the autistic child may affect the level of the ordinary children because the methods of teaching that are appropriate for autism are different (auditory, visual, and dynamic). Additionally, the autistic child may have behavioural disorders such as attention deficit or excessive movements. These disorders will definitely affect ordinary children and their concentration. The methods of teaching used with the ordinary children may also be difficult or inappropriate for the autistic children and may have negative effects on their performance. (MOE 3)

Such perceptions ‘*auditory, visual, and dynamic*’ and ‘*behavioural disorders*’ of students with ASD are often mistaken. Some teachers, nevertheless, create barriers as a justification for their limited knowledge in relation to educational inclusion for students with ASD. According to Van Leeuwen (2008), the dominant social group uses language to justify its dominant position, whereas disenfranchised social groups are usually forced to adopt practices that stem from the behaviour that emerges within language.

Even though most students with disabilities, it is stated, are allowed to experience full educational inclusion in inclusive classrooms, that opportunity is often denied to ASD students. As one Ministry of Education respondent put it, ‘*There is only a partial inclusion for the ASD student*’ (MOE 1). One respondent stated the potential reason for not integrating ASD students: ‘*In fact, the inclusion programme is successful in many countries of the world, but our problem lies in its application. The implementation of the inclusion programme has not changed, as was previously stated*’ (MOE 2).

In the classroom environment, the majority of respondents supported educational inclusion for students with disabilities ‘*when it is applied in a structured, standardised, and correct way, and when randomness is avoided*’ (MOE 1). Those who supported the inclusion of students with disabilities mentioned some positive effects that might be useful for ASD students:

ASD students may also benefit from the acquisition of some academic and social skills, communication, and some positive behaviours through interaction with ordinary children. Peers who are close in age usually acquire behaviours from each other regardless of whether these behaviours are negative or positive. (MOE 1)

Two respondents who did not support the inclusion of ASD students in the classroom, however, considered that it *was* appropriate for a specific category of autistic students, as was the lack of specialist and educational resources. It can be argued that community members are affected in different ways and degrees through the knowledge produced by dominant discourses, which can result in oppressive practices.

On the other hand, the Ministry of Labour and Social Development respondents and parents highlighted a concern that the social development of SEN and ASD individuals would become inhibited by exclusion. In particular, parents illustrated examples of their child's '*continuous desire to stay and play alone . . . due to a lack of the community's understanding*' (Parent 3), along with examples of being impeded from advancing through school. Both the Ministry of Labour and Social Development respondents and parents were divided into proponents and non-proponents of integrating SEN and ASD individuals into society. The proponents believed that:

the disabled and non-disabled will benefit from the inclusion. The disabled person will benefit from learning new experiences and skills that will help him adapt to society. Thus, all his needs will be answered, and he will be an ordinary person not deprived of anything. As for the normal person, he will benefit from some of the skills of the disabled person in the advancement and progress of society. The major benefit will surely be for society. For example, we have a security guard with special needs at the centre, and he is one of the best workers in this field because of his discipline and because he provides all the tasks required of him in full. He is certainly way better than all his normal colleagues. (Min Lab. Social Dev 3)

These respondents believed that '*there is no side effect on autistic children, when you give him all his rights, this will certainly reflect on the disabled person; his psychological conditioning and his ability to be creative and productive*' (Min Lab. Social Dev 2). Regarding non-proponents, one parent stated the following:

I am not supportive of this inclusion because I experienced several failed attempts. . . . I once took him to a park. He does not like it when other children come close to play with him. A woman approached him and was looking towards him sympathetically. She tried to give him money. I stopped her and made it clear that we do not need charity. This encounter embarrassed me and

affected me psychologically. I do not need money to spend on him. On another occasion, we were at the marketplace and a woman hit him because he came too close to her. I explained to her that he has autism. (Parent 3)

One Ministry of Labour and Social Development respondent discussed how *'psychological, social, and even financial'* improvements would lead to increased employment prospects and an increasingly fulfilled life for individuals with disabilities as a result of increased interaction (Min Lab. Social Dev 3), given the intra-acquisition of new behaviours. Furthermore, Ministry of Labour and Social Development stakeholders considered the private sector to be unaccepting of individuals with a disability, according to negative constructions arising from attitudinal barriers. Implications of the lack of acceptance of employees with disabilities were additionally substantiated, highlighting longitudinal effects, whereby: *'Some disabled people used to come to us with serious psychological and social trauma because of some employers or colleagues at work'* (Min Lab. Social Dev 3). This effect has restricted individual progress and development, a result supported by Ministry of Labour and Social Development stakeholders. Furthermore, interviewees discussed personal disadvantages from unemployment, combined with societal stigmas, highlighting that: *'There are many families that would never accept marriage to a disabled person'* (Min Lab. Social Dev 1). These notions would consequently inhibit the individual's marriage prospects given Saudi society's dominant cultural attitudes that view men as providers for the family. The following chapter discusses the contextual recommendations.

Chapter Six: Contextual Recommendations

Research question six: How might greater inclusivity in SEN understandings be imagined and operationalised in the Saudi Arabian context?

Research question seven: What kind of education system might be imagined in the Saudi Arabian context which would be able to support the public good of social and educational inclusion?

6.1 Introduction

This chapter will provide contextual recommendations that could contribute effectively to changing the current educational and social policies and practices for people with special education needs (SEN) and autism spectrum disorder (ASD) within the Saudi context. These recommendations may assist the Saudi government in identifying and addressing current challenges in order to promote the educational and social inclusion of SEN and ASD individuals. These recommendations are aimed at assisting in imagining a system of education that could support educational and social inclusion principles. Critical discourse analysis (CDA) has been useful in eliciting how SEN and ASD has become culturally and discursively constituted, along with how cultural, historical, religious, and other discourses emerge in the Saudi context to inform the experiences of those designated as 'disabled'. A CDA methodological approach to disability in Saudi Arabia usefully reveals these interconnected processes and effects together with the understandings of convergences, contradictions, and implications for those with disabilities and those of the wider society. These contextual recommendations are now be discussed. To avoid duplication, both research questions are investigated concurrently.

From the analysis of respondent interviews, several recommendations emerge. The most common has been around the need to increase community awareness, a demand made by all respondents as an attitudinal barrier faced by people with disabilities in Saudi Arabia. The second recommendation aims to identify and remove attitudinal, environmental, and institutional barriers in order to envision an educational system that supports and promotes educational and social inclusion of SEN and ASD individuals within the Saudi context. These recommendations are now explored in turn.

Recommendation 1: Increasing community awareness

Respondents typically believed that a more inclusive society could be achieved by increasing awareness and removing negative stereotypes and associated stigmas about SEN and ASD individuals.

Such prejudices were believed to exist amongst the public, as reported by ministerial stakeholders and parents of individuals with disabilities. Some ministerial stakeholders highlighted how contemporary attitudes were changing positively, whereby, *'there is a huge difference between the condition that we had 15 years ago and the social awareness that we have now'* (King Sal. Ctre 1). An example of the positive change related to new laws that introduced fines for *'violating the parking spaces reserved for the people with special needs'* (MOE 1). Although there had been awareness-raising attempts by some official and non-official institutions, such as *'the world day of autism and the world day of disability'* (Min Lab. Social Dev 2), they were considered a waste of funds and time, with *'awareness being restricted to festivals, ceremonies, or meaningless celebrations'* (Min Lab. Social Dev 2) typically only lasting *'less than an hour'* (Parent 1). Overall, respondents asserted that current attempts were not adequate, and there was a general claims that negative stereotypical views of ASD and SEN individuals still were ingrained amongst the majority of Saudi society.

The necessity of removing stereotypes was argued to be increasingly interlinked with raising awareness. Removing negative stereotypes was suggested by interviewees as a method that could be undertaken by educating the community through highlighting positive characteristics and contributions of people with disabilities, providing for social and educational needs, improving disability rights, increasing normative interaction opportunities, and exhibiting to the parents of SEN or ASD individuals the importance of education for their children. Although the Saudi government aims, as stated in Article 2 of the Disability Code, to disseminate information and educate the community about disability through audio, visual, and print media, it is clear that further awareness raising is required.

Community education was deemed critical in eliminating stereotypical attitudes, being especially important for those people who consider the education of students with disabilities unimportant. It was suggested that this be achieved through emphasising positive societal contributions and skill sets, along with demonstrating the potential of SEN and ASD individuals. One Ministry of Education respondent stated that *'some of them have intelligence quotients and skills that are higher than our intelligence quotients and skills. They just need us to give them a chance and strengthen them'* (MOE 1), which is a process that a respondent from the Ministry of Labour and Social Development argued could *'contribute to the full identification of their needs'* (Min Lab. Social Dev 1). Campbell et al.'s (2003) research supports this argument, revealing that increased involvement of children with disabilities not only leads to

increasingly positive attitudes from teachers but also alleviates their worries concerning such interactions by advancing effective knowledge.

Associations between positive perceptions of disability and an awareness of social and educational needs were deemed progressively more interconnected. It was hoped that operationalising such awareness through improving disability rights and developing perceptions would enhance educational attainment. Emphasising the affordances of SEN education to parents was hoped to shift parental mindsets. As one respondent stated, *'If the parents of disabled children believe that their children cannot be educated, it is natural that the perception of the wider society will not change'* (MOE 2), but parents also were *'calling on state officials to raise the community's awareness and encourage families of the disabled children'* (Parent 3). The majority of ministerial stakeholders wanted to use the media to *'educate and rehabilitate the community'* (MOE 3). Overall, it was anticipated that these factors would effectively contribute to increasing opportunities for exposure and interaction between individuals without disabilities and individuals with disabilities, thus minimising society's negative stereotypes by normalising disability. This would also reduce observations of disability and behaviours towards those designated as disabled that contributed to responses of *'sarcasm, pity, and compassion'* (MOE 3).

Corker and French (2001) highlighted how an increasingly emancipatory discourse is needed for individuals with disabilities to *'reclaim'* the term *'disability'* and the discourse itself. One respondent corroborated this notion, whereby removing or modifying *'the names and classifications that are given to disabled people [would] give a sense of equality and self-confidence to the disabled children and their families'* (MOE 3). As discovered through the previous findings of this thesis, individuals with disabilities were frequently used as a benchmark against a perceived 'normal', based on expectations and perceived behavioural characteristics of individuals deemed without disabilities. In this respect, words such as *'mental retardation'* or *'retarded'* were used by some respondents when describing SEN or ASD individuals, irrespective of any derogatory or disparaging intentions. This reflected how, from a linguistic perspective, such labelling and classifications limit the educational and social inclusion of SEN and ASD individuals. Eradicating such usage through either reclaiming existing terms or creating new references when describing disability should thus be investigated for the purpose of reconfiguring a reconstructed notion of disability and advancing the rights of people with disabilities. In reference to Foucauldian perspectives on power, discourse and knowledge, such linguistic advocacies are fully justifiable.

Societal stigmas were believed to emerge from negative stereotypes whereby ASD was thought to be ‘*a medical disease*’ (MOE 4), causative of religious or other punishment. A recommendation of introducing an inclusive media campaign aiming to reduce this ignorance (deemed prevalent in society) is also firmly advocated. By raising awareness and educating society about how ASD and SEN arise, along with illustrating positive portrayals of ASD and SEN individuals, public perception of disability could be improved while increasing acceptance and understanding at the same time.

Since Saudi society is committed to the Islamic religion, religious discourse could be used as a tool but in a conversely positive manner. One respondent suggested the following:

The Islamic religion urged us to pay attention and care for people with special needs to earn good deeds and enter paradise. Working with them is a comfortable and facilitated effort, and you can feel how your life is improving in several psychological, social, and financial aspects when you work with them and help them. (MOE 3)

This would promote a narrative that good deeds (such as volunteering and kindness towards those designated as disabled) would be viewed favourably by God. The counteraction of family members anticipating that they could not care for their children with disabilities would thus be offset, with the community and extended family’s mindsets being altered to create a desire to help. Using these means is advantageous to individuals with disabilities too as they develop socially through increasing interactions with individuals without disabilities, along with enhanced socialisation within the household. This is in clear opposition to clandestinely placing individuals in comprehensive rehabilitation centres or within a centre or school to ‘kill time’ or ‘be entertained’ (as MOE 3, MOE 4, Parent 1 all mentioned).

The government should lead awareness campaigns, disseminated through the media, which aim to positively change the disability discourse by using religion to reduce the perceived shame associated with disability, along with improving community perceptions and meeting the social and educational needs and rights of people with disabilities. This may assist in raising awareness of disabilities and methods of living alongside individuals with disabilities, improving the associated perceptions and stigma, increasing their rights, and enforcing discrimination laws. Such definitions and terminology have typically developed from conventionally influential and contemporary religious discourse (Ihalainen, 2001). Therefore, influential imams in conjunction with the official channels for disability declared by the Saudi

government should disseminate such reconceptualisations through digital and social media, which have become highly influential in Saudi society. While patronage and paternalism should still be avoided in the manner in which these messages are conveyed, it can be argued that a reframing of previous negative perceptions into a new discourse could positively affect how individuals with disabilities are perceived and treated.

Recommendation 2: Removing educational and social barriers

Previous recommendations related to the removal of attitudinal barriers in society in order to improve understanding and inclusivity as well as increase educational and social inclusion. Amongst respondents, nevertheless, it was believed that attitudinal, environmental, and institutional barriers exist that currently prevent educational and social inclusion from becoming actualised. Table (4) shows the educational and social inclusion barriers proposed by the respondents.

Table 4: Educational and social inclusion barriers

Educational Inclusion Barriers	Social Inclusion Barriers
<ul style="list-style-type: none"> • Teachers (attitudinal and institutional barrier) • Curriculum (institutional barrier) • Admission criteria (institutional barrier) • Buildings, classrooms, and transportation (environmental barrier) • Educational resources and equipment (institutional barrier) • Awareness programmes in schools (attitudinal and institutional barriers) • Research (institutional barrier) 	<ul style="list-style-type: none"> • Job opportunities (attitudinal and institutional barrier) • Preparing public places and government facilities (environmental barrier) • Health and treatment services (institutional barrier) • Financial support (institutional barrier)

Educational inclusion barriers

Teachers

The majority of respondents regarded current standards of teaching in Saudi Arabia as insufficient. In integrated schools that did have ASD and SEN children present, general education teachers were often unaware of their needs or unqualified when dealing with special education issues. A vast majority of respondents felt that better-qualified teachers were required, although typically this observation came from ministerial stakeholders or current teachers themselves. This historical discourse arose from *'unemployed graduates . . . as the ministry of education allowed ordinary schoolteachers to teach autistic students'* (MOE 3), with several respondents within this category stating that graduates (some being autism education specialists) had been disregarded given *'the Ministry's wrong decisions'* (MOE 4). Regarding those who head the special education departments at the Ministry of Education, respondents believed that these administrators typically had experience with less-relevant subjects or subjects that were not related to special education at all. These individuals were considered to have been promoted or fast-tracked into management positions, despite either being underqualified within SEN or ASD education or possessing limited previous experience. One teacher stated that *'the majority of authority positions in the departments of special education in the Ministry of Education do not have certificates or qualifications in the field of special education'* (MOE 3). With regard to gender, in particular, a distinct lack of female teachers was also a prominent rationale given for the current failings of educational inclusion. Overall, it is recommended therefore that all current and upcoming staff involved with SEN/ASD education, irrespective of whether their role is on the frontline, undergo dedicated education for SEN. Respondents also suggested updating existing policies and practices to reflect this change and *'bringing specialised trainers to train the local staff'* (Min Lab. Social Dev 2). Moreover, proposals from current teachers included the availability of additional staff, for example *'behavioural modification specialists, functional treatment specialists, speech therapists, psychologists, social workers, and specialists in autism'* (MOE 3), with such provision being available in every school in order for inclusion to be sufficiently supported.

In addition to these measures, establishing a graduate scheme to attract graduates to the SEN and ASD sectors should be formed. This scheme should incorporate the main applicant's desire to choose the field of disability as well as the *'full knowledge of how to deal with children with disabilities'* (MOE 1) to fill current knowledge gaps. Minimum requirements for applicants should be introduced to maintain

high standards within the teaching profession, as, at present, it was believed that unskilled teachers were being accepted at the special education departments in Saudi universities *'without any formal selection for those wishing to work in the field'* (Parent 1). Some individuals chose the field of disability because it *'will provide jobs available in the future in Saudi Arabia'* (MOE 6) or for *'an additional 35% in the salary of special needs teachers over the teachers of public education'* (MOE 3). Current university courses that already specialise in SEN or ASD education were often believed by both ministerial stakeholders and former attendees as being too theoretical, and the short field 'training period', which is only a term of study, was thought insufficient to apply what was learned during the three and a half years of the bachelor degree period.

Respondents recommended that there be an *'opportunity for university students in the Department of Special Education to practice what they learn, through fieldwork, as they study'* (MOE 6). In supporting this, the Ministry of Education issued a decision to stop admission to the faculties of education in Saudi universities, including the Department of Special Education, as well as to stop admission of all teacher preparation programmes at the undergraduate level two years ago in order to reconsider the current educational issues. This demonstrates dissatisfaction with the current situation as well as what is deemed a 'failure' of educational policies and practices related to SEN and ASD students.

The counter argument may be that theoretical depth and a proper engagement with the research literature on disability and special needs is very necessary for teachers in order for them to be discerning and self-reflexive about their biases and the judgements they bring to their practices. Such deeper educational approaches to their learning are important in order to create the climate for inclusive education and practice in their educational contexts. Reducing these learning opportunities for special needs teachers means a missed opportunity for teachers to develop knowledge and agency in the classroom towards good inclusive practices. A more 'applied' approach tells teachers 'how to do' inclusive practice in a textbook-style manner, rather than bringing in 'how to think' opportunities and the development of professional judgements with respect to inclusive teaching practices.

The creation of intensive courses and training for current staff in educational and social institutions in association with guidance from successful and sophisticated special needs practitioners overseas is also proposed. The courses, educational opportunities, and schemes undertaken in SEN or ASD should be accredited through a specialised qualification-awarding body or, as was suggested, *'the*

establishment of a Ministry for Special Education that is led by specialists and experts in the field' (MOE 3). This would not only guarantee regulation of such courses, educational opportunities, and schemes by maintaining validity and high standards of knowledge instruction but also enhance the professionalism and self-confidence of the staff and non-staff (e.g. parents of children with disabilities) in the field of disability. However, the specialists and experts should not only take a medicalised perspective. They should come from different theoretical and paradigmatic background perspective, especially in respect of specialism in social and human-rights models of disability to counter the dominance of medical or deficit versions.

Curriculum

The design of curricula for SEN and ASD students plays an important role in their education, whereby their educational, cultural, social, and professional experiences and needs are provided for. In inclusive schools, the current curricula were considered inappropriate for SEN and ASD abilities due to the fact that *'there is no difference in curriculum between the general education and the special education'* (MOE 1). Respondents asserted that individual differences between children designated as having a disability and children designated as not having a disability were therefore not taken into consideration as being relevant. The perspective was forwarded that these individual differences should be considered based on the abilities and skills of each student with a disability, however from a more social model perspective, each child's capabilities should be considered, not just those designated as having a disability. Swanson et al., (2017) stated that all students may need additional support within the school in order to overcome individual differences in the curriculum, and thus the additional support may contribute effectively to "a move from 'special needs' to 'learning for all'" (p. 175). One Ministry of Education respondent suggested, in relation to those designated disabled, that there is a need *'to aid them and provide support services through the Resources Room during this educational inclusion process'* (MOE 4). With regard to ASD students at institutes and centres, it was believed that there were no standardised curricula from one institute and centre to another. One respondent, who was working at different educational institutions, explained the following:

The curriculum was a personal effort by the director and the teachers in the centre along with some resources from the Internet . . . the same as general education. . . . Based on the [CARS scale by Dr Tarish] . . . they are given the curricula of the mentally retarded. (MOE 6)

Thus, individual differences among students with disabilities were not taken into consideration.

Large differences are often evident between the abilities and skill sets of individuals with disabilities. Regarding students with autism, *'some of them have intelligence quotients and skills that are higher than our intelligence quotients and skills'* (MOE 1). Respondents emphasised that there were no policies and practices specifically designed for autism. Rather, autism was incorporated into intellectual disability policies and practices thus homogenising categories of disability. A formal distinction between the two is proposed, with the objective of highlighting the varying needs of each disability, together with creating subsequent procedures for improved provision. Overall, choosing the appropriate curricula with general objectives and choosing how it can be supported in practice should be consistent within policy documentation and legislation, creating special policies and practices for each disability, especially autism, due to *'the differences between the various disabilities and their requirements'* (MOE 2). Nevertheless, each autistic child has their own needs and they respond differently to different educational interventions. Spaces for adaptation are required to the child's specific responses to educational interventions, above standardisation. It is recommended that these curricula should, therefore, be adapted and amended by teachers according to the needs and abilities of each student with a disability in order to achieve the general objectives of the curricula through individualised programmes. Arguably, more responsive modes to each child's talents, abilities and ways of learning for each child is a hallmark of an inclusive, progressive curriculum, and benefits all students, those designated as having a disability and those not. Nevertheless, while 'disabled' children are at a greater disadvantage within society due to a range of barriers, in the interests of fairness and equity, it can be argued that they should be given dedicated, special attention.

With an increasingly personalised approach, benchmarking and comparisons become impossible. Such individualised programmes were proposed by respondents through initially *'measuring the basic level of performance [to] identify the strengths and weaknesses which differ from one child to another'* (MOE 3), along with an awareness of the type and severity of the disability of each student. This was rationalised in order to subsequently adapt and develop subjects that are more appropriate to the child's ability, as *'the degree of severity varies from one autistic child to the other'* (Min Lab. Social Dev 2). An inappropriate and standardised curriculum primarily intended for children without disabilities has numerous disadvantages for SEN and ASD students. These disadvantages include participatory exclusion, discrimination, and material barriers (Coates & Vickerman, 2008), with a standard curriculum being

modified through an adaptive framework that raises attainment ‘and a level of support all appropriate to their needs, abilities, and aptitudes’ (Johnson, 2004, p. 4).

Admission criteria

Admission criteria were seen as major impediments to accessing education for SEN and ASD students. The existence of psychological tests and measures, the ability to learn, and other ‘discriminatory’ conditions are all seen to have denied the majority of SEN and ASD students from access to education. The current admission criteria, therefore, should be reconsidered through consistent, fair processes, and through updating and modification of existing policies and practices in order to enable all children to benefit from education. The current unfair assessment system has led to the marginalisation and exclusion of SEN and ASD students from education, which is contrary to the Disability Code in Saudi Arabia:

The Government shall guarantee to provide services to persons with disabilities in education. This includes all phases of education (preschool, general, vocational, and higher education) that are suitable to the abilities of the disabled and that is [sic] commensurate with their various categories and needs, including the continuous updating of curricula and services provided in this field. (Article 2)

It can be argued that this Article does not declare or acknowledge the existence of discrimination, exclusion, or the embedding of impediments of education for persons with disabilities. As a result, policies and practices established by the Ministry of Education and contrary to the Disability Code need to be reconsidered. The current failings might be due to ignorance, lack of experience in the field, or lack of resources to educate people with disabilities. For example, in regional educational designation across the United Kingdom, rejecting students with SEN and ASD from inclusive educational institutions is against the law and considered direct discrimination. In England, according to the Department of Education, “A school must not treat a disabled pupil less favourably simply because that pupil is disabled—for example by having an admission bar on disabled applicants” (Department for Education, 2014, p. 25). Moreover, for inclusive schools that currently include students with disabilities, respondents recommended that the Saudi government standardise and update policies and practices to manage the range of needs of children with SEN and ASD in the learning environment.

School/centre buildings, classrooms, and transportation

Within the general school environment, students with special needs have been included in schools that are inadequate and not equipped for their abilities and potential. The Ministry of Education seemed to be unconvinced of the need for educational inclusion when it reduced the number of inclusive schools as if it were trying to compromise between the existence of inclusion and a return to the former isolationist position. Successful inclusion consists of school buildings that are fully accessible according to each disability and student capabilities, such as wheelchair users and ASD students. Similarly, in the classroom attached to inclusive schools, the environment should be fit for each disability and need, and the classroom *'must be prepared'* (MOE 1).

It was believed that the current classrooms were similar to those of students without disabilities. In other words, it was as if they were prepared for homogenous classrooms. It was recommended therefore that new buildings be constructed and existing buildings be adapted to suit each disability and their needs alongside continual maintenance. For example, it was suggested that classrooms for ASD students should be *'painted with light, peaceful colours. It needs also to have educational charts. Furthermore, any sources of distraction should be totally avoided'* (MOE 4). Moreover, respondents believed that the capacity of schools was insufficient for the number of ASD students in the country. The number ASD students has led to a trend towards private centres and schools whose *'services and potentials could be much better than the government institutes'* (Parent 2), although some respondents believed that these were expensive and substandard. Therefore, it was also recommended that *'the number of schools and institutes that are specialised for autistic children must be increased to accommodate that number'* (MOE 1).

With regard to appropriate transportation to centres and inclusive schools, respondents believed that transportation was often not available as well as not suitable for SEN and ASD students. Supporting this, one parent stated the following:

I drive my daughter to the institute in the morning, but in the afternoon when she leaves, no one is there to bring her back home. So, I have a neighbour who has two daughters studying with her in the same class, and he was able to provide a bus with a driver and a supervisor at his own expense. He kindly takes my daughter with him. (Parent 2)

This lack of transportation is also contrary to the Disability Code in Saudi Arabia, which requires *'facilitating a method of public transport to securely and safely transport the disabled and their caretakers, at a reduced cost (depending on the condition of the disability)'* (Article 2). It was therefore recommended that appropriate transportation (specialised buses with specialised staff) be provided that is suitable for all students with disabilities and their needs.

Educational resources and equipment

Appropriate educational resources and equipment were also considered necessary in both inclusive schools and SEN and ASD centres. Although available in some centres and inclusive schools, resources are scarce in most, especially in those based in non-major cities. One respondent stated the following:

The major problem that continually faces the teachers of special education is the lack of some of the basic educational needs for the disabled student. Naturally, the practical procedures will not be adequate in the absence of these basic educational needs. The teachers are not responsible for these educational needs if the Ministry of Education does not provide. They have repeatedly asked for such tools to be provided but to no avail. For instance, I was once in the Prince Sultan Centre for Special Education, and we spoke to the director about the lack of these appropriate educational materials to teach the students. His response was that he was not responsible for providing these needs if the Ministry did not make them available. His priority was to ensure the safety and the protection of the disabled students if nothing else is available! That is why the teachers are forced to work according to the resources that are made available to them. (MOE 1)

One respondent at the Ministry of Education believed that the reason for no difference between the general education curricula and SEN curricula was *'because of the lack of the appropriate means, tools, and programmes to teach autistic children'* (MOE 3). It could also be the case that *'there is no special budget for the education of people with special needs'* (Parent 1). Therefore, the establishment of a special budget for SEN which meets the needs of the children who require it was recommended. A special budget should be allocated for each SEN centre and inclusive school in order to *'continuously provide various sources of education in diverse and updated methods. These sources include subjects, devices, and educational resources that are appropriate for each disability'* (MOE 1). It is hoped that these allocations

will reduce barriers that have previously prevented successful educational inclusion for SEN and ASD individuals.

Awareness programmes in schools

Awareness programmes are necessary to foster inclusive schooling. These programmes should be for all teachers, whether they have specialised in SEN or not, and they should be directed to all students irrespective of their designation, as well as parents, whether of children with a label of disability or not. These programmes are critical in helping to change negative attitudes and stigmas towards SEN and ASD students. It was believed that the majority of students without disabilities were accepting of SEN and ASD students *'after raising their awareness about autism—that they understand in a different way, and that they need help sometimes—their initial look changes to love and care'* (MOE 6). However, it was considered that negative attitudes and stigmas arose from the attitudes of some teachers in inclusive schools towards SEN and ASD students, which *'may affect their educational needs'* (MOE 6). Bullying or prejudice was not limited to teachers, but may also arise from the parents of individuals with disabilities.

Countering the ignorance around 'disability', along with effective practice when caring for those carrying such designations, was deemed particularly challenging. Educational advancement for an ASD or SEN student, therefore, will *'never be attained unless the ones around him realise all this and try to help him instead of mocking and bullying him'* (Min Lab. Social Dev 2). Although some respondents noted that *'ongoing and specialised courses, seminars, and workshops'* did exist (King Sal. Ctre 1), general improvement to the way in which inclusive thinking and practices became mainstreamed in schools were commonly requested. The potential reason for this could be that many educational sessions about autism *'were delivered by physicians'* (MOE 4), and there was a sense that inclusive practices required much more than medical interventions. This negatively affected the level of educational courses and workshops aimed at teachers and parents of disabled people. Therefore, proposed future awareness programmes should incorporate aspects that demonstrate the positive characteristics of ASD and SEN, the socially constructed nature of disability, along with the sharing of knowledge more broadly with respect to disability, including understandings from critical disability studies. These educational courses and workshops should be provided by professionals with specialist knowledge of the field of educational inclusion.

On the other hand, it was believed that some of the existing educational courses and workshops were useful. First, teachers were involved in sharing and discussing their experiences with each other, and second, they helped each other *'in filling gaps and assisting in recognising the required needs'* (King Sal. Ctre 1). Moreover, the benefits were not only for teachers but also for the parents of SEN and ASD children, which contributed to changing negative perceptions about their children's education. One stakeholder at the Ministry of Education highlighted this point:

I have attended several conventions and workshops and given a number of courses in this field, and can say that the majority of people are surprised by the stories and the creativity of children with autism. . . . From my experience with some of the families who have children with special needs, I find that they have started taking a huge interest in their children and are constantly searching for educational and therapeutic programmes that are appropriate for them. They also want to attend some training courses and read books that enable them to help their children with special needs. (MOE 1)

The role of the media as the fourth authority was often mentioned by respondents as key to raising awareness of the rights, needs, duties, and perspectives of SEN and ASD individuals and their families. One respondent stated the following:

Experts in special education have started using Twitter to change the situation. They began to educate people and provide them with information and guidance on how to embrace people with disabilities in general, and how to provide them with respect and give them their rights within the community. (MOE 1)

It is all very good for citizens to take a role in changing attitudes within Saudi society, but the government needs to play a greater role in this change as well. The government, represented by the Ministry of Education, should establish formal channels led by SEN and ASD specialists to effectively disseminate the right knowledge and information to raise awareness of the rights and needs of people with disabilities. From respondents' commentary, it was recommended that appropriate campaigns should be produced in partnership with officials within the Ministry of Education and include an array of representatives, such as SEN teachers and parents of children with disabilities. The intention remains to provide opportunities for participation in the delivery and content of such campaigns, which is

anticipated to provide much-needed empowerment for persons with disabilities. It can be said that better development and dissemination of future policies, along with improving interdepartmental cooperation, was considered a vital component for successful and effective inclusion practices. From an operational perspective, each of these pillars was regarded by respondents as currently lacking or requiring improvement in design for future legislation and the fostering of effective inclusive practices across Saudi society.

Identification of the current needs and rights of individuals with disabilities, along with subsequent incorporation into future policies, was deemed necessary in granting persons with disabilities their rights, today and in the future. The campaigns should adopt similar approaches using the arguments of Watt (2008). In this respect, an attempt should be made to mitigate classist distinctions and comparisons of inequality between groups.

Research

A perceived lack of existing research was believed to have contributed to failure in identifying and providing for the rights and needs of people with disabilities. Respondents typically regarded Saudi Arabia as being significantly behind its international counterparts in research and development in the field. In current attitudes towards research in Saudi Arabia, SEN and ASD were increasingly observed through the medical model of disability. The respondent at the King Salman Centre for Disability Research, when discussing current research projects related to ASD, typically focused on '*medical diagnostics*' and forthcoming published research papers within this area (King Sal. Ctre 1). Given this respondent's position in the government, this demonstrates an emphasis on contemporary official discourse where existing policy deliberates SEN and especially ASD through a medical lens. This is a normalised and accepted position, carrying some authority, and no impediment has been raised to the assumptions underpinning the dominant, medicalised view of disability.

Adopting these dispositions may prove problematic while attempting to introduce future contextual recommendations that arise from academic research contesting such beliefs. Moreover, challenging such barriers and overcoming these biases remains difficult, as officials comport from a position of hierarchy and privilege within their higher status. As Bacchi (2004) stated, 'discourse engages in a dialectical relationship with situations, institutions, and social structures; that is, it is shaped by society and goes on to shape it' (p. 17). Therefore, potential modification of policy and legislation brought about

through research promoting the social or rights-based models of disability could prove ineffective, leading to the enactment of minimal changes unless this research is taken seriously. This means an openness to research that does not just reinforce existing, normative, accepted attitudes within prevailing research.

Research has an important role in shaping and constituting future policies and practices for people with SEN and ASD. Previously published research was considered outdated, invalid, and asynchronous with contemporary challenges, although the adjustments required have subsequently been influencing educational and social policies and practices. These policies and practices, however, were deemed *'not enough, and they require updates and modifications through research and studies'* (MOE 3). For example, previously discredited diagnostic tools such as *'the Fifth Edition of 'Diagnostic and Statistical Manual of Mental Disorders (DSM-5)'* were considered *'proven to be inaccurate by research studies'* (MOE 2), despite still being adopted through practice.

Although there was some research on the educational and human rights aspects of SEN and ASD, they are not well considered and lack contemporary thinking: *'We [Saudi Arabia] have a lot of money but without proper thought'* (Parent 1). It was therefore recommended that research should aim for *'applicable research projects'* that do *'not include the academic research projects that aim to publish a research paper to obtain a mere promotion'* (King Sal. Ctre 1). It was also recommended to activate the role of strong partnerships between educational institutions and university research centres by *'finding suitable researchers inside and outside the Kingdom in these specialties. It is also essential to hold international partnerships in the research field'* (King Sal. Ctre 1). Moreover, Ministry of Education respondents urged their ministry to pay attention to research on educational issues concerning SEN and ASD individuals, such as inclusion. One argued that, at the very least, they should *'stay in pace with developments related to the latest science in this field'* (MOE 2). Another elaborated on the need for the Ministry of Education to conduct research evaluating its own practices:

The Ministry of Education should be interested in researching and conducting studies that are related to the concept of inclusion, as well as studying the experiences of others regarding their success in the inclusion process. Additionally, they should identify and correct the reasons that can lead to the failure of inclusion. (MOE 3)

A respondent recommended that researchers pay attention to consistent updates in knowledge by reviewing current research papers on SEN and ASD educational and rights issues, considering the reliability of sources and using research from *'developed countries'* (MOE 3) to identify, learn, and apply contemporary best practices in education, such as inclusion. Overall, all recommendations highlighted would contribute to the identification and disclosure of the current discourse around disability in Saudi Arabia. They would also contribute to radically changing current policies and practices relating to disability, which in turn would provide educational and social rights for people with disabilities.

Barriers to Social inclusion

Respondents believed that SEN and ASD individuals have been marginalised and discriminated against within the Saudi context. This bias included a lack of the following: job opportunities, inclusive accommodations to some public places and government facilities, appropriate health and treatment services, and financial support. It was believed that this was due to *'the absence of laws and regulations guaranteeing the social rights of the disabled'* (Min Lab. Social Dev 3).

Job opportunities

Although some job opportunities are available for people with SEN, and the Saudi government provides facilities to employ them, people with disabilities are often not accepted by employers or their co-workers. As a result, a stakeholder in the Ministry of Labour and Social Development mentioned that *'some disabled people used to come to us with serious psychological and social trauma because of some employers or colleagues at work'* (Min Lab. Social Dev 3). As a result, this affects the social life of these people with respect to marriage and family formation: *'There are many families that would never accept marriage to a disabled person, since no one wants to employ them, they will never be able to keep a house or a family'* (Min Lab. Social Dev 1). A possible reason for this perception may be defects in current policies and practices relating to the educational and vocational rehabilitation of SEN individuals for work. One respondent from the Ministry of Labour and Social Development expressed that some programmes and policies that existed in the past but are no longer available were actually helpful:

In the past, when the name of the centre was 'occupational rehabilitation', the disabled person used to be trained for a period of one year in all professions, and then he was required to look for work within a time frame of one year. If he could not find a job, the Ministry would support him in starting a project, and they would fund him with up to 50,000 SR (£10,000) under the

supervision of the centre. However, after the status got changed to 'comprehensive rehabilitation', this system, unfortunately, ceased to exist. (Min Lab. Social Dev 3)

It was believed by all Ministry of Labour and Social Development respondents that comprehensive rehabilitation centres provided social, vocational, and medical rehabilitation services, but their services were in fact limited to the medical view and provided financial support for the families of people with disabilities only. A complete shift in aim affected the social and vocational needs of individuals with disabilities. It therefore is recommended that the policies and practices of the Ministry of Labour and Social Development should be amended and updated to provide vocational and social inclusion for people with disabilities.

The Saudi government could incentivise owners of companies and tradespeople in the private sector to employ people with disabilities, for example by granting three visas to bring overseas workers to the country in return for hiring each person with a disability. However, programmes that provide economic incentives have faced some challenges. According to one respondent, *'because of corruption, the owners of the companies and institutions would look for disabled people and give them monthly salaries while they stay at home just to use their identities and manipulate the system to obtain the visas'* (Min Lab. Social Dev 3). As a result, the respondent recommended that the Saudi government *'should enact new laws and regulations to protect the disabled from the domination and exploitation of human beings'* (Min Lab. Social Dev 3). This illustrates that incentives are not a panacea and that they may be most effective when they are accompanied by additional protections. Moreover, it was hoped that the owners of companies and tradespeople in the private sector could *'cooperate in reducing the working hours for the disabled to be no more than five to six hours a day'* (Min Lab. Social Dev 1).

Preparing public places and government facilities

Respondents believed that the majority of public places and government facilities were not equipped to receive people with disabilities. For example, one respondent argued that *'there is no facilitation whatsoever, even something as simple as corridors that can be used by the disabled or handicapped'* (Min Lab. Social Dev 1). The King Salman Centre for Disability Research respondent highlighted the government's *'Universal Accessibility'* programmes, which state that it *'contributes and facilitates the arrival of the disabled person to any place without barriers'* (King Sal. Ctre 1). Although there had been a gradual improvement in some entities that had begun to apply universal accessibility

standards, *'this work still calls for more effort, and there is still a need for projects and their development through the help of research. I believe that there is still a large scope for this work'* (King Sal. Ctre 1).

Respondents recommended that public places and government facilities be better prepared for the inclusion of people with disabilities and that *'the various ministries need to cooperate with each other (health, education, labour, social development, interior, and the municipalities) in identifying the needs and rights of the disabled and providing them'* (Min Lab. Social Dev 3). Overall, universal accessibility is beneficial for people with disabilities not only in terms of physical social inclusion but also as an agent for changing negative perceptions through continuous interaction within society and contributing to the normalisation of disability.

Health and treatment services

Parents demanded improved health and treatment services for their children with disabilities. One parent recounted his experience when visiting a governmental hospital:

I have seen doctors who were ignorant in this matter. I once took my son to the emergency department of one of the major public hospitals, and I told them that he is autistic. I was surprised when the doctor asked me, 'What is autism?' I was agitated and told him, 'I have waited for a long time, and I had informed the receptionist that I have a sick child with autism who requires treatment, and now, you tell me that you do now know what autism is?' He asked me to tell him the complaint in order for him to write down the prescription. This changed the way the hospital staff looked at me and the way they perceived my son. It was the first time they had seen an autistic child. Additionally, every time I go to the hospital, they give him a different diagnosis. One time, they diagnosed him with autism. Another time, they diagnosed him with mental retardation. A third time, they diagnosed him with insanity." (Parent 3)

Ignorance of individuals with disabilities was not exclusive to uneducated respondents. In fact, the educated respondents appeared to possess the largest share of ignorance regarding what autism is. In addition, when the policies and practices of individuals with ASD in Saudi Arabia are based on a deficit model, incorrect information arises: *'They give him a different diagnosis'* (Parent 3). This negatively affects not only ASD individuals but also their families and contributes to constituting and promoting more attitudinal barriers towards ASD individuals and their families.

In addition to ignorance among healthcare providers, parents also faced significant financial barriers to accessing adequate medical care for their children. This financial burden was especially pronounced among non-Saudi families living in Saudi Arabia. One non-Saudi parent described their experiences in this way:

Some autistic children need medication for hyperactivity, and they are subscribed by neurologists. Since I am a foreigner living in Saudi Arabia, if I go to the government hospitals, the only option is the emergency department. For myself, I have medical insurance since I work in a company that allows me to go only to private hospitals. But the insurance system, unfortunately, does not cover children with disabilities except at a small percentage, and some cases are not even included! Hence, I must pay the treatment costs out of my own pocket, and my salary is too small to cover these costs. On one occasion, [my son] had an abscess, and the painkillers made him suffer. I took him to a private hospital to remove the bad tooth, and I got stupefied by the high costs compared to the normal person! A normal person pays 75 Saudi riyal (£15), while the disabled person (as they requested from me) pays 4,500 Saudi riyal (£900). My salary is barely 6,000 Saudi riyal (£1,200), and I have other expenses like rent, food, and the expenses of my other children. (Parent 2)

Another respondent stated:

Providing psychotherapy and medical treatment for the parents of autistic children is an issue. For example, I needed to know why three of my children have autism and the fourth one is healthy, so I went to a private hospital for doing a genetic test by a Colombian doctor who is a specialist in the field. This test costs 12,000 SR (£2,400) since it is sent to one of the big countries (America, Britain, and France). I should also pay another 12,000 SR (£2,400) when my wife is pregnant to know the cause. Unfortunately, I cannot pay this amount and could not find a donor to pay it for me, and the insurance system does not include these tests. Hence, we decided not to have any more children. (Parent 2)

As a result, it is recommended that the government considers ‘*providing health services for [disabled people] free of charge in hospitals and ending the exploitation*’ (Parent 2).

Financial support

The Saudi government has provided financial and non-financial support to families of individuals with disabilities through the Ministry of Education and the Ministry of Labour and Social Development. From the former, each SEN student was given different financial aid according to the type and severity of the disability. With regard to the Ministry of Labour and Social Development, various financial and non-financial benefits were disbursed for all persons with disabilities according to the type and severity of the disability, whether the individual was enrolled in education or not: *'The financial aid department receives cases that come from families seeking financial aid and compensatory equipment (hearing impairments) for all the needy cases. We provide annual financial aid, equipment, or medical aid'* (Min Lab. Social Dev 1). The Saudi Government also provides for *'exempting the disabled from the Ministry of Foreign Affairs' fees related to recruiting foreign domestic workers and drivers as well as the renewal of visas for workers, and buying cars for people with severe disabilities, and so on'* (Min Lab. Social Dev 3). Moreover, the government disbursed adapted cars or a cheque worth SR 150,000 (£30,000) for those with severe disabilities.

Deficiencies nevertheless exist within the practices of the Ministry of Labour and Social Development in the assignment of some work to non-specialists: *'For instance, most comprehensive rehabilitation centres have only one doctor, and even when there are two doctors, one is employed in financial aid and the other in an in-house department'* (Min Lab. Social Dev 2). Therefore, the government should appoint specialists in this field and allow medical staff to work in medical matters only. Moreover, it was believed that some parents of children with disabilities caused problems by exploiting Saudi government benefits for their children. One respondent at the Ministry of Labour and Social Development explained:

When the state provided cars for those with severe disabilities or cheques with the values of the cars (amounting to SR 150,000), we found that some guardians took advantage of this money or sold the cars to make use of the money! When this dishonest manipulation was found out, they ended it by suspending the disbursement of these amounts, hence impacting many others through no fault of their own. (Min Lab. Social Dev 3)

As a result, it was recommended that the government ‘change the existing regulations and laws and enforce strict laws securing the social and legal needs of the disabled’ (Min Lab. Social Dev 3). The parents of children with disabilities who were of different classes and positions ‘come to get their aid even though it is very little’ (Min Lab. Social Dev 1). It was also believed that parents come to comprehensive rehabilitation centres only for financial aid: ‘I was surprised recently by the numbers of the disabled who come to us with their parents in order to get financial aid! In the past, before this aid, we never even saw them!’ (Min Lab. Social Dev 3). A possible reason for this may be the poor services provided by these centres, meaning that individuals did not benefit from their services. Parents of children with disabilities have called for increased financial aid: ‘The financial amount that we receive for my son is 1,040 Saudi riyals (£208), which is not enough for his basic needs such as clothing, diapers, and food’ (Parent 3). They also demanded equality in access to and amounts of financial aid for individuals with differing disabilities:

The aid paid to autistic children is the lowest among other disabilities. The aid provided by the Ministry of Labour and Social Development is SR 833 (£166) per month, and the aid provided by the Ministry of Education is approximately SR 650 (£130) once or twice per semester. This aid is insufficient for even meeting the most basic needs. (Parent 1)

It is therefore recommended that officials in both the Ministry of Labour and Social Development and Ministry of Education should reconsider this matter.

In summary, all recommendations highlighted would contribute to the identification and disclosure of the current discourse on disability in Saudi Arabia. By raising awareness in Saudi society, the negative perceptions and stigmas faced by people with disabilities and their families in Saudi Arabia may begin to be eradicated. Increasing community awareness will also lead to identifying and removing attitudinal, environmental, and institutional barriers that prevent individuals with SEN and ASD from participating in the community and in school. However, community awareness may be ineffective if the current disability discourse in the Saudi context is linked to the discourse of impairment. Therefore, the prevailing disability discourse must be transformed into a social rights perspective to contribute to radically changing current educational and social policies and practices relating to disability. This would, in turn, provide educational and social rights and needs to people with disabilities, as well as achieve a more inclusive society.

Chapter Seven: Conclusion

This thesis has investigated the limits and possibilities of inclusion concerning autism spectrum disorder (ASD) and special education needs (SEN) in Saudi Arabia. The study has aimed to understand how these conceptualisations are constructed discursively and culturally, and it explored constructions and elaborations of '(dis)ability' in a number of contexts in Saudi Arabia. The thesis also examined the barriers that may prevent further societal and educational inclusion for people with disabilities. Investigating whether these emerged through a cultural, religious, historical, or 'difference' discourse was imperative in identifying their discursive and cultural development. This understanding enabled recognition of the specific convergences and contradictions within these discourses and identified critical implications and contextual recommendations for SEN and ASD individuals. The research objectives were pursued through 13 semi-structured interviews that used Critical Discourse Analysis (CDA), conducted across a variety of stakeholders with immediate relevance to the disability field, and through official policy documents on people with disabilities in Saudi Arabia.

Regarding how concepts of disability are constructed and how disability is framed and elaborated in different contexts in Saudi Arabia, several interrelated topics have emerged that depict the reality of the lives of individuals with SEN and ASD. Primarily, we can observe through semi-structured interviews and policy documents that disability concepts are based in the main on the classification and labels promoted by the medical model. These classifications and labels contribute to reinforcing 'otherness', which may lead to further isolation and exclusion of individuals with SEN and ASD. Secondly, most of the perceptions of community members' attitudes towards individuals with SEN and ASD were seen as negative due to the perspectives of 'pity', 'sympathy', 'madness', or sometimes 'cruelty', with ASD and SEN being shrouded in social stigma and conceptions of prejudice.

Deficit views typically emerged from normative adults who possessed authority and collective status. Dominant members of society with elevated positions and the power to influence society could reconstruct collective conceptions of 'disability'. Nevertheless, dominant conceptions were disseminated in societal discourse and came to be viewed as accepted 'truths'. Therefore, through power and influence of dominant individuals, the views of minority members of society became suppressed. This has had the effect as a consequence of contravening the rights of people with disabilities and resulting in further isolation, marginalisation, and injustice.

The continuation of stigmatised attitudes to disability has been extended to families of individuals with SEN and ASD, promoting its advancement in societal rhetoric. It was noted that parents of children with SEN and ASD were victims who participated in creating these negative perceptions towards their children by withdrawing them from education for fear of the societal view affecting their family's social status. This finding supports previous literature that postulated that education is highly politicised, as parents in the data demonstrated self-regulating behaviour. This further serves to illustrate how disability as a social construction disseminates through praxis as reconstructed classifications in the Saudi context.

The policies and practices of the Ministry of Education have contributed to the exclusion and marginalisation of individuals with SEN and ASD, mainly through the imposition of some regulations and laws that deprive them of education, especially ASD students. This led to the shift towards private educational institutions that were described as commercial in the first place and as not providing suitable services to students with disabilities. Correspondingly, although the policies of the Ministry of Labour and Social Development are considered somewhat acceptable, individuals with SEN and ASD have been subjected to discrimination and persecution in the workplace.

The majority of respondents welcomed educational inclusion for ASD students, as it has benefits for both ASD students and students without disabilities. However, non-supporters believed that inclusion was appropriate only for a specific group of ASD students and that there was a lack of capabilities, resources, and qualified staff for successful educational inclusion. Correspondingly, the majority of respondents in the institutions of the Ministry of Labour and Social Development welcomed the social inclusion of individuals with SEN and ASD. However, parents of individuals with SEN and ASD have opposed social inclusion due to their children's exposure to negative attitudes by some members of society. All policy documents in Saudi Arabia support social inclusion. For example, people with disabilities have been employed in some leadership positions in the country.

Finally, CDA revealed that the medical approach dominates the disability field in Saudi Arabia, even in relation to educational and social aspects of disability. This leads to the violation of disability rights and the elimination of empowerment opportunities promoted by the social model of disability. According to Mulazadeh and Al-Harbi (2016), disability law and regulations in Saudi Arabia mostly focus on a medical approach to disability that offers very little room for the inclusion of persons with disabilities. Isolation,

exclusion, injustice, and persecution will be the fate of individuals with SEN and ASD if their rights are not reviewed from the perspective of critical disability studies. The issue of rights for people with disabilities in Saudi Arabia is arguably somewhat complicated, given that looking at disability includes a set of assumptions that constitute societal views (Al-Sharif, 2019).

Understanding how and from which discourse stereotypical attitudes emerge was expected to provide insight into actionable recommendations for removing stigmas and enhancing the inclusion of SEN and ASD individuals in Saudi Arabia. In the cultural discourse, observations of SEN and ASD became malleable and iterative, with conceptions in large part becoming contextually dependent on the position of the individual in society. Among parents of children with disabilities, negative perceptions arose from a culture of limited exposure to SEN and ASD individuals, along with inadequate understanding, a paucity of knowledge, and ignorance on the part of non-disabled community members. Such parental exposure (as well as that of the general population) to a medicalised, individualistic, deficit model discourse, which is publically dominant in Saudi society, to the near exclusion of other versions so that it is somewhat structurally and institutionally embedded, serves to reinforce and reproduce such dominance in Saudi cultural thought and societal interactions. This makes the task of undoing the harms created by this somewhat singular version of disability all the more difficult, especially for those more knowledgeable about the international conversations on disability and privy to wider research literature and more diverse versions of disability that may work against such harms. This also acts to reinforce contradictions between the national and religious ambitions of a more welcoming and inclusive society for those designated disabled and the more intractable, structural barriers in play that work against such goals in Saudi Arabia. Deeper change therefore needs to come from more micro and meso levels of society, but also require being endorsed at the highest institutional levels of government to ensure positive impact at the macro level of Saudi society.

Whilst successful embrace of good, inclusive practices from 'Western countries' was consistently suggested by respondents, acknowledgement of specific, necessary adaptation to adjust to the local environment was also emphasised. Therefore, barriers to inclusion remain in Saudi Arabian culture, supporting other academic theories, which postulate that culture remains an enabler and driver of societal attitudes. Therefore, as a cultural practice, society must undergo change in order for suggested recommendations to become successfully embedded in policies, practices and mindsets. In other words, change needs to happen at the individual and structural levels. Previous attempts at changing attitudes in

Saudi Arabia included introducing national disability days, although these were considered ineffective and costly. Therefore, it is recommended that outreach programmes be created to highlight the positive contributions that people with disabilities make in society, which should increase interaction opportunities and attempt to change perceptions through educating the community. This was deemed critical in eliminating stereotypical attitudes, along with increasing awareness of the social needs of individuals with disabilities. Although parents typically believed this response should fall on the state, ministers frequently highlighted how the media should be used to disseminate campaigns to educate the community. Respondents said such campaigns should be non-prescriptive and include opportunities for personalisation by recipients, allowing emancipation and salience of localised environments. Nevertheless, it can be argued that hosting campaigns is insufficient and that change needs to take place across different sectors and in different contexts and dimensions, and should be properly considered and resourced to be effective. It can be argued that instead of deferring responsibility to another individual, group or entity, that the responsibility for change is everyone's business.

A discourse of religion was acknowledged amongst respondents in two juxtaposing ways: Some saw the issue as positively influencing attitudes about SEN and ASD, whereas others pointed to religious beliefs that parents of children with disabilities were being punished by God, including some who were advised to consult religious healers to 'cure' their child's disability. CDA uncovered multiple perspectives on the same issue, further revealing both oppression and empowerment. Recommendations for imagining greater inclusivity suggest introducing a media campaign to use religious discourse in a positive manner. Promoting volunteering, along with the government's current aim of increasing disability care in the home rather than in centres, would encourage good deeds and aim to positively change the discourse around religion and disability. To promote this positive use of religion, imams should be involved in creating and disseminating information campaigns, with the use of social media and digital videos to reframe previous negative perceptions.

Interlinked with religion is a historical discourse that emerged through reference to disability codes, laws, and legislation. From a research methods perspective, it became difficult to analyse such discourse in policy documents and respondent data, given multiple timeframes and historical contexts present in each respondent's experience. To promote inclusion, nevertheless, improving ASD and SEN individuals' rights was deemed imperative. Further recommendations suggested that to improve disability rights in Saudi Arabia, the government should develop educational campaigns to facilitate change to

societal prejudices and educate the public of the needs and rights of ASD and SEN individuals. It was further advocated that new laws and legislation should be written and published to protect these rights and safeguard people with disabilities from victimisation, exploitation, or prejudice in the general society, educational environments, and workplaces. Another recommendation was put forward that businesses should communicate these new anti-discrimination laws, with fines being given to those who fail to comply. It was also suggested that the right to education should be increasingly promoted through new laws, and that some campaigns should be aimed at parents to promote the importance of educating their children and interlinked with these activities. Some respondents suggested that the media be utilised for all campaigns, aiming to remove parental fears of educational integration. To qualify this advocacy, it should be noted that parents are unlikely to act in more progressive ways to promote the inclusion and integration of their 'disabled' child into educational opportunities and Saudi society more broadly unless there is a shift in that society. In other words, parents of disabled children need not to have to fear reprisals or harm being done to them and their families as a result of taking a more open, inclusive approach to disability.

From the recommendations offered by certain respondents, given the emphasis placed on engaging with leading international research in the area of disability studies, especially from a wider range of perspectives on disability, such recommendations need to be put forward in helping to develop traction around changing attitudes, policies and practices with respect to disability challenges in Saudi Arabia. As an extension to this recommendation, because rights-based approaches to disability are the most under-theorised, under-researched and under-practiced in Saudi Arabia, these approaches should be granted greater attention, resourcing and emphasis in order to shift perceptions, attitudes, policies and practices in the Saudi context. By extension, academic research and books were deemed to be outdated and insufficient, with teachers being underqualified for SEN pedagogy. It was postulated that this stemmed from a historical discourse of under-investment in disability education and training, which once implemented through legislation, had resulted in detrimental effects for disability inclusion. Therefore, front-line staff (particularly teachers) possessed limited agency and power, as well as limited up-to-date knowledge, which had become continually predicated on a restricted historical discourse through continued legislation.

Almost all respondents demonstrated evidence of self-learning, with ministerial stakeholders updating individual knowledge from books and research papers. Similarly, parents turned to the Internet

and YouTube to complement parenting techniques and learn how to improve their children's education or enhance their quality of life. However, official courses, workshops, and conferences were often regarded as inadequate and outdated, and they were often set up through medical institutions thereby exacerbating the prevalence of medicalised, clinical and deficit discourses on disability within Saudi society. Relatedly, the educational and social policies and practices were considered insufficient, as respondents believed that they do not address the educational and social issues of individuals with SEN and ASD because they are outdated and inappropriate for some disabilities, such as autism.

Existing limitations on inclusion arose from currently overcrowded centres and programmes that often involve long waiting lists and suffer from a lack of staff experience and competence. Moreover, current schemes were restricted to larger Saudi Arabian cities, and the Ministry of Education guidelines, used by schools to assess students' qualification for inclusion or admission to education, were regarded as problematic. Consequently, SEN and ASD students were either segregated in integrated schools or denied education altogether. Failure to address these deficiencies could result in a continuation of social attitudes that consider people with disabilities unsuitable for education and work. This reality, added to the existing entrenched societal stigmas, could severely reduce their future job opportunities and wellbeing, which may be already limited by inadequate education. Furthermore, insufficient numbers of inclusion schools severely limit interaction opportunities between students with disabilities and students without such designations, affecting development and socialisation opportunities for individuals with disabilities, but also, following a social model approach, opportunities for the wider society to benefit from inclusion in Saudi society.

Educational institutes also lacked sufficient educational resources and equipment, which could inhibit students' learning as well as their educational and social abilities. Several school buildings were deemed inaccessible to students with certain disabilities. Likewise, people with disabilities were detrimentally impacted in everyday environments and public spaces. Unsuitably adapted or inaccessible buildings resulted in increased isolation. Therefore, new legislation and policy documentation, as well as enshrining disability rights in law, are necessary to creating frameworks and guidelines to empower individuals with SEN and ASD.

The school curriculum was frequently perceived as inappropriate due to the lack of representation of SEN and ASD students' abilities. Pedagogically, learning was conducted from a normative child's

perspective, expecting students with disabilities to learn similar content and be assessed comparably. The rationalisation for such homogeneity was cited as the result of a scarcity of appropriate resources, inadequate building facilities, and limited availability of experienced staff who could effectively teach SEN and ASD students. These inadequacies further diminished educational inclusion by reducing autonomy for students with disabilities who had to follow standardised syllabi and be exposed to undifferentiated pedagogical practices in classrooms. To address this, recommendations include personalising a flexible curriculum based on individual learning approaches and revising assessments that result in dissimilar evaluations compared with normative students. By extension, a student-centred approach would avoid unhelpful binaries between normative and non-normative students, which would sit within a medical model approach to disability, and rather engage around each student's individuality and specific needs, whether they were designated as disabled or not. This solution would identify strengths and weaknesses for each child whilst allowing versatility in the curriculum and pedagogical approaches to address them. Individually, this relieves pressure from assessments that may not be best aligned with a SEN child's capabilities or needs. Moreover, multiple assessments need to be created and adapted to accommodate a SEN child's needs. Regular individual reviews should be conducted to maximise pedagogical benefits for each individual.

Human resources in integrated schools were regarded as distinctly lacking appropriately qualified staff, as SEN and ASD children often require teachers with specialised, properly theorised knowledge of SEN. Teachers, instead, were often believed to be underqualified for disability teaching, with this observation predominantly arising from ministerial stakeholders. Recommendations, therefore, include updating educational policies that would require existing staff to be exposed to specialist educational opportunities for learning about disability and inclusive educational practices from professional educational academics. Moreover, immediate investment to establish a programme that allows newly qualified graduates to register into a structured teacher professional development scheme, with exposure to disability and inclusive education learning opportunities conjoined with practical school experience, should be created. Establishing these opportunities would serve three purposes: (1) attract graduates to the SEN sector, (2) increase the current knowledge base, and (3) bridge existing knowledge deficiencies by introducing a minimum entry grade. The incorporation, adaptation and localisation of approaches from the international inclusive education field should shape understandings of good, inclusive practice in Saudi Arabia, along with educational research recommendations. It is proposed that these approaches and advocacies be embedded in the scheme.

Disability research in Saudi Arabia has often been regarded as inadequate and outdated, and significantly behind the country's international counterparts. Existing research being considered arose from a singularly medical model of disability. Therefore, for a future research agenda on disability in Saudi Arabia, wider recognition of more up-to-date international disability and inclusion literature is necessary, especially that leading literature that underscores the social and human rights models of disability. Given this requirement, it is proposed that the government establish and support a division for SEN and ASD research to keep up to date with published research whilst creating localisation of policies and frameworks for further empirical research findings. In this proposal, key findings would be distributed to ministerial stakeholders, who can coordinate plans to introduce future recommendations arising from this research into local practice. Dissemination could occur at workshops and conferences in particular, as well as at invited talks from international academic leaders in the field, which would present excellent environments for rethinking disability. In this environment, attendees would work together with leaders, specialists and stakeholders in inclusion to redefine and disseminate alternative societal attitudes, as well as share recommended pedagogical good practices. Therefore, it remains important to improve the research environment in Saudi Arabia around disability and inclusion studies, with further dissemination on parenting techniques being presented in workshops designed for parents to learn methods for understanding and supporting their child's disability.

Embedded language and practices surrounding government inclusion policies remain divisive and encourage segregation, according to respondents. These findings support previous studies, whereby such divisions were echoed in policies and dominant societal groups, with respondents reproducing embedded language and discourse amongst actants. This further promoted inequality and power interplays once enacted in everyday environments, promoting ideological perceptions of 'truth' on disability. All Ministry of Education and Ministry of Labour and Social Development respondents agreed that perception and speech are negative towards individuals with disabilities in general and autism in particular. Public awareness of disability in Saudi Arabia was deemed as lacking understanding and displaying ignorance of human rights. Community awareness with the commitment to firmly implementing disability laws and legislation may contribute to changing public perception and societal attitudes towards disability.

Overall, this research found that the prevailing impairment discourse has a negative impact on the educational and social rights of individuals with SEN and ASD. Consequent to this dominant discourse,

educational and social policies and practices were constituted and increased negative experiences for those with disabled designations, including persecution, isolation, discrimination, and stigmatisation. Therefore, the transformation towards a social human rights model for disability is imperative and necessary to overcoming attitudinal, environmental, and institutional barriers in the Saudi context. Raising awareness of the rights of people with disabilities is a next step to addressing the current deficiencies and inadequacies. This will certainly contribute to reconstituting the current concept of disability as well as conferring and enhancing the rights of individuals with disabilities in Saudi Arabia.

In conclusion, and on a more personal note, I have learned much during this research process that has changed some of my own concepts, beliefs and ideas, as well as my way of thinking. It has permitted me to be far more reflexive about the ways in which I see disability and inclusion and the assumptions and biases I bring to conversations and experiences of disability. It has helped me move past such attitudinal and knowledge-based barriers in respect of disability and inclusion, and it also has made me much more aware of the experiences of those carrying a designation of disabled in the Saudi Arabian context. For example, in this research, I positioned myself as an individual with a disability, by putting myself 'in their shoes', and felt the suffering and injustice that individuals with disabilities face in their daily lives. It affected me profoundly, especially when I considered becoming an outcast from society or even my family. I also learned how to use critical thinking and analytical skills, something which I believe is not always present in researching within the Arab World, and I feel that many researchers avoid or miss the opportunity to develop these important skills. I also learned to accept supportive criticism and learn quickly from my supervisors. However, I think the most important thing I have learned is to understand the intricate ways in which discourse, power, knowledge and influence work together to constitute certain 'realities'. This has affected the way I see these aspects working in everyday life and the effect they have on lives, livelihoods, individual people's wellbeing, and daily experiences. For example, I have become aware of how some discourses used by the media or influential people in society work to promote a version of 'truth' to accomplish implicit aims. It has given me a different, deeper, more profound value for life, and for this learning opportunity, I am eternally grateful.

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Appendices

- 1- Confirmation of Ethical Approval
- 2- Participant information Sheet
- 3- Consent Form
- 4- Interview Protocol
- 5- Disability Code in Saudi Arabia

Appendix (1)



Thamer Hassan Alahmed|
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General University Ethics Panel (GUEP)
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26th September 2017

Dear Thamer

Re: Ethics Application: The Limits and Possibilities of Inclusion: A critical discursive analysis of Autism and Special Educational Needs in Saudi Arabia (GUEP250)

Thank you for your submission of the above to the General University Ethics Panel.

I am pleased to confirm that GUEP has approved your application, and you can now proceed with your research.

This approval is subject to you storing data for 10 years in line with the University Data storage policy with which you should make yourself familiar: <http://www.stir.ac.uk/is/researchers/data/afteryourresearch/>

Please note that should any of your proposal change, a further submission (amendment) to GUEP will be necessary. As your project extends more than 12 months, please note you will be subject to further review after these 12 months.

If you have any further queries, please do not hesitate to contact the Committee by email to guep@stir.ac.uk.

Yours sincerely,

Pp

A handwritten signature in black ink, appearing to read "Hannah Buchanan-Smith".

On behalf of GUEP
Professor Hannah Buchanan-Smith
Deputy Chair of GUEP

Appendix (2)

Participant Information Sheet

We would like to invite you to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take your time to decide whether you wish to take part.

What is the purpose of the study?

There is a lack of studies on special education, especially autism, in terms of educational provision and inclusive pedagogy and practice in Saudi Arabia. It is noted that most of this research takes psychological approaches to special education, such as the causes, diagnoses and medical treatment of autism. It tends to neglect other important elements, such as inclusive education or social inclusion. This study aims to address disparities in the agendas and policies in Saudi Arabia.

Why have I been invited?

You have been invited to participate because you belong to the Special Education Needs field in Saudi Arabia.

Do I have to take part?

It is entirely up to you to decide whether to take part. If you want more information or to arrange an interview, please contact the researcher and/or the supervisors of this project using the details provided below.

If you do decide to take part, you will be given this information sheet to keep and will be asked to sign a consent form. You are still free to withdraw at any time during the process of the study without giving a reason.

What will happen if I start but then don't want to carry on with the study?

Participants can withdraw from the study at any time without having to justify their decision. If you decide to withdraw from the study you can tell us whether you are happy for us to use the information obtained up to that point. If you are not, any information that you have given will be destroyed and you will not be contacted by us again.

What will happen to me if I take part?

You will be interviewed for approximately one hour. If the interview has not been completed in this time, the interview can be extended by mutual agreement or arrangements for continuation at a later date can be made.

What are the possible disadvantages, risks or side effects of taking part?

None, other than the commitment of your time.

What are the possible benefits of taking part?

There are no direct benefits to taking part. With regards to educational provision and inclusive pedagogy and praxis in Saudi Arabia, the country suffers from a paucity of research devoted to Special Educational Needs, especially autism. However, the information gathered from this study may serve to assist in modifying the direction of Special Educational Needs policy.

Will my taking part in the study be kept confidential?

I will guarantee you that all the information that is collected about you during this interview will be kept strictly confidential, and those covers all eventualities to the best of my ability. The only limits to this confidentiality would be if you were to tell us something that suggests that there would be a reason for us to be worried about harm to yourself, or to someone else. In these circumstances it would be important for us to share this information appropriately. Please note that this is likely to be a very rare occurrence. The data will be collected and stored in accordance with the Data Protection Act 1998 in the UK, and will be password protected on a university computer, and any paper copies will be secured in a locked drawer, at the University of Stirling.

Electronic notes and transcriptions of interviews will be kept securely in a password-protected network folder only accessible by me.

All data will be destroyed after 5 years on completion of the project.

What will happen to the results of the study?

The research should be completed by the end of 2019. You will be offered a copy of the results of the study once it is completed, if you wish to receive them. The results of the study will be published, with all data completely publically anonymised. You will not be identifiable to a wider audience in the published results, but those who know you may be able to identify you.

Will I be recorded, and how will the recorded media be used?

Face-to-face interviews will be recorded on a hand-held digital recorder. Recordings will be fully or partially transcribed. The audio files will be retained until the end of the project (Dec 2019). No one outside the project will be able to access the original recordings. The audio recordings and transcripts will be kept for up to 5years in case it is useful to revisit them.

Who is organising/ funding the research?

The research is funded by the Ministry of Education in Saudi Arabia.

Contact Details

If you have any questions relating to this research, or concerns about participation, please contact:

PhD Candidate:

Thamer Alahmed
Tel:00966504714575
Email: T.H.ALAHMED@STIR.AC.UK

If you would like to speak to someone to get some independent advice about your rights as a research participant, or if you wish to make a complaint about the conduct of this study, you can do this through my supervisor:

Principal Supervisor:
Dr Dalene Swanson
Email: DALENE.SWANSON@STIR.AC.UK

Additional Supervisor:
Dr Peter Matthews
Email: PETER.MATTHEWS@STIR.AC.UK

We wish to thank you for taking the time to read this sheet and considering taking part in the research study.

Appendix (3)

Consent Form

Please read the statements below. If you agree with them, please tick the box next to each statement.

Then please sign and date the form, and then complete the boxes at the bottom.

Tick

I confirm that I have read and understood the information sheet (/ /2017), explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time during the study and withdraw my data within (Dec 2019) without giving a reason, and without any penalty.	
I understand that my responses will be kept anonymous and I give permission for members of the research team to have access to my anonymised responses.	
I consent to being audio recorded.	
I understand how audio will be used in research outputs. I am aware that I will not be named in any research outputs but I could be identified by people I know through the stories I tell.	
I agree for research data collected in the study to be given to researchers, including those working outside the Kingdom of Saudi Arabia to be used in other research studies. I understand that any data that leave the research group will be fully anonymised so that I cannot be identified.	
I agree for my personal data to be kept in a secure database so I can be contacted about future studies.	
I agree to take part in this study.	

Name of Participant:

Signature:

Date:

Name of Researcher:

Signature:

Date:

How would you like to be contacted in future? (please tick)

Phone

Text message

Email

Contact details (phone number, address or email address)

Appendix (4)

INTERVIEW PROTOCOL

Interview questions were provided for four interviewee types.

- Stakeholders in the Ministry of Education
- Stakeholders in the Ministry of Labour and Social Development
- Officials in the King Salman Centre for Disability Research
- Parents

Stakeholders in the Ministry of Education:

- What made you become interested in special education? Why autism? What are your thoughts, ideas and feelings about special education in Saudi Arabia? What are your thoughts, ideas and feelings about autism in Saudi Arabia?
- Please explain your relationship to the special education field. How has your career developed? How long have you worked with children who have autism? What sort of education did you receive for your work with special needs populations, and specifically with the autistic population? Do you feel that the education you received was adequate to prepare you?
- How might you have continued to inform yourself about educational issues related to autism and special needs? How might you have informed yourself about educational inclusion issues? In each case, what literature have you read?
- What professional development workshops / seminars on autism and / or special education have you attended? What did you learn from these?
- Explain your institution's policies and practices regarding the education of special needs children? And autistic children? In your opinion, what are the major issues involved in the creation of these policies? Do you feel these policies fully address the issues around special needs / autism in Saudi Arabia?
- Do the policies and practices around autism served by the policies and practices of special needs? Please explain.
- In your observations, what might be some of the common perception of autistic children as students in schools? What do you believe might be some of the reasons for these perceptions?

- How are autistic children spoken about? Who are the people who speak about them in this way? (Teachers / principles / parents / other children). Do others perhaps speak of autistic children differently? Who are these people?
- In your observations, how are other children with differences perceived? How are they spoken about? Is it different or similar to autistic children?
- Describe some of the educational needs of autistic children, as opposed to the special education community in general. In other words, how are their needs similar to those of the general special education community? How are they unique?
- How are decisions about educational needs made? Do you feel the processes involved are sufficient?
- How do you go about making decisions or following guidelines on autism / special needs situations?
- What might be the relationship between the perception of autistic children and their educational needs? Do the common perceptions of autistic children impact educational needs? If so, in what way?
- What are your beliefs about the perceptions of autistic children and their educational needs?
- What is your view on inclusion in classrooms for autistic children? When mentioning 'inclusion', what do you understand this to mean? What practices can be considered inclusive when thinking about autistic children and their educational needs?
- What are the educational needs of autistic children?
- What do you feel would be the impact of inclusion into mainstream classes on students with autism? On the mainstream population? What do you believe might be some of the barriers preventing autistic students with provisions from being mainstreamed?
- What are some of the enablements / advantages in having autistic children mainstreamed? What might be the negatives? What do you believe might be the most appropriate set of practices to follow for autistic children?
- Do you feel that benefits or negative aspects of inclusion would be more prominent for autistic students? Please explain.

- Do you think the current policies and practices might be adequate?
- In your opinion, what changes to special education might better serve the needs of the autistic children? Why do you think that? What do you think might be required to make these changes happen?
- In your opinion, what might need to stay the same? Why?
- Please include anything else you feel that people should understand about special education and children with autism.

Stakeholders in the Ministry of Labour and Social Development:

- What made you become interested in special education? Why autism? What are your thoughts, ideas and feelings about special education in Saudi Arabia? What are your thoughts, ideas and feelings about autism in Saudi Arabia?
- Please explain your relationship to the special education field. How has your career developed? How long have you worked with children who have autism? What sort of education did you receive for your work with special needs populations, and specifically with the autistic population? Do you feel that the education you received was adequate to prepare you?
- How might you have continued to inform yourself about social issues related to autism and special needs? How might you have informed yourself about social inclusion issues? In each case, what literature have you read?
- What professional development workshops / seminars on autism and / or special education have you attended? What did you learn from these?
- Explain your institution's policies and practices regarding the education of special needs children? And autistic children? In your opinion, what are the major issues involved in the creation of these policies? Do you feel these policies fully address the issues around special needs / autism in Saudi Arabia?
- Are the policies and practices around autism served by the policies and practices of special needs? Please explain.
- How are autistic children spoken about? Who are the people who speak about them in this way? (Teachers / principles / parents / other children). Do others perhaps speak of

autistic children differently? Who are these people?

- In your observations, how are other children with differences perceived? How are they spoken about? Is it different or similar to autistic children?
- Describe some of the social needs of autistic children, as opposed to the special education community in general. In other words, how are their needs similar to those of the general special education community? How are they unique?
- How are decisions about social needs made? Do you feel the processes involved are sufficient?
- How do you go about making decisions or following guidelines on autism / special needs situations?
- What might be the relationship between the perception of autistic children and their social needs? Do the common perceptions of autistic children impact social needs? If so, in what way?
- What are your beliefs about the perceptions of autistic children and their social needs?
- What is your view on inclusion in society for autistic children? When mentioning 'inclusion', what do you understand this to mean? What practices can be considered inclusive when thinking about autistic children and their social needs?
- What are the social needs of autistic children?
- What do you feel would be the impact of inclusion into mainstream society on children with autism? On the mainstream population? What do you believe might be some of the barriers preventing autistic children with provisions from being mainstreamed?
- What are some of the enablements / advantages in having autistic children mainstreamed? What might be the negatives? What do you believe might be the most appropriate set of practices to follow for autistic children?
- Do you feel that benefits or negative aspects of inclusion would be more prominent for autistic students? Please explain.

- Do you think the current policies and practices might be adequate?
- In your opinion, what changes to special education might better serve the needs of the autistic children? Why do you think that? What do you think might be required to make these changes happen?
- In your opinion, what might need to stay the same? Why?
- Please include anything else you feel that people should understand about special education and children with autism.

Officials in the King Salman Centre for Disability Research:

- What research exists on autism and on special needs in Saudi Arabia?
- What is your research, and how does it contribute? What might it change?
- What research exists on Social Inclusion of students in schools relating to autism and special needs in Saudi Arabia?
- How has this research helped us think differently about autism and special needs in Saudi Arabia?
- Has this research influenced policy in Saudi Arabia?
- Has this research influenced practices in schools in Saudi Arabia?
- Has this research influenced practices in homes in Saudi Arabia?
- Has this research influenced social spaces in Saudi Arabia?
- Are there any gaps in the research? If so, where might the gaps in research be? Where are the gaps in policies? Where are the gaps in practices?
- What are the key issues with respect to children with autism in schools in Saudi Arabia?
- What are the key issues with respect to children with special needs in schools in Saudi Arabia? In social spaces? In homes?
- How do we address these issues?

- What further research is needed? Why? How is it to be achieved? What will this research help us do?
- How might we translate inclusion policies into practices in Saudi Arabia?
- Is there anything else you would like to say about research on autism / special needs in Saudi Arabia?

Parents:

- Briefly describe how your child received a diagnosis of autism.
- How would you characterise your child's experiences in the educational system? Please provide anecdotes that inform your perception of these experiences.
- What are your beliefs about the perceptions of autistic children and their educational and social needs?
- What are the social needs of autistic children?
- What are the educational needs of autistic children?
- Do you feel that the special education your child receives helps him or her is adequate or helps him or her to succeed? In which ways does it do so? In which ways (if any) is the special education your child receives in need of improvement?
- Do you feel that your child receives adequate socialisation in special education? Why or why not? In your opinion, how could this be changed?
- Based on your own child's experiences, what is your opinion on the inclusion of special education students?
- What do you think is the most important change that could be made to improve the education of children with autism?
- Please include anything that you feel that people should understand about special education and children with autism.

Appendix (5)

Disability Code

Article 1

The following words and expressions, used in this code, have the following meanings:

Persons with disabilities: A person with a disability is one who is totally or partially disabled with respect to his/her bodily, material, mental, communicative, academic or psychological capabilities, to the extent that it compromises the ability of that person to meet his/her normal needs as compared to his/her non-disabled counterparts.

For the purpose of this code, "persons with disabilities" shall refer to individuals who have one or more of the following disabilities: visual disability, hearing disability, cognitive disability, motor disability, learning disabilities, speech and language impairments, behavioral problems, pervasive developmental delay, multi-disabilities, and other disabilities which require special care.

Prevention: The set of medical, psychological, social, educational, informational and regulatory procedures, which aim at preventing or limiting the effect of disabilities and at pre-empting and easing the consequences thereof.

Welfare: To provide care services to persons with disabilities dependent upon the degree of their disability, as well as their medical and social situation.

Habilitation: A coordinated process to utilize medical, social, psychological, educational and professional services to enable the disabled to achieve the maximum feasible degree of functional efficiency; to enable persons with disabilities to adapt to the needs and requirements of their natural and social environment, as well as developing their capabilities to attain independence and be productive members of society to the extent possible.

The Supreme Council: The Supreme Council for the Affairs of Persons with Disabilities.

Article 2

The Government shall guarantee the prevention, welfare and habilitation services to persons with disabilities and their families, and will encourage institutions and individuals to contribute to charitable activities within the field of disability. The Government shall guarantee to provide services to persons with disabilities in the following areas:

Health

This includes:

- providing medical, preventive and habilitation services, including genetic counseling, laboratory testing and analyses for the early detection of disease and necessary intervention,
- registering children who are at risk or born with a disability, and conducting follow-up monitoring of their condition(s), and communicating relevant information to the appropriate authorities,
- enriching the health care of the disabled and taking the necessary steps to achieve this,
- training health care providers and paramedics in appropriate procedures for the safe handling of injured persons on site to prevent further complications during transit, and
- training families of the disabled on handling and care.

Education

This includes all phases of education (pre-school, general, vocational, and higher education) that are suitable to the abilities of the disabled and that are commensurate with their various categories and needs, including the continuous updating of curricula and services provided in this field.

Training and habilitation

This includes the provision of training and habilitation services as required by the labor market, in order to be competitively employable. This also includes the provision of vocational and social habilitation centers and adequate training aids.

Work

This includes recruiting and employing persons with disabilities to give them the opportunity to discover their personal capabilities and potential and enabling them to earn and generate an income like other members of the community. This also includes enhancing the performance of employed persons with disabilities by providing further ongoing training.

Social

This includes programs which contribute to developing the capabilities of persons with disabilities to enable them to integrate naturally into various facets of public life without hindrance from the nature of their disability.

Culture and sports

This includes utilization of cultural and sporting facilities, and the adaptation of such facilities to enable persons with disabilities to participate therein, indoors and outdoors, in a manner suitable to their abilities.

Information

This includes the role the mass media plays in enlightening and educating the community by:

- defining the types and causes of disabilities, and the importance of the processes of early diagnosis and prevention,
- educating the public in the role of persons with disabilities in society, by identifying their rights, needs, abilities and their contribution to the services available; as well as educating persons with disabilities regarding their duties towards themselves and their role in society,
- producing special programs for persons with disabilities that will assist them in their integration into society, and
- encouraging individuals and institutions to provide financial and moral support to the disabled and encouraging volunteer work in the community to serve persons with disabilities.

Complementary services

This includes:

- facilitating a method of public transport to securely and safely transport the disabled and their caretakers, at reduced cost (depending on the condition of the disability),
- providing day-care centers and/or home help to assist persons with disabilities, and
- providing technical aids.

Article 3

The Supreme Council shall coordinate with authorities to abide by the regulations for architectural specifications required to provide access and accommodate persons with disabilities in all centers for habilitation, training, education, medical, welfare and public places, as well as all other areas, to enable persons with disabilities easy access of movement and transportation. All authorities shall abide by the said regulation.

Article 4

The Supreme Council will coordinate with authorities to provide manpower to be educated and trained nationally and internationally in the field of disability, and to promote the exchange of experience with other countries.

Article 5

The Government shall award loans for persons with disabilities to establish occupational or commercial employment that is suited to their abilities in their capacity as individuals or as a group.

Article 6

Technical aids and devices used by persons with disabilities shall be exempt from customs duties. These will be specified in a list approved by the Ministry of Finance and National Economy.

Article 7

A trust fund shall be established, under the control of the Supreme Council, for depositing all endowments, donations and revenues from fines, and which will be used for providing care for persons with disabilities.

Article 8

A Supreme Council for the Affairs of Persons with Disabilities will be established. The Council shall be associated with the Prime Minister and shall be constituted as follows:

- a Chairman, to be appointed by Royal Order, and members -
 - A Secretary General for the Supreme Council
 - The Minister of Labor and Social Affairs
 - The Minister of Health
 - The Minister of Higher Education
 - The Minister of Education
 - The Minister of Finance and National Economy
 - The Minister of Municipal and Rural Affairs
 - The General President of Girls Education
 - Two persons with disabilities
 - Two businessmen interested in the affairs of persons with disabilities
 - Two specialists in the field of disability.

The latter six members are appointed by the Prime Minister based on recommendations of the Chairman of the Supreme Council and their appointments are for renewable terms of four years.

The Chairman of the Supreme Council may appoint any member of the Council to act on his behalf in the event of his absence.

Article 9

The Supreme Council will be authorized in the organization of the affairs of persons with disabilities in the following:

- issue policies and procedures and decisions required to implement this code,

- propose modifications of regulations pertaining to the affairs of persons with disabilities in different areas, propose basic standards to what is offered to them or to whoever takes care of them, i.e. financial benefits,
- ensure implementation of this code and its regulations, including other policies and procedures relating to the affairs of persons with disabilities,
- coordination between the Government and private sectors in relation to services provided to persons with disabilities.

Article 10

An annual report will be submitted to the prime minister regarding the achievements of the Supreme Council, and means of support services provided to persons with disabilities.

Article 11

1. The Chairman or his Acting will call upon the Supreme Council for a twice annual meeting.
2. The Supreme Council shall convene upon the presence of a majority of its members, including the Chairman or his Acting, and shall take its decisions by the majority of the votes of the attendees. In the case of a tie, Chairman shall have the deciding vote.

Article 12

The Supreme Council shall have a General Secretariat and shall appoint a Secretary General and necessary staff, in accordance with the regulations of the civil service. The Secretary General will be responsible for the following:

1. Administer to the General Secretariat,
2. Assume responsibility for convening meetings, taking minutes, informing the concerned parties of decisions taken in the meetings,
3. Prepare executive policies for this code,
4. Prepare technical reviews on the work of the Supreme Council,
5. Formulate policies and procedures relating to the affairs of persons with disabilities, in coordination with the concerned parties,
6. Represent the Supreme Council to governmental departments, institutions and other related organizations,
7. Form committees consisting of members specialized and experienced in reviewing the issues related to the disabled, Prepare an annual report on the work of the Supreme Council, and

8. Perform other duties allocated to him by the Supreme Council.

Article 13

The Supreme Council shall form a working group from amongst its members or otherwise. The Council shall determine and specify the Group's expertise and work methodology.

Article 14

The Supreme Council shall have a budget which shall be subject to the general rules and provisions of the Kingdom's budget.

Article 15

All pre-existing codes, policies, procedures, decisions and instructions relating to persons with disabilities shall be modified according to this code within three years of the date of its publication.

Article 16

This code will be published in the official book of law shall be valid and the effect after 180 days from the date of publication.