Mary Immaculate College

University of Limerick

A Foucauldian Discourse Analysis of Intellectual Disability in Irish Education

Author: Eleanor McSherry, B.A.

Supervisors: Dr. Chris Lawn, Dr. Catherine

Kavanagh and Dr. Niall Keane

Submitted to the University College Limerick for the degree of Master of Philosophy, April, 2013.

Abstract

A Foucauldian Discourse Analysis of Intellectual Disability in Irish
Education
Author: Eleanor McSherry, B.A.

Since the birth of the Irish State there has been three official terms for children with mental disabilities, 'mental deficiency', 'mental handicap' and 'intellectual disability'. Each new term replaced the previous one; 'mental deficiency' became 'mental handicap', subsequently 'mental handicap' became 'intellectual disability'. This thesis applied a Foucauldian Discourse analysis to the history of Irish Education to expose the hidden conditions that underpinned the aforementioned concepts, in order to answer the following questions: What factors brought a particular conceptual configuration in the classification of intellectual disability into play in the first instance? What made that configuration seem plausible and socially desirable? What changes or events happened that caused the conceptual configuration to be replaced? And did these changes cultivate marginalisation or demarginalisation?

The first part of the analysis divided the history of Irish education into three different epistémè and labelled them, the Institution, the Birth of Special Education and the Birth of Social Inclusion. Foucauldian tools of analysis were applied to allow for the surfaces of emergence to be exposed and indentified, thus in turn revealing the frameworks of knowledge that were hidden underneath. These frameworks were created from paradigms of information, practices and processes that surrounded the terms 'mental deficiency', 'mental handicap' and 'intellectual disability' in each of the overlapping discourses within the epistémè.

What was revealed was that each epistémè produced variable paradigms that resulted in frameworks of knowledge that were deemed legitimate depending on who were the main authors of delimitation on mental disabilities in that time. These authors had the power to decide the truths of the condition and how the concept was to be constructed. Each epistémè was different as the power relations shifted between the authors. It also became apparent that marginalisation was not an intentional result of the conditions discussed but instead was an unfortunate consequence.

Declaration of Originality

Department: Philosophy

Degree: Masters of Philosophy

Name of Candidate: Eleanor McSherry

Title of Thesis: A Foucauldian Discourse Analysis of Intellectual Disability in Irish Education

Declaration: I hereby declare that this thesis is the result of my own original research and that it does not contain any work of any other individual. All sources that have been consulted have been identified and acknowledged in the appropriate way.

Signature of Candidate: ------------------------------

                      Eleanor McSherry BA

Acknowledgements and Dedication

To my wonderful husband Mike, my boys, my sister and my parents for the sacrifices that they have had to make for me to pursue this dream and for all the support they have given me.

To all the ladies of the Postgraduate office who have gone above and beyond to support me throughout my studies.

To Michelle Cooney, Stephen Thornton and Des Carswell, who never gave up on me even when maybe they should have.

I thank all these people for their kindness, their patience, their prayers and their unwavering support.

I would like to also acknowledge my supervisors Dr. Chris Lawn, Dr. Catherine Kavanagh and Dr. Niall Keane for all the work that they have done throughout this process.

I dedicate this thesis to all of those children who were ignored, incarcerated and marginalised just because they were labelled with a mental disability.

Contents

Chapter 1 - Introduction

Up until recently the concept 'intellectual disability' did not exist; it came to prominence in the 1990s as a replacement for the term 'mental handicap'. One of the first places the Irish State officially recognised this concept was in a report on mental handicap services in 1990.[1] This kind of concept replacement is not unusual. Children with 'intellectual disabilities' were categorised officially from the late 1800s with the classificatory labels 'mentally retarded' or 'mentally defective', which were abandoned from the 1960s in favour of what was then viewed as the less prejudicial language of 'mental handicap'.[2] Such changes should not go unremarked or unquestioned, as they represent fundamental shifts in the conceptual paradigms in terms of which what we now call 'intellectual disability' has been socialised, evaluated and dealt with. What is of interest philosophically and historically is the question of the nature of the complex nexus of overlapping interests and power relations which structure the discourses which legitimate and give expression to such taxonomical systems: the dynamic whereby such discourses emerge, predominate and are ultimately supplanted is one that requires examination for the notion of what we term 'disability' to make sense.

The main questions that this thesis will answer are: what factors brought a particular conceptual configuration in the classification of intellectual disability into play in the first instance? What made that configuration seem plausible and socially desirable? What changes or events happened that caused the conceptual configuration to be replaced? And did these changes cultivate marginalisation or demarginalisation? These questions will be addressed by applying a Foucauldian Discourse Analysis to the history of Irish Education; such an analysis, it will be argued, reveals the underlying conditions that allow certain paradigms of knowledge to surround a concept within a discourse. It will also show who are the main contributors to these paradigms and expose some of the consequences of

---

[1] *Needs and Abilities, a Policy for the Intellectually Disabled Report of the Review Group on Mental Handicap Services*, (Dublin, 1991), Introduction, p. 14.
[2] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, p. 1, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11).

these processes. This should allow for a more informed debate on how the above concepts replaced each other.

This chapter will outline why there should be a discussion on the concept of 'intellectual disability', whether Foucault's work is suitable for the task and the current models that underpin the concepts of disability.

Why Intellectual Disability?

The concept 'intellectual disability' has had a complex history in Ireland. The term was officially introduced in a report of the Review Group on Mental Handicap Services in 1990[3] no definition was given for it in the document, which merely indicated that the term 'mental handicap' was no longer to be used. There was no official replacement for 'mental handicap' as such; instead, there were replacement terms given for its subcategories: moderate, mild and severe mental handicap. The corresponding new classificatory terms introduced were 'general learning difficulties' and 'moderate, severe or profound intellectual disability'. In 2001, the government adopted the World Health Organisation's definition for 'Intellectual Disability', which is:

> Intellectual disability means a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development.[4]

This definition appears in the International Classification of Impairments, Disabilities and Handicaps (ICIDH)[5] which went through two reviews before it was replaced by the International Classification of Functioning, Disability and Health (ICF) in 2001,[6] so it is possible that the definition will change again. But while the Irish government has accepted the above definition officially, its own

---

[3] *Needs and Abilities, a Policy for the Intellectually Disabled Report of the Review Group on Mental Handicap Services*, (Dublin, 1991).
[4] 'Definition of Intellectual Disability', Children's Right to a Family Life, Mental Health, Health Topics, What do we do?, World Health Organisation Europe Webpage, http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/news/news/2010/15/childrens-right-to-family-life/definition-intellectual-disability, (accessed 10/01/13).
[5] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007), pp.13-17.
[6] International Classification of Functioning, Disability and Health (ICF), World Health Organisation Website, http://www.who.int/classifications/icf/en/, (accessed 10/01/13).

departments use different terms to classify children with 'intellectual disabilities'. For example, it is a learning disability in education,[7] an intellectual disability in health[8] and mental disability in social welfare.[9] The point here is that the concept of 'intellectual disability' is under constant review and is in flux. In order to understand what this entails there must first be a brief discussion of what the commonalities are between the above definitions.

For the purposes of this thesis, 'intellectual disability' will be taken to be a broad type or category of disability that has several aetiologies.[10] What this means is that the term covers many medical conditions or subcategories. Included under the broad rubric of 'intellectual disability,' for example, there is a wide spectrum of diagnosis, such as: Down's syndrome,[11] Autism Spectrum Disorder,[12] ADHD,[13] Fragile X Syndrome,[14] to name but a few. It also covers, under its current definition, diseases such as Parkinson's[15] and Alzheimer's.[16] These are just an example of the many degenerative diseases that progressively render the person

---

[7] *Children with Special Educational Needs – Information Booklet for Parents*, National Council for Special Education, (Dublin, 2001), pp. 27 – 30.

[8] 'Annual Report of the National Intellectual Disability Database Committee 2010', Publications, Health Research Board Website,
http://www.hrb.ie/publications/hrb-publication/publications//562/, (accessed 10/01/13).

[9] 'Disability Allowance', Department of Social Protection Website,
http://www.welfare.ie/en/Pages/da.aspx, (accessed 10/01/13).

[10] 'People with Intellectual Disability in the Member States', Pomona Project – Health Indicators of People with Intellectual Disability Website, p. 1,
http://www.pomonaproject.org/1_people_member_states.pdf, (accessed 01/06/12).

[11] Downs Syndrome: is a chromosomal disorder that the subject is born with. It is commonly asserted that people with this disorder have impaired cognitive ability, in some cases growth issues and distinctive facial features. David Clarke, 'Common Syndromes and Genetic Disorders', *The Psychiatry of Intellectual Disability*, Roy Ashok Roy, Meera Roy and David Clarke (eds.), (Abington, 2006), p. 64.

[12] (ASD) Autism Spectrum Disorders: is a spectrum of psychological conditions that the subject is born with, commonly associated with impairment of social interaction and communication. An example of this is language and development delay. With highly repetitive behaviour and obsessive interests as other characteristics. Meera Roy, 'Autism and other Developmental Disorders', Ibid., pp. 33-35.

[13] (ADHD) Attention-Deficit Hyperactivity Disorder: is a neuro-behavioural developmental disorder that the subject is born with. Characteristics are predominantly attention problems and hyperactivity.

[14] Fragile X Syndrome: is a genetic syndrome that the subject is born with that is characterised by physical and mental limitations with emotion and behaviour issues. Pru Allinton-Smith, 'Psychiatric and Behaviour Disorders in Children and Adolescents with Intellectual Disabilities', Ibid., pp. 100-101.

[15] Parkinson's disease: is a degenerative disorder of the central nervous system that impairs motor skills, speech and other functions. It generally develops later in life of the subject.

[16] Alzheimer's: is a form of dementia. It develops in later life and is degenerative, incurable and terminal. It is characterised by impairment of cognitive ability.

intellectually and physically challenged.[17] This is because 'intellectual disability' on a very basic level is dependent on the intellectual functioning of the person which can be measured by their intelligence quotient (IQ). Once the subject has been diagnosed the label of 'intellectual disability' is applied on all official forms for them; it is a medical label that is carried for the remainder of the subject's life. This means it is taken to be unlikely the person can or will be cured of the condition. For the purpose of this thesis therefore the term 'mental disabilities' will be used throughout to refer to such conditions, except where historical exigencies or direct quotation warrant otherwise. This way of categorising medical conditions by one general concept could be called universalising.

Universalising and categorising medical concepts and definitions is the one of the functions of the World Health Organisation,[18] assigned to it by its terms of reference in order to standardise and make accessible medical information. In this connection, terms such as 'disability', 'chronic illness' and 'intellectual disability' can be taken as instances of concepts that have been universalised in order that these medical concepts can apply univocally over a heterogeneous range of diverse conditions, such as those mentioned above, which are brought together under the term 'intellectual disability' as they have certain elements in common. This process of universalization follows a pattern akin to that outlined by Wittgenstein's in this theory of 'family resemblances' in his 'Blue and Brown Books'.[19] Wittgenstein explains, according to Kenny, that when we look for the features to which any general term applies, 'we see a complicated network of similarities overlapping and criss-crossing: sometimes overall similarities, sometimes similarities of detail'.[20] It could be said then that the concept 'intellectual disability' covers so many diagnoses or sub categories as the latter share 'family resemblances'.[21] The down-side of this process is the more universalised a concept becomes the more tenuous the family resemblances

[17] 'Intellectual Disability, Causes & Prevention: Your Questions Answered', News, Q & A, Inclusion Ireland Webpage http://www.inclusionireland.ie/news_qa.asp#Q1, (accessed: 01/03/11).
[18] Jim Barlow, 'Creating a Universal Medical Language for WHO', (May 2009), Mayo Clinic Website, http://discoverysedge.mayo.edu/de09-2-chute/index.cfm, (accessed 24/07/11). This article is no longer on this site.
[19] Ludwig Wittgenstein, *Preliminary studies for the 'Philosophical investigations' - generally known as 'The blue and brown books*, (Oxford, 1972).
[20] Anthony J. Kenny, *The Wittgenstein Reader*, (Oxford, 1994), p. 49.
[21] Ibid., pp. 46-49.

become; sometimes by trying to include too many conditions under the one general term can led to technical vagueness or linguistic redundancy.

An example of this is the current debate on the classificatory use of the term 'Aspergers syndrome' in the United States.[22] The concept Aspergers Syndrome is being replaced officially by the American Psychiatric Association[23] by the classification 'autism spectrum disorder' which is a subcategory of 'intellectual disability'.

An issue arises from this is that these concepts are used to gain access to government-aided resources. Governments allocate funding for resources in their annual budget. For example, in Ireland the government allocate annual funding to provide services for people with disabilities. It also allocates money for general conditions like 'intellectual disability' and monitors the services provided. In order to access these services the person with a disability must have a medical diagnosis of their condition and be able to provide proof of it. This diagnosis should allow this individual access to all the resources that the government say their condition needs. What if the classification under which they have accessed funding is suddenly replaced? What if it is now excluded from the category of 'intellectual disability'? This is an example of how the replacement of a concept can directly affect the person labelled.

'Intellectual disability', then, is a concept that is in flux and covers many medical conditions. This is because it is universalised. It needs to be general in order to provide the services that the subject needs, especially in areas like education. There are some fundamental issues with this concept, however, and some questions need to be answered. These are: what are the underlying conditions that allow for a concept to be replaced? Do such these changes create marginalisation? These questions will form part of this thesis. This thesis will look at the above issues in the context of the history of Irish Education and will use a Foucauldian Discourse Analysis.

---

[22] Pamela Compart, 'DSM-V: What change may mean?', Autism Research Institute Webpage, http://www.autism.com/index.php/news_dsmV, (accessed 10/01/13).
[23] 'DSM-5: The Future of Psychiatric Diagnosis', American, Psychiatric Association Webpage, http://www.dsm5.org/Pages/Default.aspx, (accessed 10/01/13).

Why Foucault?

Foucault's approaches are particularly suited to assessing concepts like 'intellectual disability'. Since of the aims of his work is to assess the underlying conditions of contemporary discourse. Foucault's takes a broader interpretation of what discourse is, compared to for instance the Oxford dictionary, which states that discourse is 'written or spoken communication or debate.'[24] Foucault interprets discourse as a broad collection of semiotic events, statements or fields, and includes in it diverse phenomena such as events, art, practices, processes, myths, rules, categories and literature. Not all of these appear in each discourse as their relevance is dependent on what is being studied. For example, in *Madness and Civilisation* Foucault seems to give just as much importance to the statements made about psychoanalytical terms as he does to the literary depictions of madness by Shakespeare and Cervantes and the myth of the ship of fools (*Narrenschiff*).[25] His method will be discussed at length in the next chapter. Foucault's exploration of discourse offers a novel way of looking at the systems of knowledge (the *episteme*)[26] from which concepts emerge, are surrounded and socially reinforced.

Foucault sought to examine concepts and subjects that were considered outside of societal norms. He did this by developing a unique way of looking at knowledge, which allowed him to develop the approaches which he termed 'Archaeology'[27] and 'Genealogy'[28] as methodological tools. These tools will be discussed in detail in the second chapter. Here the question of what Foucault sought by applying the discourse analysis will be addressed. He makes it clear that his work is not just about examining the history of a concept.

---

[24] *Discourse*, Compact Oxford Dictionary of Current English third Edition, Eds. Catherine Soanes and Sara Hawker, (Oxford, 2002), p. 282.
[25] Michel Foucault, *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965).
[26] Ibid., *The Order of Things*, (Abington, 2008), p.172.
[27] *Michel Foucault, Aesthetics Essential Works of Foucault 1954-1984 Volume 2*, James D. Faubion (ed.), (London, 2000), p 444.
[28] Ibid., *Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 118.

> The studies that follow [*History of Sexuality*], like the others I have done previously, are studies of 'history' by reason of the domain they deal with and references they appeal to; but they are not the work of a 'historian'…It was a philosophical exercise. The object was to learn to what extent the effort to think one's own history can free thought from what it silently thinks, and so enable it to think differently.[29]

What Foucault seeks to achieve is to free his thought in order to be able to think differently. This involves removing himself from his own history (that is its prejudices and preconceptions) in order to be open to new ideas and be 'transformed'.[30] How Foucault proposes to change the view of these concepts is through his analysis and by raising questions:

> My role is to raise questions in an effective, genuine way, and to raise them with the greatest possible rigor, with the maximum complexity and difficulty so that a solution doesn't spring from the head of some reformist intellectual or suddenly appear in the head of a party's political bureau. [31]

It can be asserted then that his historical work is about the reflection after reading the rigorous study of historical facts. Each of his works he perceives as an experience which the reader, like the writer himself, will find transformative:

> What I think is never quite the same, because for me my books are experiences, in a sense, that I would like to be as full as possible. An experience is something that one comes out of transformed.[32]

This should lead the reader to be in a position to radically reassess familiar concepts in the light of Foucault's work.

> The experience through which we grasp the intelligibility of certain mechanisms (for example, imprisonment, punishment, and so on) and the way in which we are enabled to detach ourselves from them by perceiving them differently will be, at best, one and the same thing. This is what I do.[33]

Foucault, therefore, wants the reader of his work to remove themselves from their own history. Then they will be open to new experiences and new ways of perceiving habitual concepts. If they do this they will be transformed and a well-informed debate on the subject matter under investigation can begin. Foucault

---

[29] Rux Martin, 'Truth, Power, Self: An Interview with Michel Foucault October 25, 1982', Luther Martin et al (eds.), *Technologies of the Self – A Seminar with Michel Foucault*, University of Massachusetts Press, United States (1988), pp. 9-16.
[30] *Michel Foucault Power Essential Works of Foucault 1954-1984 Volume 3*, James D. Faubion (ed.), (London, 1994), p. 246.
[31] Ibid., p. 288.
[32] Ibid., p. 239.
[33] Ibid., p. 244.

thus offers us a new method of reflecting on and understanding the past. By using Foucault's approaches it may lead to a better understanding of the way that the concept of 'intellectual disability' and the children that it refers to are viewed today. It should also create informed debate on this topic.

The concepts that Foucault himself chose to subject to his new investigative methods were ingrained within society. For example, in *Discipline and Punish: The Birth of the Prison*,[34] the prison is assessed as an institution that is a part of society; it is seen as the location for socially and judicially endorsed punishments. Yet the punishment requires that prisoner be taken out of society and excluded. Foucault's work offers a unique insight and analysis of the often apparently paradoxical relationships between these concepts. This is because his basic precept is to analyse how these concepts became objects of knowledge in the first instance:

> Studying the history of ideas, as they evolve, is not my problem so much as trying to discern beneath them how one or another object could take shape as a possible object of knowledge. Why, for instance, did madness become, at a given moment, an object of knowledge corresponding to a certain type of knowledge? By using the word "archaeology" rather than "history", I tried to designate this desynchronization between ideas about madness and the constitution of madness as an object.[35]

It is through his analysis that the knowledge that created these objects can be identified. The reason that these concepts have remained unchallenged by society is because they have become habitual and the semblance of 'normality' that they have acquired has made them seem 'necessary'. The processes and the practices that surround these concepts have become so ingrained within society that there is a perception that they cannot or should not be changed or challenged:

> The political and social processes by which the Western European societies were put in order, are not very apparent, have been forgotten, or have become habitual. They are part of our most familiar landscape, and we don't perceive them anymore. But most of them once scandalized people. It is one of my targets to show people that a lot of things that are part of their landscape - that people are universal – are the result of some very precise historical changes. All my

---

[34] Michel Foucault, *Discipline and Punish, The Birth of the Prison*, (London, 1977).
[35] *Michel Foucault, Aesthetics Essential Works of Foucault 1954-1984 Volume 2*, James D. Faubion (ed.), (London, 2000), p 444.

analyses are against the idea of universal necessities in human existence. They show the arbitrariness of institutions and show which space of freedom we can still enjoy and how many changes can still be made.[36]

As stated, Foucault begins with the question as to how does a given concept become an object of knowledge? He starts with the assertion that knowledge is divided into two separate types: *connaissance* or conscious knowledge and *savoir* (discursive practice/knowledge) or general knowledge.[37] When talking about his method archaeology he explained what he meant by *savoir* and *connaissance*.

> With the idea of archaeology, it's precisely a matter of recapturing the construction of connaissance, that is, of a relation between a fixed subject and the domain of objects, in its historical roots, in this movement of savoir which makes the construction possible.[38]

Connaissance it is the type of knowledge that is found in books on science or biology which Foucault termed 'bodies of learning';[39] it refers to the relation between the subject to the object and the formal rules that govern that relationship. *Savoir*, on the other hand, refers to the set of underlying conditions that allows for *Connaissance* to exist. As Foucault put it,

> by connaissance I mean the relation of the subject to the object and the formal rules that govern it. Savoir refers to the conditions that are necessary in a particular period for this or that type of object to be given to connaissance and for this or that type of enunciation to be formulated.[40]

Foucault also describes *savoir* as 'different bodies of learning, philosophical ideas, everyday opinions, but also institutions, commercial practices and police activities'.[41] What he wants to do is to reveal the *savoir*, or layers of knowledge, in order to understand why something suddenly becomes an object of study within the *connaissance*. Accordingly, this thesis will analyse the knowledge (savoir) that underpins 'intellectual disability' and the bodies of learning (connaissance) that are present in the field of education. This may allow for better understanding

[36] Rux Martin, 'Truth, Power, Self: An Interview with Michel Foucault October 25, 1982', Luther Martin et al (eds.), *Technologies of the Self – A Seminar with Michel Foucault*, University of Massachusetts Press, United States (1988), pp. 9-16.

[37] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 200-201.

[38] *Michel Foucault Power Essential Works of Foucault 1954-1984 Volume 3*, James D. Faubion (ed.), (London, 1994), p. 256.

[39] Ibid., *Volume 2*, James D. Faubion (ed.), (London, 2000), p. 261.

[40] Footnote by Smith in: Michel Foucault, *The Archaeology of Knowledge*, translated: A. M. Sheridan Smith, (Suffolk, 2007), p. 16.

[41] *Michel Foucault, Aesthetics Essential Works of Foucault 1954-1984 Volume 2*, James D. Faubion (ed.), (London, 2000), p 262.

of the evolution of the classification and treatment of 'intellectual disability' in Ireland to be offered, one which will supplement traditional historical accounts. Foucault put together a set of tools that can be used to expose the underlying conditions (savoir) that made one concept to replace another in certain contexts or within certain knowledge (Connaissance).

> I reaffirm several times that the analysis has been conducted at the level of the transformations of savoir and connaissance, and that now a whole study of causality and an in-depth explanation remain to be done.[42]

It is only by looking at these connections and conditions can the emergence of individual concepts can be explained.

Foucault offers a flexible philosophical approach that tended to vary to some degree depending upon its domain of application; this was because he viewed what he was doing as experimenting:

> I am an experimenter and not a theorist. I call a theorist someone who constructs a general system, either deductive or analytical, and applies it to different fields in a uniform way. This isn't my case. I'm an experimenter in the sense I write in order to change myself and in order not to think the same thing as before.[43]

Foucault's view of knowledge offers a unique way of analysing concepts like 'intellectual disability'. The two main approaches that he developed are, again, called *Archaeology*[44] and *Genealogy*.[45] These approaches contain what Foucault calls his tools, which will be examined in greater detail in the next chapter. His approach offers a loose frame of reference which combines a variety of tools and methods influenced by other disciplines, including history, culture, politics and socio-linguistics.[46] These tools it seems can be adapted to suit the concept that is to be analysed, and will be so adapted by this thesis in an application of them to the concept 'intellectual disability' in the field of Irish education..

---

[42] *Michel Foucault Power Essential Works of Foucault 1954-1984 Volume 3*, James D. Faubion (ed.), (London, 1994), p. 266.
[43] Michel Foucault, *History of Sexuality*, *Volume 2, The Use of Pleasure*, (London, 1992), p. 9.
[44] *Michele Foucault Essential Works of Foucault 1954 – 1984, Volume 2, Aesthetics,* James D. Faubion (ed.), (London, 1998), p. 261.
[45] Ibid., *Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 118.
[46] Ibid., pp. 242, 244 and 246.

Current approaches to the Formation of Medical concepts

Contemporary examinations of terms such as 'intellectual disability' have become multidisciplinary. Some of the disciplines that analyse this concept include medicine, sociology, philosophy, and education. Researchers from many disciplines currently use the work of Michel Foucault to study the many issues that surround disability concepts. These include Liggett,[47] Tremain[48], Carlson,[49] Goodley,[50] McKenzie and MacLeod.[51] In this section there will be a summarised account of the application of Foucauldian ideas and methods by these researchers; a more detailed account of some of their work is given in appendix A.

Here is a brief overview of their work: In her 'Stars are not Born: an Interpretive Approach to the Politics of Disability',[52] Liggett applies a Foucauldian analysis to offer a different 'interpretation of disability'. She states that a Foucauldian historical method can 'contribute to the politics of interpretation' of disability which in turn can lead to a change in political policy.

In her anthology *Foucault, Governmentality, and Critical Theory: An Introduction*, Tremain discusses the merits of Foucault's work for the analysis of disability. She gives a brief introduction to Foucault and focuses in on his

---

[47] Helen Liggett, 'Stars are not Born: an Interpretive Approach to the Politics of Disability', in: L. Barton and M. Oliver, (eds.), *Disability Studies: Past Present and Future*, Disability Archive, Leeds University Webpage, http://www.leeds.ac.uk/disability-studies/archiveuk/liggett/chapter11.pdf, (accessed 30/03/08).

[48] Shelley Tremain (ed.), 'Foucault, Governmentality, and Critical Theory: An Introduction', *Foucault and the Government of Disability*, (Michigan, 2009).

[49] Licia Carlson, 'Docile Minds, Docile Bodies', in: Shelley Tremain, (ed.), *Foucault and the Government of Disability*, (Michigan, 2009).

[50] Dan Goodley, 'Towards socially just pedagogies: Deleuzoguattarian critical disability studies', *International Journal of Inclusive Education*, Archive UK, Disability Studies, Leeds University Website, http://www.leeds.ac.uk/disability-studies/archiveuk/goodley/Dan%20Goodley%20revised%20submission%20for%20IJIE%20special%20issue.pdf, (accessed 01/05/12).
Dan Goodley and Mark Rapley, 'How Do You Understand ''Learning Difficulties''? Towards a Social Theory of Impairment', *Mental Retardation*, Volume 39, Number 3, (June, 2001), pp. 229 – 232. Dan Goodley, 'Learning Difficulties', the Social Model of Disability and Impairment: challenging epistemologies', *Disability & Society,* Vol. 16, No. 2, 2001, pp. 207–231.'

[51] Judith Anne McKenzie and Catriona Ida MacLeod, 'The deployment of the medico‑psychological gaze and disability expertise in relation to children with intellectual disability', International Journal of Inclusive Education, 15th of July, 2011.

[52] Helen Liggett, 'Stars are not Born: an Interpretive Approach to the Politics of Disability', in: L. Barton and M. Oliver, (eds.), *Disability Studies: Past Present and Future*, Disability Archive, Leeds University Webpage, http://www.leeds.ac.uk/disability-studies/archiveuk/liggett/chapter11.pdf, (accessed 30/03/08).

conception of power, especially the manifestation of 'bio-power'. Tremain sees Foucault's version of 'bio-power', a technology of power, as 'vital to any Foucauldian analysis of disability'.[53] Foucault's idea of 'the subject' or 'the notion of the subject' is also a concept explored by Tremain, who argues that in this bio-political objectification of the individual, 'the subject' is created.

In the essay 'Docile Minds, Docile Bodies' in Tremain's aforementioned book, Carlson outlines, through the use of Foucault's Archaeology, what has led to the emergence of a 'new kind' of people. These she identifies as the people who are classed as 'mentally retarded'. In this context she attests to the value of Foucault's archaeological method; it is capable, according to Carlson, of assessing the multiple dimensions and oppositions that exist within a concept in history.[54] Goodley uses a Foucauldian styled Discourse Analysis to examine the historical relations that surround the theories of special education, integration in education and inclusive education.[55] McKenzie and MacLeod, in their piece 'The Deployment of the Medico-Psychological gaze and Disability expertise in relation to children with intellectual disability',[56] use Foucauldian tools such as the 'medical gaze' and Nikolas Rose's concept of the 'psychological expertise' in a Discourse Analysis of 'intellectual disability'. Other research in the area of education and 'intellectual disability' is utilised within the main body of the thesis and is also outlined in appendix A.

There are many different approaches that could be used to analyse the concept of 'intellectual disability. To date, two models have predominated in our understanding and classification of the concept; these are the medical and social models. Before there can be an analysis of the history of the term 'intellectual disability' there must first be an understanding of the difference between these

---

[53] Shelley Tremain, (ed.), 'Foucault, Governmentality, and Critical Theory: An Introduction', *Foucault and the Government of Disability*, (Michigan, 2009), p. 3.
[54] Licia Carlson, 'Docile Minds, Docile Bodies', Shelley Tremain, (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), pp. 134-135.
[55] Dan Goodley, 'Education: Inclusive Disability Studies', Disability Studies: An Interdisciplinary Introduction, (London, 2011).
[56] Judith Anne McKenzie and Catriona Ida MacLeod, 'The deployment of the medico‐psychological gaze and disability expertise in relation to children with intellectual disability', International Journal of Inclusive Education, 15th of July, 2011, pp. 1-16.

two views or models; their relevance and influence can be seen throughout any historical study of this kind of medical concept.[57]

The 'medical model of disability' is a sociological construct. The sociological view of this model claims that disability is defined as a medical problem that until now can only be treated, studied and defined by medical terms of reference. Some sociologists have also called this model the 'individual tragedy'.[58] To counter this view of disability and to broaden its scope, sociologists formulated the social model, which emerged from the disability movement in Britain.[59] There has been a wide variety of works on these models predominantly written by sociologists, disability studies academics and philosophers. Here an overview is offered of both models of disability in order to understand how they contributed to the current definitions of 'intellectual disability'.

The Medical Model of Disability

The medical model or individual model of disability, according to sociologists like Oliver,[60] Borsay,[61] Mercer and Barnes,[62] has for hundreds of years viewed disability as a problem that only medical professionals were competent to deal with. The same could be said for 'intellectual disability' or its predecessors (mental retardation or mental handicap). According to the above sociologists, government policy in the Western tradition has been dominated by the medical view of the concepts under disability until recently. This medical model, they assert

---

[57] Licia Carlson, *The Faces of Intellectual Disability Philosophical Reflections*, (Indiana, 2010). pp. 4-9.

[58] Understanding Disability: a good Practice Guide, Models of Disability, Disability Guide, ETTAD (Enabling Teachers and Trainers to Improve the Accessibility of Adult Education) website, http://uk.ettad.eu/understanding-disability (accessed 01/03/11).

[59] 'Union of the Physically Impaired against Segregation and The Disability Alliance', *Fundamental Principles of Disability*, (London, 1975), Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/UPIAS/fundamental%20principles.pdf (accessed 01/06/08).

[60] Mike Oliver, *The Individual and Social Models of Disability*, Disability Archive, Leeds University Webpage (accessed 01/06/08).

[61] Anne Borsay, *Disability and Social Policy in Britain since 1750*, (London, 2005).

[62] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007).

> defines a person's disability in terms of their medical condition.
> Terms such as 'arthritic' or 'epileptic' may be used to describe a
> person. This model places the disabling factors on the individual, who
> has a need, and fails to account for the disabling factors in society.[63]

It could be said that disability has always been viewed from a medical perspective and dominated history but the formation of the construct 'medical model' of disability only occurred in the 1970s, due to the work of sociologists and disability campaigners such as Hunt, Finklestein, Leamann and Davis.[64] It is a term that is not usually used by medical professions or medical academics. It is instead one of the results of the Disability Movement in the United Kingdom based on the recognition of the fact that this was how disability was perceived.

Oliver[65] was one of the first sociologists to use the term 'medical model' as a way to describe how the concept 'disability' was researched or viewed historically. Oliver asserted that the issues that prevented people with impairments from becoming full members of society were barriers created by society. He contended that disability is not a 'natural' condition it is rather created by society's response to individual impairment. Their medically diagnosed impairments, such as autism, were not at fault. By making this argument Oliver was openly challenging the pure medical view of disability.[66] In his seminal work, *Social Work with Disabled People*,[67] Oliver outlined these issues with the medical model and introduced his alternative to this view namely the social model.

In *The Individual and Social Models of Disability*,[68] Oliver makes clear that while the social model was confronting the medical view of disability it was not an attack on the medical profession. Instead, he asserts that medics are, in fact,

---

[63] 'Disability Awareness', Sheffield University Disability Awareness Homepage, http://www.shef.ac.uk/disability/nm_helper/3_awareness.html (accessed 28/11/08). This page has since been taken down 2010.

[64] 'Union of the Physically Impaired against Segregation and The Disability Alliance', *Fundamental Principles of Disability*, (London, 1975), Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/UPIAS/fundamental%20principles.pdf, 1997, (accessed 10/01/09).

[65] Mike Oliver, *The Individual and Social Models of Disability,* Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/Oliver/in%20soc%20dis.pdf (accessed 01/06/08), p. 1.

[66] Ibid., p. 2.

[67] Mike Oliver, *Social Work with Disabled People*, (Basingstoke, 1983).

[68] Ibid., *The Individual and Social Models of Disability,* Disability Archive, Leeds University Homepage, http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf (accessed 01/06/08), pp. 1-7.

restricted by the medical model. Medical concepts, for Oliver, are not suitable to deal with the social issues associated with incurable, long-term impairment.[69] He admits that medicine offers treatments that have given benefit to the subject but they only go so far. Society has given the medical profession, according to Oliver, the authority to deal with disabled people but had not equipped them to deal with all aspects of the life faced by these people. He claims that this view of disability is underpinned by the medical notion of 'the ideology of normality',[70] which aims to make the disabled person as 'normal' as possible. Though Oliver does not agree with a purely medical view of disability, he does not completely dismiss it. In fact, he agrees that it is needed for diagnosis and treatment of illness and disabilities. [71]

Some contemporary examples of work on the medical model include that of Borsay, Mercer and Barnes. Each has expanded on Oliver's research in this area. Here is a brief overview of their work: in *Disability and Social Policy in Britain since 1750*,[72] Borsay advocates a more historical approach in order to highlight past issues with disability. She illustrates how a reflection on social policy in Britain can reveal the social issues within disability. She offers an in-depth analysis of the area of disability and social policy within Britain and her work raises many questions about the relationship of social policy with social exclusion.[73] Barnes and Mercer in *Disability*[74] assessed the medical influence on government policy and its connection to marginalisation. They concluded that the medical view of disability gave governments the opportunity to institutionalise and exclude people with disabilities from certain facets of society which they assert is tantamount to oppression.[75]

The aforementioned research shows that while there can be some justification for a medical approach to defining disability, there are more serious and broader

---

[69] Mike Oliver, *The Individual and Social Models of Disability*, Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/Oliver/in%20soc%20dis.pdf (accessed 01/06/08), p. 3-4.
[70] Ibid., p. 4.
[71] Ibid, p. 3-4.
[72] Anne Borsay, *Disability and Social Policy in Britain since 1750*, (London, 2005).
[73] Ibid., pp. 10-13.
[74] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007), p. 11.
[75] Ibid., pp. 19-41.

implications that are not addressed by this model.[76] The medical view of disability's main function is to aid or cure the subject of problems of a medical nature.[77] It is not its function to be used as a tool to educate society or to help deal with sociological problems associated with disability. The creation of a medical term does not take into account how medical terms like 'normal', 'disability' and 'intellectual disability' can cause after-effects such as marginalisation. These concepts were formulated to be used by the medical professional; it does not take into account the effects on the subject if the concept is used in education or by the wider society. It is not the job of the medical profession to do so. The Social Model was formulated to offer an alternative to this purely medical view of disability.

The Social Model of Disability

The social model, in contrast, was formulated to address the inadequacies and perceived bias of the medical model.

In *The Individual and Social Models of Disability*,[78] Oliver states that both these sociological models were created to explain how the area of disability is now changing. The social model was created to address the issues that the medical profession would not address, such as the social issues of disability. The main supporters of this model were Finkelstein, Hunt and the Union of the Physically Impaired against Segregation and The Disability Alliance, who all attended a meeting on the 22nd of November, 1975.[79] Here they openly challenged the traditional, apparently single-minded, medical view of disability.

The supporters of this view could be called the socio-disability group, which come to the fore in the past thirty to forty years. In 1975 the group came together and

---

[76] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007), pp. 2-10.
[77] Jeffrey P. Brosco, 'The Limits of the Medical Model: Historical Epidemiology of Intellectual Disability in the United States', in: Eva Feder Kittay and Licia Carlson (eds.), *Cognitive Disability and it's Challenges to Moral Philosophy*, (Oxford, 2010), pp. 30-31.
[78] Mike Oliver, *The Individual and Social Models of Disability*, Disability Archive, Leeds University Homepage, http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf (accessed 01/06/08).
[79] 'Union of the Physically Impaired against Segregation and The Disability Alliance', *Fundamental Principles of Disability*, (London, 1975), Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/UPIAS/fundamental%20principles.pdf (accessed 01/06/08).

created a new approach to disabilities, the sociological approach. Their work in some respects sprang out of the Disability Movement, where people with disabilities, as an organised group, wanted more of a say in their own identity. They wanted to move away from being identified exclusively as having a medical diagnosis of a particular kind, which dehumanised them. This led to a move towards self-awareness and equal rights and the main goal of the proponents of the Social model was social inclusion and integration. [80] This involved the cultivation of social policies that allow people with disabilities to be viewed as full members of society and enabled them to make decisions for themselves.[81] While there was no real disability movement in Ireland driven by the people with disabilities,[82] there were movements driven by parents of people with disabilities and these will be discussed throughout the thesis.

This new approach was formulated by sociologists Finkelstein, Taylor, and others. They came up with the sociological position or alternative to the medical model, which is now called the social model.[83]

> The social model focuses on the limitations of society. Barriers imposed by society are the disabling factor, not impairments. In other words, disabled people are primarily disabled by the design of the environment and/or the attitude of others in society, rather than by their impairment. Disability is the restriction society imposes upon people with impairments. Most disabled people believe that the social model more accurately describes their situation than the medical model.[84]

Sociology has examined many questions surrounding disability. However, like the medical model, it too has encountered problems.

---

[80] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007), pp. 9-11.

[81] Tom Shakespeare, *The Disability Studies Reader*, Lennard J. Davis (ed.), (New York, 2006), pp. 198-200.

[82] Gabriella M. Hanrahan, 'A Social Model of Disability and the Restructuring of Ireland's Disability Employment Services through the Service of Supported Employment', National Disability Authority Research Conference 2005, National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability _research_conference_18.htm (accessed 01/05/12).

[83] Vic Finkelstein, 'Modelling Disability', Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/models/models.htm, (accessed 17/08/09).

[84] 'Disability Awareness', Sheffield University Disability Awareness Policy, Sheffield University Homepage, 'Disability Awareness', Sheffield University Homepage, http://www.shef.ac.uk/disability/nm_helper/3_awareness.html, (accessed 28/11/08). This page has since been removed.

The core of the argument proposed by the proponents of the social model was that a purely medical view of disability was too generalised to encompass all the issues or difficulties associated with disability. The medical model, they asserted, was not focused on the different kinds of disability, like mental, physical and social barriers. It instead was focused more on the medical biological issues associated with 'disability' which was more about physical limitations.[85] The supporters of the social model did not want to completely ignore the medical facts of disability either but concentrated on the sociological issues such as employment, housing and taxation.[86] A key element of the social model that fundamentally changed it from the medical model was the move from an emphasis upon solving the problem of disability in another human being by professionals, to a first person experience of disability. It also highlighted the social issues that came from this perspective.[87]

The Disability Movement redefined 'disability' as a concept.[88] They moved away from a purely medical definition to a more social one and made an important distinction between 'impairment' and 'disability'. Impairment is a 'lacking part or the entire limb, or having a defective limb, organ or mechanism of the body,' while disability is 'the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities'.[89] This new way of viewing disability was achieved by people with disabilities for the first time becoming agents for themselves.[90] The rise of this new type of model opened up the discussion on the issues of marginalisation in many areas of society and it included not just the medical issues, but also other issues such as education. These new definitions also had major knock-on effects, both positive and negative, which are still

---

[85] Anne Borsay, *Disability and Social Policy in Britain since 1750*, (London, 2005), pp. 10-11.
[86] Ibid., pp. 11-13.
[87] Tom Shakespeare, 'The Social Model of Disability', *The Disability Studies Reader*, Lennard J. Davis (ed.), (New York, 2006), p. 199.
[88] Vic Finkelstein, 'Modelling Disability', Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/models/models.htm (accessed 17/08/09).
[89] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007), p. 11.
[90] Ibid., pp. 11-13.

debated by contemporary sociologists, like Finkelstein,[91] Barnes and Mercer[92] and Tremain.[93]

In the last ten years, however, serious concerns have been raised about the social model. Finkelstein, one of the progenitors of the social model, is one of the sociologists who are now questioning this social approach. In 1996 he stated that there were problems with the direction the model was taking and criticised what he perceived as the view that the social model explained the plight of people with disabilities fully. He also wanted to move away from the academic need to categorise concepts into all-encompassing models. In Finkelstein's view, there was a need to move towards more practical and flexible alternative ones, which would enable any model to be changed to suit the needs of the Disability Movement.[94]

There has been a growth of 'second wave' disability writers and researchers who are now finding problems and questioning the social model. One of the questions they are now asking is whether the social model itself could now be causing exclusion.

Barnes and Mercer in *Disability*[95] outline the history of the 'social model' and offer a critique of some of its conceptual underpinnings. Barnes and Mercer describe the time that the social model was formulated as a period when 'disability amounted to a 'personal tragedy' and a social problem or 'burden' for the rest of society'.[96] While they agree that the social model has brought social issues associated with disability to the fore, it cannot solve all the issues associated with all disability. They concluded that a more multi-disciplinary

---

[91] Vic Finkelstein, 'Modelling Disability', Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/models/models.htm (accessed 17/08/09).
[92] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007).
[93] Shelley Tremain (ed.), 'Foucault, Governmentality, and Critical Theory: An Introduction', *Foucault and the Government of Disability*, (Michigan, 2009).
[94] Vic Finkelstein, 'Modelling Disability', Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/models/models.htm (accessed 17/08/09).
[95] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007).
[96] Ibid., p. 1.

approach towards disability and better education on the issues of disability, being a more realistic solution to previous models.

More recently, Tremain in *Foucault and the Government of Disability*[97] strongly criticises the social model. She states that the perspective the model offers supports the right of a society to decide who is impaired and who is not. She contends that the Disability Movement, by dividing disability into two parts, is acquiescing to the demands of 'able' society and not really redefining the concept of 'disability' at all. Rather it is implicitly accepting the same presumptuous definitions that the rest of society uses. Tremain questions the absolute distinction between 'disability' and 'impairment' in the social model and stresses that this distinction leads to confusion. Disablement is not a necessary consequence of impairment and impairment is not a sufficient condition for disability. However, it is a necessary condition for disability.[98] Yet they are supposed to be distinct categories. Such a perspective could support the assertion that racism is a form of disability, yet it is not considered a medical disablement. Tremain concludes that, if only people with impairments or people presumed to have impairment are disabled, then why make such a conceptual separation between the two? This is where she argues that a Foucauldian analysis would be paramount to any further assessment of disability concepts, as a Foucauldian analysis could illustrate with more clarity that the above view is assumed by the proponents of the social model.[99]

There is a growing move towards new multidisciplinary approaches and research in the area of disability. The issues and models that have been discussed are part of the history and underpin concepts like 'intellectual disability'. These models are therefore vitally important to understand.

Intellectual Disability in Irish Education

This thesis addresses the concept of 'intellectual disability' in the context of Irish Education. To begin with, the history of Irish education contains some historically

---

[97] Shelley Tremain (ed.), 'Foucault, Governmentality, and Critical Theory: An Introduction', *Foucault and the Government of Disability*, (Michigan, 2009), pp. 1-24.
[98] Ibid., pp. 9-10.
[99] Ibid.

unique factors.   Some of these are: Ireland was a country within the United Kingdom up to 1922 and educational policy was predominantly decided upon in Westminster.   After this it was then dominated by a very conservative insular theocratic system after the foundation of the Free State.[100]   More recently, Ireland has become a member of the European movement and has taken on board a more international inclusive approach to education.   This context should allow for an informed debate on the relationship between marginalisation and the concept of 'intellectual disability.   Some of the main work on disability in Irish education is summarised in appendix A.

Chapters Outline

Here is a brief outline of the chapters in the thesis.   In chapter two, the methodological chapter, there will be an exploration of the Foucauldian Discourse Analysis that will be applied in this thesis.   This will include a discussion on the alternative methods to the one chosen.   This analysis should establish what parts of Foucault's methods are applicable to this thesis and their relevancy to the research.

The aim will be to apply the aforementioned method to the history of Irish Education with an emphasis on the concept of 'intellectual disability'.   This primarily will be a philosophical exploration of the history of Irish Education which will cover the birth of the Irish State to contemporary times.   It will include the theoretical aetiologies and taxonomies of the concept 'intellectual disability' that existed in the history of the State.

Each of the chapters (3, 4 and 5) will be broken down into three identified epistémè and labelled: the Institution, the Birth of Special Education and Social Inclusion.   In these chapters there will be a Foucauldian Discourse Analysis of the main surfaces of emergence or institutions that will be identified and labelled, such as the Child, the Family, the State and the Church.   This analysis will encompass an examination of data or the practices, knowledge and processes that

---

[100] John Coolahan, 'The Consultative Approach to Educational Policy Formulation in Ireland', Spring Mary Immaculate College Structured PhD (Education) Master Class, 7pm 23rd of March 2012.

surround the concept within the overlaps of these discourses. This should allow for an exploration of the power relationships that existed in the history of Irish education and what relation they have to the concept 'marginalisation'.

This thesis and its research are important because as already illustrated there has been rapid change in the area of disability and education in the last fifty years. The concepts that are being used, their meanings, the knowledge and the circumstances that surround them are constantly changing. This means that the frameworks that underpin these concepts are also unstable. The hidden relationships that support these terms need to be made visible by assessing the hidden history of the concept through the Foucauldian discourse analysis and should allow for a full and frank discussion on the issues. It should also allow for better understanding of the underlying conditions that led them to emerge and an opportunity for the questions posed at the beginning of this chapter to be answered.

Chapter 2 - Method Chapter

What is a Foucauldian Discourse Analysis?

This chapter describes and explains the Foucauldian Discourse Analysis that will be used to analyse the thesis questions that were outlined in the introduction. This will begin with an outline of the alternative methods considered. Then there will be an analysis of the tools and elements that will form the Foucauldian Discourse analysis.

Trying to find a method that would assess the power and knowledge relations that underpin a medical concept in educational history was difficult. If it was just about the meaning of a medical concept in medicine or an educational concept in education, then there are plenty of historical methods that would be suitable. However Foucault rejected historical methods in general as being too subjective.[101] Their main flaw, as far as Foucault was concerned, was that they offered only perspectival 'truths' from the historian's point of view and that they were too anthropological. These historians, according to Foucault selected a long list of events to convey meaning in a historical period. Their selection conveyed a particular bias.[102] He outlined the other perceived flaws of these types of traditional methods and their successors in the *Archaeology of Knowledge*[103] and *The Order of Things.*[104] Here the main tenets of Foucault's critique, indicating why these methods are deemed unsuitable for this thesis, will briefly be discussed.

Alternative Methods

One of the first methods he dismisses is traditional or conventional historical analysis. According to Foucault, this type of history just relays a long list of historical events. It also looks for a definitive causal connection between these events. One of the examples he gives is of 'the history of crop rotation'.[105] This traditional type changed its methods slightly, according to Foucault, to now ask questions about the meaning behind the events. This type of analysis, just

---

[101] *Michel Foucault Essential Works of Foucault 1954-1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), pp. 276-277.
[102] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 3-4.
[103] Ibid.
[104] Ibid., *The Order of Things*, (Abington, 2008).
[105] Ibid., *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 3-4.

described, is often used to examine the history of education. The best way of illustrating how this method can be employed is by an example. Coolahan's History of Irish Education applied this type of method.[106] To begin with, Coolahan would have had to find and read primary sources such as government documents, secondary sources such as other books on education and used his personal experiences. He then correlated this information and set it out in chronological event order. He would have used these primary and secondary sources, to back up his assertions about the Irish educational system. What Coolahan is offering is a historical narrative. This method could be applied to the concepts of 'intellectual disability' and 'marginalisation' but it would not discuss the underlying power relations between these two concepts. These relations are not always apparent in factual sources. While this method is perfectly valid for illustrating the history of education, it is not suitable for the task set by this thesis. Foucault asserts that this type of analysis is too restrictive and ignores many other factors.[107] It does not usually take into account philosophical movements, literature, art, theatre, myths or local colloquialisms. These factors were not perceived as factual. For Foucault they are important to include.[108] For example when Foucault discusses the Brandt's 'myth of the ship of fools' *stultifera navis*[109] in *Madness and Civilisation*[110] he knew that this ship did not exist factually. It was an allegory that was used in literature and art as satire. Yet the point Foucault was trying to make was that this myth created an image of the fool, one of fear.[111] This perception contributed to the knowledge that surrounded madness and the fool. History for Foucault was not just about facts but as much 'what might be known about'[112] a concept in a given epistémè.

There are also a number of other difficulties with applying this traditional approach to the history of the relations between the concepts 'intellectual

---

[106] John Coolahan, *Irish Education: History and Structure*, (Dublin: 1981),

[107] *Michel Foucault Essential Works of Foucault 1954-1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), pp. 276-277.

[108] *Michel Foucault Essential works of Foucault 1954-1984 Volume 2, Aesthetics,* James D. Faubion (ed.), (London, 1994), p. 261.

[109] Ibid., *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965), pp. 7-24.

[110] Ibid.

[111] Ibid., pp. 7-8.

[112] *Michel Foucault Essential works of Foucault 1954-1984 Volume 1, Ethics,* Paul Rabinow (ed.), (London, 2000), p. 5.

disability' and 'marginalisation'. Principally, this analysis would not take into consideration that before the 1960s 'special education', as it is known today, did not exist as a policy or in the Irish Statute books, while the classificatory expression 'intellectual disability' did not come into general use until the 1990's. Many of the historical accounts of Education[113] in Ireland seem to only address the education of people with disabilities when the latter became formally recognised in the Commission of Inquiry on Mental Handicap (1961).[114] The education of people with mental disabilities before then was conducted only in hospitals or county homes, and these do not come under the remit of the Department of Education until the 1960s, when there was an official acknowledgment by the Minister for Education of Children of the term 'Mental Handicap'.[115] The concept of 'marginalisation' is also one which has only recently acquired the use which it now possesses in relation to the notions of disability, social membership and social equity. Attempting to see if the concepts 'special education', 'marginalisation' and 'intellectual disability' had a relationship before they existed as concepts would prove difficult. Any historical analysis would also have to take into account the development of special institutions and asylums within society, as these were the loci of educational provision for people with intellectual disabilities before the 1960s. These do not fall under the scope of a traditional examination of the evolution of the educational system by Coolahan[116] or Akenson[117] or Atkinson.[118]

The traditional historical approach could accordingly lead to an anachronistic forcing of contemporary terms, concepts and views onto a past in which they had no clearly defined domain of application. Yet people with 'intellectual disabilities' did exist before the nineteen sixties and they did receive what could be called an education, but not necessarily on a statutory or recognised basis.

---

[113] John Coolahan, *Irish Education History and Structure*, (Dublin, 1981).

[114] M. F. McHugh, Education Coimisiún flosrúcháin um míchumas meabhrach: Tuarascáil. Commission of Inquiry on Mental Handicap, *The Irish Journal of Education / Iris Eireannach an Oideachais*, Vol. 1, No. 1 (Summer, 1967), pp. 83-85.

[115] M. F. McHugh, Education Coimisiún flosrúcháin um míchumas meabhrach: Tuarascáil. Commission of Inquiry on Mental Handicap, *The Irish Journal of Education / Iris Eireannach an Oideachais*, Vol. 1, No. 1 (Summer, 1967), pp. 83-85.

[116] John Coolahan, *Irish Education History and Structure*, (Dublin, 1981).

[117] Donald H. Akenson, *The Irish Education Experiment, The National System of Education in the Nineteenth Century*, (New York, 2012).

[118] Norman Atkinson, *Irish Education, A History of Educational Institutions*, (Dublin, 1969).

Therefore they have a history, just not one that would fit into an official account. 'Marginalisation' was a factor of their everyday life and treatment and this is something that has been generally accepted.[119] So a traditional history, in the sense of what has been outlined above, would not unearth the connections or complex relations between these concepts, in the way that might be offered with a Foucauldian Discourse Analysis of the kind that will be outlined in this chapter. Foucault's analysis may allow for an assessment of all terms used in association with intellectual disabilities, mental disabilities or learning difficulties, as they all relate to a similar condition.

According to Foucault, at the same time as the traditional method was changing, there emerged 'the history of ideas, the history of philosophy, the history of thought and the history of literature'.[120] These disciplines moved away from grand narratives and the traditional historical methods. What they examined was not just the event but also the discontinuities of history. These were also the moments of transformation of concepts within history.[121] The main examples that Foucault's discusses were Canguilheim, Serres and Guérault in order to illustrate what he meant. Canguilheim, according to Foucault, looked at the history of concepts. He asserted that the concepts, the discoveries, the achievements and failures of a science do not have just one historical origin. They are made up instead of 'recurrent distributions'[122] which reveal several forms of connection, teleologies, pasts and many origins. There is not one accurate history of science. Serres on the other hand, while agreeing with Canguilheim also, according to Foucault, offers the view that history is not about unity but about multiplicity. The history of science, for instance, overlaps with many other disciplines such as art and literature. Lastly, Foucault discusses Guérault who is a historian of Philosophy. According to Foucault, Guérault does not look at the cultural influences or the traditions of a philosophical system, but instead at the

[119] John Dunne and James McLoone, 'The Client, Terminology Cycles', in: *Concepts and Controversies in Services for People with Mental Handicap*, Roy McConkey and Patrick McGinley (eds.), (Dublin, 1988), p. 41.
Professor Jim Deegan, 'Intentionally or otherwise: children and diversity in statutory and policy discourses in Ireland', *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools*, Jim Deegan, Dympna Devine and Anne Lodge (eds.), (Dublin, 2004), pp. 225-227.
[120] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), p. 4.
[121] Ibid., p. 5.
[122] Ibid.

'architectonic unities'.[123]   These involve the internal coherences, the deductive connections and the axioms, in other words, the immanent features of philosophical texts.   Foucault is very selective here in his examples in the *Archaeology of Knowledge* and while he does mention Marx, he does not look at Marxist historical development or any of the phenomenologists for example.   Yet later, in interviews, he is highly critical of these thinkers.   It seems like he is trying to make a point as opposed to examining these historical methods adequately. These methods threw up many questions for Foucault.   However there seemed to be no one method within either of these historical groups that he seemed to support.   In fact, he asserts that both are actually posing the same questions but provoke opposite effects on the surface and are both are victims of the questioning of the document.   The whole argument seems to be an effort to criticise his detractors and to promote his own approach.   This is not to say his approach is invalid.

According to Foucault, all the problems of the aforementioned historical approaches came from the renewed questioning of the document.   The traditional way to analyse the document was to examine it to find truths about the past and past events.   It was a historical tool, according to Foucault, that was used by the historian to justify the anthropological core of traditional historical analysis.   This is where man is the centre of history and historical events happen to him, around and about him, where these material documents were used to 'refresh its memory.'[124]   Conventional historians now consider the document important in and of itself and less of a historical 'memory.'   The historian organises the document and now tries to find in it discontinuities, they usually, according to Foucault, fall back on 'unites, totalities, series and reality'[125] to analyse these transitions.   While he accepts that historical analysis has moved on since the time in which 'man' or anthropological themes[126] were at the centre of historical narratives, he does not perceive that this has gone far enough, as it still creates a generalised view of each history, where continuity is not presumed where there are documents.   It does contain multi-histories that do not necessarily connect to each other, each having

---

[123] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), p. 5.
[124] Ibid., p. 7.
[125] Ibid.
[126] Ibid., p. 17.

its own set of documents.[127] He asserts that what he provides is a possible way forward in historical analysis, an alternative to these methods by briefly outlining what it aims not to be.

As aforementioned, Foucault rejects all forms of historical analysis as mere historical continuities that surrounded a human subject.[128] In other words the historian cannot remove himself from his own history or bias. By not mentioning a particular group in his criticism he seems to be attacking all historians, be they traditional, conventional or otherwise. Foucault directly challenges the authority of the historian, who, he asserts, purports to be the purveyor of an 'objective' view of history, while being reliant upon a naively realist conception of truth. In fact, according to Foucault – who follows in this regard a critique pioneered by Nietzsche[129] – the historian (Nietzsche discusses the philosopher) cannot detach himself from a particular perspectival viewpoint within his own discipline. His use of historical documents and records, for example, is necessarily selectively focused by the preconceptions and presupposition which he brings to his research and by the prevailing consensus that exists within the research community of historians to which he becomes affiliated.[130] The historian, according to Foucault's argument above, cannot be a dispassionate, neutral observer, as he is himself conditioned by the culture and milieu within which he exists and operates.[131] It could be stated that Foucault took the elements that he identified as being of value from the above historical approaches to create his way of approaching historical analysis.

Another alternative method of looking at the thesis question would be to apply only the Foucauldian approach of Archaeology to the history of Education. This would have entailed completing the first part of a Foucauldian Discourse Analysis without looking at the issues of power, governmentality or bio-power. This would however have left the analysis half completed. While the historical analysis is vital, it does not take into account the analysis of 'marginalisation', thus leaving

---

[127] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 6-12.
[128] Ibid.
[129] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3, Power*, James D. Faubion (ed.), (London, 1994), pp. 12-16.
[130] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 15-16.
[131] Ibid., pp. 16-19.

out the basis for a relationship between 'marginalisation' and the concept 'intellectual disability'. This first part is with regard to history and its relationship with its own knowledge not other concepts.

What does Foucault offer then?

On a basic level, it could be said that Foucault's main area of study was how concepts/ideas change historically. He focused his work on concepts that were perceived as habitual and where their meaning was not challenged. For this task he developed tools and methods to offer a distinct way to assess the historical factors that underpin and contribute to the formation of contemporary concepts. Foucault achieved this by identifying a number of 'epistémè' (spaces in history). These are defined by him as follows:

> I would define the epistémè … as the strategic apparatus which permits of separating out from among all the statements which are possible those that will be acceptable within, I won't say a scientific theory, but a field of scientificity, and which it is possible to say are true or false. The epistémè is the 'apparatus' which makes possible the separation, not of the true from the false, but of what may from what may not be characterised as scientific.[132]

Epistémè, thus defined, he saw as a collection of frameworks or paradigms that organise and structure what counts as knowledge within cultural patterns of social organisation; like Thomas Kuhn's 'paradigms (to which they have often been compared) they constitute a set of fundamental assumptions that direct and inform all power discourses.[133]

His 'archaeological method' seeks to thus unpick, map out and expose the hidden theoretical framework that the concepts embedded in specific discourses rely on. He also exposes the 'power relations' and paradigms of knowledge within the 'discourses' that exist within each 'epistémè'. In this way, Foucault sought to make these factors 'visible' to allow for a fully informed debate on these concepts; he wanted to effect a transformation in thinking or different views to add to the debate on the concepts analysed. It should be clear that what Foucault is offering is a multifaceted approach here: unlike the Marxist or Rousseau

---

[132] Michel Foucault, *Power/Knowledge: Selected Interviews and other Writings 1972-1977*, C. Gordon (ed.), C. Gordon L. Marshal J. Mepham and K. Sober (trans.), (New York, 1980), p. 197.
[133] Geoff Danaher, Tony Schirato and Jen Webb, *Understanding Foucault*, (London, 2010), p. 19.

revolution, which is needed to effect political change, Foucault gives the alterative of transformation. This is where there is no bloody revolution and does not involve a major political change. It will become clearer what he is offering when his alternative approach is outlined in this chapter. The main aim of Foucault's work was to reflect on the dimensions and relationships in a history. He did not, however, have a set method; he instead offered tools that could be adapted to suit any concept for analysis, and this approach is what will be adopted here. This should allow for a much needed analysis of the theoretical underpinnings of the concept 'intellectual disability' and how it relates to the concept 'marginalisation'.

Foucauldian Discourse Analysis

It could be stated that Foucault never wanted to offer a definitive research method. This is due to the fact that it is hard to find a single, unitary or systematic method within his works.   There is a fear among academics like Arribas-Ayllon, Walkerdine[134] and Graham[135] of forcing a system on Foucault and calling it his method. This is due to the fact that for Foucault his methods were more of an afterthought in his works. For instance he stated that

> When I begin a book, I not only do not know what I'll be thinking at the end, but it's not very clear to me what method I will employ. Each of my books is a way of carving out an object and of fabricating a method of analyses.[136]

There is a method chapter in volume 1 of *History of Sexuality, The Will to Knowledge*, where he sets out the rules of power in his examination of the 'repressive hypothesis,' namely his critique of the notion that sexuality was repressed in the social systems structured around industrialisation from the 17th century onwards. However generally, his books contain no method chapter; even his *Archaeology of Knowledge*[137] was more of a philosophical reflection on his first two books than an explication of a universal method. Of that work Sheridan states 'it is not, strictly speaking, a book in its own right, rather an extended

---

[134] Arribas-Ayllon and Valarie Walkerdine, 'Foucauldian Discourse Analysis', *The Sage Handbook of Qualitative Research in Psychology*, Eds. Carla Willig and Wendy Staunton-Rogers, (London, 2008), p. 91.
[135] Linda J. Graham, 'Discourse analysis and the critical use of Foucault', Paper presented at Australian Association for Research in Education 2005 Annual Conference, (Sydney, 2005).
[136] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 240.
[137] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007).

theoretical postscript to the earlier work'.[138] Reading the conclusion of the book it becomes clear that it was written to also merely answer the claims levelled against him by his critics. This gives the impression that if these criticisms were not made, he would have never set out this method at all. Foucault also used retrospective views of his methods as a tool to link to new projects:

> I also put forward some thoughts on method in articles and interviews. These tend to be reflections on a finished book that may help me to define another possible project. They are something like a scaffolding that serves as a link between a work that is coming to an end and another one that's about to begin.[139]

This means, for the researcher, Foucault's methods can be hard to identify or to apply and there is no real way of knowing if the approach used is being applied correctly. This is the reason that this thesis will not be creating a definitive method that can be used on all concepts, as Foucault just does not offer one.

However, some current ways of analysing Foucault's approach are fairly systematic. Philosophers like Danaher et al.,[140] Rabinow[141] and Gutting,[142] all have written extensively on Foucault's method, and have broken it down into constituent parts such as: Discourse and Institutions, Discipline and Instruction and Relations of Power. Tremain's *Foucault and the Government of Disability*[143] provides examples of the application of Foucault's method/approaches in current research. Her book is broken down into four areas in terms of which Foucault's work could be classified. These are: Epistemologies and Ontologies, Ethics and Politics, Histories and Ethics. The reason there are so many ways of assessing Foucault's work is that he did not offer a methodology book that covered all the methods or every tool used in his works. The breaking down of a Foucauldian Discourse Analysis therefore can present a difficult task.

What Foucault does offer is a flexible approach that can loosely be termed a 'discourse analysis'. The only factors that seem to be necessary for this analysis

---

[138] Alan Sheridan, *Michel Foucault The Will to Truth*, (London, 2008), p. 89.
[139] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 240.
[140] Geoff Danaher et al., *Understanding Foucault*, (London, 2000).
[141] Paul Rabinow, *The Foucault Reader*, (Harmondsworth, 1986).
[142] Gary Gutting, *The Cambridge Companion to Foucault*, (Cambridge, 1994).
[143] Shelly Tremain (ed.), *Foucault and the Government of Disability*, (Michigan, 2009).

to be considered Foucauldian is that it is his definition of discourse, his tools and his ideas that are applied. For the purpose of this thesis then there will be suitable tools, concepts and ideas chosen from the relevant areas of Foucault's works that will be applied to identified discourses within the history of Irish Education. By no means will this cover all of Foucault's works or tools or concepts. It will however focus on the main tenets of his work that can assess the relationships to be analysed as outlined in the introduction.

There are two main approaches that contain the relevant tools, concepts and ideas for this Discourse Analysis. These are the Foucauldian approaches of Archaeology and Genealogy. Archaeology is Foucault's alternative to a purely conventional historical analysis. The term 'archaeology' itself is traditionally perceived as a method of analysis used by historians. It is usually defined as a group of historical techniques that study past societies by analysing the cultural material that has been left behind. What Foucault proposes to do with his Archaeological approach is different in certain crucial respects to this traditional one. First of all it offers an unconventional way of looking at history.

> By 'archaeology' I would like to designate not exactly a discipline but a domain of research, which would be the following: in a society, different bodies of learning, philosophical ideas, everyday opinions, but also institutions, commercial practices and police activities, mores – all refer to certain implicit knowledge [*savoir*] special to this society. This knowledge is profoundly different from bodies of learning [*des connaissances*] that one can find in scientific books, philosophical theories, and religious justifications, but it is what makes possible at a given moment the appearance of a theory, an opinion, a practice.[144]

For Foucault, this way of looking at the history of a theory or concept was important to evaluating how a concept is understood or perceived in the present. It is thus how Foucault's approach assesses the past that is different to conventional historiography. What he intends to do in his approach is to uncover the concepts, look at them in relation to the social mores, values, fundamental beliefs and presuppositions (the 'implicit knowledge') which formed the social context of their development, in order effect a 'transformation' in how they are seen

---

[144] *Michel Foucault Essential Works of Foucault 1954 – 1984, Volume 2, Aesthetics,* James D. Faubion (ed.), (London, 1998), p. 261.

contemporaneously.[145]   He does this by employing different tools and techniques of analysis for each concept.

Archaeology is applied in his early books *Madness and Civilisation*[146] and *The Birth of the Clinic*.[147]   It is in these books that he sets out a general frame of reference that contains the underlying themes of 'knowledge' and to a lesser extent 'truth'.[148]   These books are what Foucault calls his 'exploratory' books.   The difficulty found with this framework that he establishes is that he mixes and matches his tools of analysis and techniques constantly.   This can make it difficult to keep track of what he is using in each book and is an issue that becomes ever more apparent throughout his works.   The point here is that Foucault does not stick stringently to any particular method.   He is constantly fine tuning some of these tools, discarding others and reintroducing previous ones, all in the development of his work.   He also introduces themes and new ideas.   All of these changes are dependent on the task or concept at hand, as already stated.   But the key elements of Foucault's Archaeology offer some of the core tools for the Foucauldian Discourse Analysis which will be implemented in this thesis.

The tools and elements of his archaeological approach that will be used by this thesis and discussed here are: epistémè, discourse, games of truth and their elements: epistemological ruptures, discursive formations, surfaces of emergence, grids of specification, authors of delimitation and the medical gaze.

Foucault's Genealogical approach was developed in his books *Discipline and Punish: The Birth of the Prison*[149] and the 3 volume *History of Sexuality*: Volume One*: Will to Knowledge*, Volume Two: *The Uses of Pleasure* and Volume Three: *The Care of the Self*.[150]   This approach looks at factors such as the causes of

---

[145] *Michel Foucault Essential Works of Foucault 1954 – 1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 240.
[146] Michel Foucault, *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965).
[147] Ibid., *The Birth of the Clinic*, (Suffolk, 1973).
[148] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 240.
[149] Michel Foucault, *Discipline and Punish, The Birth of the Prison*, (London, 1977).
[150] Ibid., *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), Ibid., *Volume 2, The Use of Pleasure*, (London, 1992) and Ibid., *Volume 3, The Care of the Self*, (London, 1990).

knowledge and discourses. It is also where he refines and further develops the subliminal concepts of 'power' and how it relates to 'knowledge' and 'truth'. This approach has Archaeological techniques and tools as its foundation. When asked what Genealogy was, Foucault replied:

> Genealogy is a form of history that can account for the constitution of knowledges, discourses, domains of objects, and so on, without having to make reference to a subject that is either transcendental in relation to a field of events or runs in the empty sameness throughout the course of history.[151]

He borrows the term for his new approach from Nietzsche's *Genealogy of Morals*; however, he makes it his own. What he borrows from Nietzsche is the idea that knowledge is historical and circumstantial.[152] Foucault's Genealogy is an attempt to contemplate the causes of systems of knowledge while analyzing discourses. In his work up until that point Foucault had looked at the mutation of concepts without challenging them. This is where Foucault's work makes a theoretical shift from the underlying concept of 'knowledge' to 'power'. In order to achieve this transformation, he needed to add to his loose framework. Though these new ideas about 'power' were evident in the previous Archaeological works, they were not as fleshed out as they are in this approach, as they were not as relevant or obvious in the study of 'madness' and 'illness'. The tools and elements of his genealogical approach that will be used by this thesis and discussed here are: the power,[153] governmentality[154] and bio-power[155] and their elements: resistance,[156] pastoral care,[157] mechanism of power (the institution) and the docile body.[158]

As already stated, these approaches offer tools that are relevant to the application of this Foucauldian Discourse Analysis. They will be identified and there will be an explanation of how they fit together to create the discourse analysis in this

[151] *Michel Foucault Essential Works of Foucault 1954-1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 118.
[152] Ibid., pp. 12-13.
[153] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), p. 47.
[154] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), pp. 219-220.
[155] Michel Foucault, *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), pp. 135-159.
[156] Ibid., *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), p. 96.
[157] *Michel Foucault Essential Works of Foucault 1954-1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 334.
[158]

chapter. These are the tools that will be applied within this thesis. There also will be a discussion of the perceived problems with the Foucauldian Discourse Analysis.

The first Foucauldian tool that will be used in this thesis is his concept or idea of 'epistémè'[159] which has been mentioned above. It must be acknowledged that there are difficulties for the researcher who seeks to utilise and apply this concept, as it is never entirely clear in Foucault's works what exactly an 'epistémè' is or what its identifiable features are. On a general level, an epistémè can be considered to be an unconscious historical emergent phenomenon that can define and set conditions on thought in a particular time.[160] Oliver calls it a 'consensus about underlying principles that govern the creation of valid knowledge'.[161] This is an oversimplification of the complexity of what Foucault is proposing. Foucault makes broad claims about what 'epistémè' is and it can be difficult to express it in terms of a single univocal definition. In order to analyse a concept in history Foucault needed to divide up that history into sections to make it more manageable so that he could carry out what he termed a 'regional study'.[162] These sections, that he calls 'epistémè' or the 'epistemological space specific to a particular period'[163] are not the same as historical periods or even epochs in the traditional historical sense. These spaces create forums where a concept can be analysed, discussed and evaluated. The epistemological timeframe is more loosely defined; it is not the laying out of a section of history in epochal terms, in that there is usually no beginning date or end date. Rather, Foucault chose times in history that he decided were justifiably significant to the underpinnings of the concept he was analysing. It is from these 'epistémè' that Foucault states certain 'truths' and 'knowledges' are produced and emerge.

There are, however, certain features that Foucault asserted about 'epistémè' that assist in their identification. According to Foucault, 'epistémè' are often unacknowledged or not obvious. Butler called this the 'epistemological

---

[159] Michel Foucault, *The Order of Things*, (Abington, 2008).
[160] Ibid., *The Archaeology of Knowledge*, (Suffolk, 2007), p. 211-212..
[161] Paul Oliver, *Foucault Key Ideas*, (London, 2010), p. 21.
[162] Michel Foucault, *The Order of Things*, (Abington, 2008), p. x.
[163] Michel Foucault, *The Order of Things*, (Abington, 2008), p. xi.

unconscious' of a particular era.[164]   What is suggested by that phrase is that sometimes the prime epistemic determinants that are operant within a culture at a particular time are not always consciously acknowledged. For example, when Foucault looks at the time of the Enlightenment in *The Order of Things*[165] he discusses how 'God' or faith was not only rejected as being at the core of scientific knowledge but how man was reinvented or reduced to an object of knowledge. He does not discuss the Enlightenment as illustrated by historians as an 'age of reason' or of scientific discovery, with a clear-cut beginning, middle and end. Instead, following Nietzsche, Foucault discusses how the concept 'man' replaced the concept 'God'. This replacement was not, he argues, the product of a conscious or acknowledged decision; it was more of a consequence of the emergence of modes of enquiry that gradually altered the focus from teleological, 'end-means' patterns of thought to causal, mechanistic ones.

He also states that this unconscious historical phenomenon 'opens up an inexhaustible field and can never be closed; its aim is not to reconstitute the system it postulates that governs all branches of knowledge (connaissances) of a given period, but to cover the infinite field of relations'.[166] What Foucault means by this is that this influence over knowledge is wide reaching and yet it does not dominate all 'branches of knowledge' like the spirit of an age. It does, however, permeate into endless relations of knowledge either.

Danaher, Schirato and Webb explain it as a knowledge that is taken for granted and that accordingly functions in a deeply presuppositional manner. They give the example of medicine, where there is an accepted consensus that medical knowledge is fact and that it is good and useful for you. This is because medical knowledge is backed up by rigorous scientific examination and established institutions like colleges, hospitals and universities. They also discuss that this knowledge is considered 'real' medicine compared to pseudo-medicine, like folk

---

[164] C. Butler, 'Politics and Identity', in: *Postmodernism: A Very Short Introduction*, (Oxford, 2002), p. 46.
[165] Michel Foucault, *The Order of Things*, (Abington, 2008).
[166] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), p. 211.

remedies which is not considered as valuable.[167] What they conclude from this is that Foucault gives way to formal or factually-based knowledge in the epistémè and includes the practices, discussions, myths and culture that exist there as well.[168] So it could be stated that an epistémè is a space in history that contains unconscious historical conditions and an underlying knowledge that allow for certain practices, processes, myths, relations and truths to emerge and others to remain hidden. It is only through applying a Foucauldian Discourse Analysis that these epistémè can be identified and their underpinning knowledge exposed.

When an 'epistémè' has been identified, the next step in the Foucauldian analysis is to map them it out within the historical time frame chosen. This mapping of 'epistémè' also allows for the examination of when one epistémè gives way for another and forms an epistemological break or 'rupture', which is not, however, for Foucault necessarily revolutionary in the sense of being obvious or violent. According to him, the history of knowledge was not linear or evolutionary or even pre-determined, like Marxist history.   It is in fact itself susceptible to these discontinuities or historical breaks or transformations.[169] He combined the idea of ruptures from Bachelard and analysis of these transformations from Canguilhem.[170] He wanted to understand why in certain moments, in certain orders of knowledge, there were sudden 'take-offs' or transformations that do not correspond to the chronological version that is normally presented. He was not suggesting that he was going to fix these concerns but in fact he wanted to create a mechanism to try and discover how they happened.[171]

Utilising these insights, this thesis will examine how the epistémè of Special Education replaced the Institution. For this purpose, 'epistémè' will be identified as a historical period that that contains a body of knowledge that has a specific set of relations and will take into account that these operated, as specified by Foucault, in a manner that was largely unconscious. These will be given

---

[167] Geoff Danaher, Tony Schirato and Jen Webb, *Understanding Foucault*, (London, 2010), pp. 16-18.
[168] Ibid., p. 17-18.
[169] *Michele Foucault Essential Works of Foucault 1954 – 1984 Volume 2, Aesthetics,* James D. Faubion (ed.), (London, 1998), p. 297.
[170] Ibid., p. 299.
[171] Ibid., pp. 297-302..

appropriate names or labels to distinguish between them different 'epistémè' that exists within the time period analysed. The time period is the birth of the Irish State (1922) to the present. This should allow for these 'epistemological spaces' that are chosen to be analysed.

The names given to the 'epistémè' that are identified in this thesis within the history of education in Ireland are: the Institution, the Birth of Special Education and Social Inclusion. For instance, The Institution is the name that could be given to the time in the history of Irish Education when the Institution of the Church was dominant over all knowledge in an unconscious way. It pervaded through the other institutions of that time such as the State, the Family and the Child. These will be explained in more detail in the chapter on The Institution.

Each 'epistémè' contains many different 'discourses' or 'discursive formations'.[172] It is these formations that contain the knowledge and relations that Foucault and this thesis want to discuss. These 'discourses' are not mere conversations or units of language for Foucault. According to Sheridan the term 'discourse' for Foucault is where knowledge that is made up of similar statements, events or fields relates to other knowledge. It is not structured, as the information is too 'heterogeneous to be linked together,'[173] and yet some relationships exist between them. It can best be understood as language in action. This is how the language is used, what instances it is used in, how it is formed and how it is said. It is very like Wittgenstein's 'language in use' from *Philosophical Investigations*[174] that was described in the introduction. It allows for and shapes how we understand ourselves. Foucault wants to move beyond the fact that every educational or medical institution can have its own identifiable and distinguishable discourse. 'Discourses' that are used or take place in these institutions are not just confined to them but are also used in other places. They are also influenced by other discourses. Discourse cannot be classed as a particular discipline, like science for instance, as it contains all the kinds of knowledge valid and invalid. Myths, stories and art for example, are all factually

---

[172] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 23-33.
[173] Alan Sheridan, *The Will to Truth*, (Abington, 1997), p. 97.
[174] Anthony J. Kenny, *The Wittgenstein Reader*, (Oxford, 1994), p. 49.

neutral but yet form part of 'discourse'.[175] It is important to understand what 'discourse' or 'discursive formations' are in order to expose the relations that exist within them in the different 'epistémè' that will be identified in this thesis.

Foucault wants to map out where specific instances of 'discourse' have occurred within his identified 'epistémè'. He wants to make associations between these 'discourses' and other instances, and thus identifies different ways of speaking about discourse. For example a 'discourse' could be psychopathology, which is the example that Foucault uses in *The Archaeology of Knowledge*.[176] He also asserts that any discourse can be individualised by virtue of an object of knowledge; like madness as an object of psychopathology or Intellectual Disability as an object of Education.

Foucault is clearer on how to identify 'discourse' than he is on how to define and identify 'epistémè'. He offers a couple of types of 'discourse' to distinguish between different kinds. These are: a field, a set of events or a set of statements.

For Foucault, any area of knowledge can be categorised as a field or a 'discursive field'.[177] For example it could be the field of education or medicine. According to Danagher, Schirato and Webb 'discourse' is the system by which the field speaks and communicates.[178] What they mean by this is that a discourse relating to a particular area can have its own language, rules, accepted practices, hierarchy and way of speaking. Once a person from this field speaks it is accepted that they speak from a certain perspective. For example, in the medical field there are terms that are used within a hospital that have a specific meaning like 'scalpel' and 'renal failure'. If a medical person speaks and uses these terms it is accepted that they know what they are talking about. If they produce a report there is validity to it as they exist within this 'discourse'.

---

[175] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 23-26.
[176] Ibid.
[177] Ibid., pp. 29, 172.
[178] Geoff Danaher, Tony Schirato and Jen Webb, *Understanding Foucault*, (London, 2010), pp. 32-33.

'Discourse' can also be a set of events or the 'discursive event' or an 'archive of statements'.[179] After an event happens, it becomes a subject of discourse and can create effects within a 'discursive field'. An example of this could be a court case that sets a precedent and influences subsequent judicial rulings and legislative practice. In speaking about 'events' — a term used by historians when describing something that is regarded as significant — Foucault seeks to extend its meaning to provide a better understanding of how a 'discourse' can have other effects outside of its own knowledge space.

For Foucault, the relations within a 'discourse' are constantly overlapping, interrelating and changing. This can make it difficult to 'unpack' a particular 'discourse' into its constitutive statements. These 'statements' or systems, according to Foucault, are the basic unit of knowledge.[180] They come together as they operate in a specific field or 'discursive formation'.[181] What makes a 'statement' legitimate within the 'discursive formation' is the fact that it receives authority to be valid. This is due to the fact that it does not operate in isolation. Foucault here wished to show how 'statements' that are authoritative receive their legitimacy by what they are not. By exposing these paradigms, a discussion can take place as to why one 'statement' is more suitable then another. The 'statement' also has relationships with other statements from other and associated fields. They make up events and fields; there is a reciprocal relationship between these terms. It is due to this fragility of the legitimacy of any given statement that there is a fluctuation in the make-up of the 'discourse'.[182] This is why Foucault can only look at these elements historically.

How all these fields, events and statements relate to each other is in what Foucault calls a 'discursive formation'.[183] In any particular 'discursive formation' the questions that are asked are: what or who comes to be categorised, how is it described, who decides this description and what is done about it? In order to identify these formations and answer the types of questions Foucault raises, he

---

[179] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), pp. 29, 33.
[180] Ibid., p. 90.
[181] Ibid., p. 121.
[182] Ibid., pp. 89-98, 119-132.
[183] Ibid., pp. 44-70.

offers certain rules of assessment, which he argues are the conditions for the existence of any 'discourse'.[184]   The rules are outlined in *Archaeology of knowledge*; and they are: surfaces of emergence, authorities of delimitation and grids of specification.[185]   These will help identify specific areas that contribute to the formation of a particular discourse and how they are all inter-related.

Foucault uses the terms of 'surfaces of emergence' to illustrate the social or cultural areas in which a specific 'discursive formation' makes an appearance, such as, for instance, the Family.[186]   This is a further development of the idea of information contained within a certain 'epistémè'. These could also be explained also as the social group, religious community and/or disciplines, in which an object of knowledge first arises. An example of this given by him is when the term 'mentally deficient' first emerged as an object in the field of the 'discourse' of the Asylum. It was not just a term used in that institution only; rather, it emerged as a part of 'discourses' in the areas of the family, social and religious groups. And there are constant newly formed surfaces within which such a new object of knowledge can emerge. For instance, the object of knowledge of 'mentally deficient' in the 'discourse' of medical practice, according to Foucault, later emerged in the areas of the Asylum, the family and crime.

The 'authorities of delimitation'[187] or the authority to decide what is valid or invalid, true or false and legitimate or illegitimate within the 'discourse' comes from a specific quarter. This group are deemed legitimate as they speak from a certain 'enunciative modality'[188] or subject position. For example, a psychiatrist has to have a certain type of training, level of competence and knowledge to be recognised as a legitimate practitioner; that gives him his medical authority. This authority if reinforced by his professional work in certain institutional sites, with particular systems, practices and pedagogic norms that are recognised by the state, law and judiciary (other discourses). These afford the psychiatrist a certain acceptable status within society and certain professional legitimacy.

---

[184] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007, p. 42,
[185] Ibid., pp. 44-54.
[186] Ibid., p. 45.
[187] Ibid., p. 46
[188] Ibid., p. 124.

This authority in turn allows its possessors to create certain parameters of 'norms' or normative behaviours; these parameters Foucault calls a 'margin of tolerance'.[189] Anything deemed outside of these parameters can be decided by the doctor or 'authors of delimitation'. To sum up, these 'authorities' or experts have the ability to 'delimit', 'designate', 'name', and define human constructions like 'intellectual disability'.[190] They are the 'experts' or professionals and possess a certain kind of knowledge. Foucault asserts that these experts are not necessarily the original authors of everything they make statements of authority about. In fact, when they speak the 'statements' can come from a culmination of authors within the medical profession. For instance, in a mental asylum the professionals are the psychiatrist and the psychologist; they constitute a group which makes the statements with authority about people with mental illness. Another example of how 'margins of tolerance' can be important is, for instance, within the Family. There can be a certain level of normality or 'margins of tolerance' or as Sheridan calls them 'thresholds of acceptability[191] or behaviour that is agreed by consensus. Once something or someone falls outside these perceived 'parameters', it emerges as an object to be designated and investigated; in other words, it has been rejected as being outside of the agreed perceived norms. It therefore needs to be defined by another group or authority, who could, for example, be a medical practitioner. As we shall see, this 'will' is a very important term in understanding why certain concepts are associated with marginalisation. For Foucault's analysis, however, it is important to understand that it is not necessarily who makes the statements but the role of authorities of delimitation which is of ultimate significance.

The knowledge that experts rely on are part of what Foucault identifies as the 'grids of specification'.[192] They can also be known as the frameworks of knowledge or systems of knowledge. This grid not only legitimises the expert's position but it is also fed by it. He calls this the 'a field of circular causality'.[193] The experts are not the only contributors to the grid but can be perceived as being so. The principal authority in an epistémè can make their grid of specification the

---

[189] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007, p. 45.
[190] Ibid., pp. 55-61.
[191] Alan Sheridan, *The Will to Truth,* (Abington, 1997), p. 97.
[192] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), p. 47.
[193] Ibid.

'true' grid. Foucault's historical analysis highlights these frameworks or grids of specification which are made up of all the knowledge — legitimate and illegitimate — that surrounds a certain discourse. The 'authorities of delimitation' choose from these paradigms of thought what they deem legitimate knowledge, and discard or de-legitimatise what is not. One of the main points about the grid is that is that it does not rely on any one subject for its content. To follow Foucault's style of analysis faithfully, then, entails discussing the knowledge which is discarded by the framework and also what is chosen for the grid. These paradigms of thought are contained within a certain discourse. For example, a concept like 'intellectual disability' has paradigms that are established by a medical, educational, societal and many other discourses. These grids create not only knowledge but also binary oppositions.

One of the main binary oppositions that Foucault asserts is present within the 'grid of specification' is what is 'true' and what 'false'. This opposition is vital to understanding not only the 'authorities of delimitation' but also 'power relations', as these authorities are perceived as creating the legitimate 'truth' by rejecting other truths (perceived or designated as false); this becomes one of the main underlying themes of this type of analysis and across all of Foucault's work. He asserts that this opposition can be explained by his 'games of truth', which are a set of rules that facilitate decisions on what truth is and what it is not.[194] At the core of this discussion is that Foucault wants to find out how the 'human subject fits into certain games of truth'.[195] In his work the areas or discourses in which he discusses this concept are the sciences and the scientific models that are encountered in an institution or in practices of control.

For Foucault, these 'games of truth' are important and have a connection with 'power relations'. This association will become more evident as this chapter progresses and there is a discussion about how Foucault discusses power. These 'games of truth' are a very important issue to the thesis question. Who has the power to decide what the legitimate 'truth' is and what it is not, needs to be

---

[194] *Michel Foucault, Essential Works of Foucault 1954 – 1984 Volume 1, Ethics*, Paul Rabinow (ed.), (London, 1994), pp. 296-297.
[195] Ibid., pp. 281.

explored in the following analysis. There are also other binary opposites within any grid of specification but these depend on the discourse discussed. Some that will come up in this thesis are normal/abnormal, ability/disability and many more that will be discussed within the next chapter.

The aforementioned 'rules of formation' do not operate in isolation but interact with each other. These relations are highly complex and form the set of circumstances for the creation of discourse. These interactions can take place between, for instance, institutions, political and social processes, beliefs and practices. It is through the interaction within a 'discursive formations' that speech is made possible. Within them ideas and/or concepts are organised and 'objects of knowledge' are produced, for example the discourse within Education produced the notion of 'learning difficulties'.

This first part of Foucauldian Discourse Analysis when applied will allow for the breaking down of the history of 'Intellectual Disability' within Irish Education into 'epistémè'. These will be appropriately labelled. It will also facilitate the mapping out of the discourses that exist within these 'epistémè' by using the aforementioned rules of 'discursive formation'. This should allow for the next part of Foucauldian Discourse analysis to take place, which will expose the power relations that exist there and ultimately drive this discourse.

This second part of Foucauldian analysis could be called the 'analysis of power relations'. In this section it is clear that for Foucault, as for Nietzsche before him, the relations between knowledge and truth are produced out of power struggles. The knowledge that comes from these places of expertise mentioned in the last section and out of these power struggles create technologies of power. Knowledge and power on the other hand are not only interlinked but integral to each other. Foucault seeks to offer an analytics of power rather than a theory of power, and in that connection offers some rules to identifying what 'power' is.

Foucault assigns four rules to act as guidelines (or cautionary prescriptions) for identifying power: Rule of Immanence, Rule of Continual Variation, Rule of

Double Conditioning and the Rule for Tactical Polyvalence.[196] The Rule of Immanence affirms that power and knowledge must be viewed as always being connected. For instance, what we learn about something is influenced by what we understand about it. This is in turn determined by the 'power relations' that inspire that knowledge. The Rule of continual Variation states that power is not created in static relations, but that such relations are dynamic and can change over time. This is where the nature of power shifts and transforms constantly the relations. Rule of Double Conditioning holds that the 'local centres' of power are parts of larger strategies. It is not a reciprocal relationship, however between these centres and the strategies, as one does not emulate the other.   The Rule for Tactical Polyvalence of Discourse asserts that discourse joins knowledge to power. It also works in many different ways like power and a lack of it does not imply repression.[197]

While all Foucault's works contain elements of discussions on 'power,' he only really addressed it in detail in his later work, beginning with his book *Discipline and Punish, The Birth of the Prison*[198]*,* in which he argues that from the seventeenth century on there was a 'veritable technological take-off in the productivity of power'.[199] This work enabled him to look at the nature of power and how it affects the 'discursive formations' of knowledge in a society. This is where he begins his exploration also of the mechanisms of power. These tools that will be assessed next are related to the rules and processes already discussed. Foucault's idea of 'power' can be exerted through the 'authorities of delimitation', within the 'surfaces of emergence' with the authority given to them by the mechanisms of power.

A fundamental characteristic of Foucault's idea of 'power' is that power is not necessarily bad or oppressive. The exercise of power could also constitute a positive. This, for Foucault, was as a result of the fact that Western thought viewed the exercising of power as only 'juridical and negative' as opposed to

---

[196] Michel Foucault, *The History of Sexuality: Volume 1, The Will to Knowledge*, (London, 1998), p. 98-101.
[197] Ibid., pp. 98-101.
[198] Michel Foucault, *Discipline and Punish, The Birth of the Prison*, (London, 1977).
[199] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 120.

'technical and positive'.[200] It could be stated then that 'power' for Foucault does not have any intrinsic value. In her assessment of the Foucauldian idea of 'power', Carlson asserts that a Foucauldian analysis of power is about how it is used and that it should be defined in terms of action, of its exercise.[201] According to this reading of Foucault, 'power' permeates all society and comes from the bottom up as it exists in every social relation. It is not, however, to be understood necessarily as dominance but of the shaping of actions like ones that are performed by institutions and various individuals (for example, the doctor, teacher or priest).[202] This means that all have the potential to have power. For instance, the Parent controls and has power over the Child but it is not an oppressive thing but instead it is out of 'love' and 'care'. He also adds this idea of the 'will to power' to the volatile relationship of 'power' and 'knowledge', arguing that it is a circumstantially driven concept that could either be negative or positive.

Foucault also explores the relationship between one person's power or control over another person. This is his expansion of a motif that Nietzsche had in his works of a 'will to power',[203] where humanity strives to overcome and extend its force over a particular time and space. For instance, in the classical age 'the body as object' became a target of power. It can be controlled to become 'docile' as it could be transformed, subjected, used and improved, through discipline. The spaces where this usually happened, outside of prisons, were in monasteries, institutions, armies and workshops. This control could be used as a way of restricting or altering someone's will through indoctrination.[204] This mechanism of 'power' is very evident when discussing children with 'intellectual disabilities' in institutions of education. The mechanisms of control or 'power' in the aforementioned spaces were not, it shall be argued, dissimilar to the ones employed in these places of education.

---

[200] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 121.
[201] Licia Carlson, *The Faces of Intellectual Disability Philosophical Reflections*, (Indiana, 2010), p. 15.
[202] Ibid.
[203] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 13.
[204] Michel Foucault, *Discipline and Punish, The Birth of the Prison*, (London, 1977), pp. 136-137.

Another mechanism of 'power' was discussed in part five of the first volume of *History of Sexuality*, the concept of 'bio-power', a type of 'power' exerted primarily by the State. It is the concept that emerges from the contrast of the 'right to death' and 'power over life', which was viewed as a prerogative of the State. It was different from sovereign power (let live and make die). On a basic level, 'bio-power' is a way of managing a large group of people and of controlling them. Foucault states that there are two kinds of bio-power; one kind involves a disciplining of the body, for example, in the military or the practice of work as therapy. The other is the reproductive capacity of the population, which is the regulation of population, like a wealth analysis or birth/death ratios. This is important, as Foucault identifies that 'life' has become an important element in political discourse. This phenomenon Foucault calls 'bio-politics'.[205] It offers mechanisms of exerting control over population and can directly affect how people with disabilities are treated. The instance of how the definition of 'intellectual disability' was manipulated to decrease numbers of people affected in times of recession, as outlined in the next chapter, could be seen as a case in point.

'Governmentality' is another concept that is related to the idea of 'power' or control. This idea was introduced in Foucault's later lectures on *Security, Territory, and Population*.[206] He also calls it the 'art of government'. It is basically an analysis of how government uses its techniques and procedures which are designed to control the behaviour of man. In these lectures he does a Genealogy of government, assessing the views of government of Rousseau, Machiavelli, La Perrière and others. He ends up with a definition of governmentality or government that contains three parts. Firstly, governmentality is an ensemble formed by such as things as institutions, procedures, analyses and reflections with population as its target. It is seen from the 'ground up', in other words from the Family up to the State. Two, it is a type of 'power' that has developed in the West called 'government' that encompasses a set of complex knowledges and apparatuses. Lastly, it mutated from the 'state of justice' in the Middle Ages to the 'administrative state' in the fifteenth and sixteenth centuries

---

[205] Michel Foucault, *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), pp. 135-159.
[206] *Michel Foucault, Essential Works of Foucault 1954-1984 Volume 1, Ethics,* Rabinow, P. (ed.), (England, 2000), pp. 67-73.

into the 'governmentalized' State.[207]   He asserts that this phenomenon of 'Governmentality' is born out of the Christian 'pastoral' care model (discussed in *History of Sexuality*), the 'diplomatico-military model' and the police (as in the twelfth and thirteenth century). The last two were both discussed in *Discipline and Punish*.[208] This concept can be linked to his other concepts of bio-politics and power-knowledge. This is a new understanding of how 'power' can be used not only by government but by other institutions. This concept will be apparent in my analysis of the State and the Church in the following chapters.

Foucault's view of 'pastoral' care or power[209] will form an important part of this thesis. He viewed it as a mechanism of 'power' that used the relations between knowledge and power. According to Foucault, this 'pastoral' care was exerted by the Christian church through its teaching to control its followers. The use of the shepherd to watch over, guide the flock, protect and ensure the salvation of the flock was a particularly powerful metaphor. Foucault asserts all this was used as a sophisticated way to manage men. It is a mechanism that he returns to again and again. In this thesis the mechanism is used to assess the relationship between the institutions of: the Church, the State and the Family.

Foucault asserts that 'power' is everywhere and functions on all levels. Yet he also states that 'power' relationships cannot function without 'resistance', for where there is 'power' there is always 'resistance'.[210] Without 'resistance' there would only be obedience. His type of 'resistance' comes in many forms or a 'plurality of resistances' and can only exist within 'power relations', yet he does state exactly what they are. He is not, like Rousseau, advocating revolution to change 'power relations' but more of 'resistance' to create 'transformation' to make changes. This 'resistance' is more about agency and about transforming from the bottom up. It is not simply about changing laws or government. Foucault wants people to be active members within the process, for instance, when

---

[207] *Michel Foucault, Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), pp. 219-220.

[208] Michel Foucault, *Discipline and Punish, The Birth of the Prison*, (London, 1977).

[209] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 298-304.

[210] Michel Foucault, *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), p. 96.

the law was changed to decriminalise homosexuality, it did not automatically follow that homosexuality now was universally accepted by society. This is why in some cases change is more of a slow process. This 'transformation' is like 'power' as does not seem to have any intrinsic value but it is a goal of Foucault's work. For he explicitly states that his books are written to 'transform' or change the reader.[211]

Another mechanism of 'power' that Foucault discusses and is relevant to this thesis is the medical gaze or the myth of the gaze. The myth of the gaze can be explained as how the 'gaze' dehumanises and medically separates the patient's body from them as the person – the notion of identity. According to Foucault's analysis, the doctor sees the underlying source of the medical problem, a skill acquired not from academic books but from learned experience; it is a culmination of all their knowledge.[212] This 'gaze' or medical knowledge gives the doctor their authority. This for Foucault is how the institution of the *Clinique* becomes the home for the experts and systems of knowledge that surround the concept: it housed the authorities on medicine.

These ideas of power can be applied to the discourse of the institution or Asylum. Foucault developed his work on the idea of the institution in *Madness and Civilisation*[213] and continued it in *Discipline and Punish*.[214] The idea of the institution, be it an asylum or prison, form an important part of the discussions in this thesis. In order to understand the 'institution' as Foucault views it there must be an understanding of how he perceives power working within it. The institution is not reducible to a mere building that has a purpose or as functioning to contain its inmates, though it may indeed do that. The institution is conceptually important to this dissertation as it formed a fundamental part of the early history of mental disabilities in Ireland.

---

[211] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 246.

[212] Michel Foucault, *The Birth of the Clinic*, (Suffolk, 1973), pp. xiii, 131-151.

[213] Michel Foucault, *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965).

[214] Ibid., *Discipline and Punish, The Birth of the Prison*, (London, 1977).

How power is exercised in the institution has to be understood as the main function of the institution. Firstly, there is what Foucault calls 'rationality' for the institution, in other words the aim of the institution. What is perceived as 'the ends' of the institution and how is it going to achieve those ends, are two important issues, especially for all government institutions such as schools. These 'ends' do not, according to Foucault, always agree with the aim. For example, he asserts that if it is thought that the function of prison is correctional, the improvement of the character of the imprisoned inmates, then prisons would have to be deemed to have failed, in that they seem to produce only 'delinquents': very few criminals come out 'corrected'. Alternatively Foucault asserts that if there is no possible 'correction' or rehabilitation of the individual, then the institution can serve as a 'mechanism of elimination', where the subject is excluded from society due to a failure to conform. His last level of analysis of the institution is called the 'strategic configurations'; that is, the ways in which there new courses of action are introduced. These are due to the fact that the original techniques and practices employed in the institution have not worked. This means that technically they are still trying to achieve the original aims and can be rationalised as doing so.[215] To put it more crudely, if they cannot reform or correct the individual they need to find new uses for the institution. This system of analysis could look at the institutions for the disabled and its use of the process of 'normalisation'.

This thesis will identify and label 'epistémè' from the history of the Irish State that relate to the education of children that are labelled with the concept 'intellectual disability'. It will then map out the 'discourses' that are relevant and this will include identifying the 'surfaces of emergence', 'authors of delimitation' and the 'grids of specification'. In the course of this there will also be an analysis of how 'power' was exerted within these 'discourses'. This should allow for an examination of how the concepts changed and of whether this created or fostered marginalisation or social exclusion. This should then demonstrate that there is a relationship between intellectual disability and marginalisation in the history of Irish education.

---

[215] *Michel Foucault Essential Works of Foucault 1954-1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), pp. 385-386.

Problems with a Foucauldian Discourse Analysis

It might appear, *prima facie*, that a Foucauldian Discourse Analysis could be perceived as an objective methodology, richer and more fruitful than a conventional historical analysis. While this researcher would be inclined to this view, there is also recognition that there is no real way of determining objectivity in the employment of this methodology. Throughout his approach, Foucault does not seek to directly cast judgement on any of the processes, truths, non-truths or statements examined; he just exposes them. Given that this approach necessarily involves a level of selective discrimination, decision and choice, how can it be viewed as truly objective? Foucault admitted he opted for concepts that interested him and on which he was knowledgeable.[216] There is a case to be made that, as his aim was to expose the hidden epistemology and history of the concept under examination, then complete objectivity is neither necessary nor possible. In effect, Foucault seeks to put the researcher into a Rawlsian 'veil of ignorance'[217] where their own contemporary knowledge cannot influence their perspectives on the subject being investigated. Decisions can then be based on a 'general consideration' of the issues. This will allow for the researcher to concentrate on a particular time and context in order to establish a non-biased overview of the concept in those circumstances. They can then assess who the experts are, what are the practices, what are the discourses that surround that concept in this time/context to raise questions for further debate.

An important criticism of Foucault's approach is that he does not offer solutions to the contemporary issues raised by a particular conceptual formation. According to Foucault, his work only serves to identify the underlying collection of unspoken rules that govern the knowledge that is behind and surrounds the concept. When challenged by Trombadori over this issue Foucault answered:

> I have absolutely no desire to play the role of a prescriber of solutions.
> I think that the role of the intellectual today is not to ordain, to recommend solutions, to prophesy, because in that function he can

---

[216] *Michel Foucault Essential Works of Foucault 1954-1984, Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), pp 239–244.

[217] John Rawls, *A Theory of Justice*, (Massachusetts, 2003), pp. 118–122.

> only contribute to the functioning of a particular power situation that, in my opinion, must be criticised.[218]

It is not the truth about concepts that Foucault is seeking, however, it is information. Foucault sets out the information that he has unearthed from his research but he does not offer solutions or questions or answers, arguing that that is for others to do. Any solution or question or answer will be only applicable to those set of circumstances or place in time.

Davidson[219] asserts that Foucault begins with looking at the binary opposition between what is true and what is false. It is a guiding premise that permeates and is the fundamental idea of all his works. Truth is a fluid concept and Foucault's works try to prove that. He sees the concepts created by this opposition as historically contingent, modifiable, institutionally supported and constrained. His works aim to unearth these statements and the subsequent discourses (the information that is created by this statement) and the procedures that produce this concept in their historical origins. Once these have been found and discussed it will give an idea of how this concept was formed and changed in certain times in history. This will allow for a proper discussion on concepts that have become habitual and non-questioned.

Hughes argues that a Foucauldian analysis will not create or lead to change in disability at all. Hughes takes a very different view of Foucauldian analysis under 'Epistemologies and Ontologies'.[220] He argues that while Foucault's work does provide a partial contribution to the debate on disability, it does in fact have serious limitations.[221] Hughes whole argument centres on two issues: Foucault's definition of the body in conjunction with his idea of 'bio-power' and how this ignores the idea of 'subject-as-agent'. The first issue and the second issue overlap. Hughes asserts that Foucault's idea of the body as 'docile power'

---

[218] D. Trambadori, 'Interview with Michel Foucault', in: *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3, Power*, James D. Faubion (ed.), (London, 1994), p. 288.

[219] Arnold I. Davidson, 'Foucault and the Analysis of Concepts', *The Emergence of Sexuality Historical Epistemology and the Formation of Concepts*, (Harvard, 2001), pp. 178-192.

[220] Bill Hughes, 'What can a Foucauldian Analysis Contribute to Disability Theory', in: Shelley Tremain (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), pp. 78-93.

[221] Ibid., p. 79.

ignores the subject's capacity to be 'an agent of self and social transformation'.[222] Hughes does not make it clear what he means by an agent, but it can be assumed that he is speaking about a subject that can act and speak for themselves in order to bring about change. He first accuses Foucault of rejecting the phenomenological tradition of body-as-subject. The implications of this, according to Hughes, are that Foucault does not take into account that the body can be a source of self and culture or that the act of living can constitute a social life. Foucault's work on power in relation to the view of the body merely as an object of knowledge is where Hughes implies that the lack of agency comes in. For Hughes states

> If, as I would argue that Foucault's position with respect to the body suggests, there is no active, creative subject, then politics is reduced to the policing of subjects Politics is something that is done to people, rather than something that people do. I would argue, furthermore, that such a world would be devoid of responsibility. In short, ethics and politics would be torn asunder.[223]

He concludes that while Foucault's method adds something to the argument, it does not have any pragmatic value for the future of those with disabilities. The analysis in this thesis will, however, seek to show that while Hughes' argument seems plausible, he has misapplied Foucault's view of the body. He also has drawn conclusions without relating to the context in which Foucault's conceptualization took place, though he should be given credit for illustrating how Foucault's work can be mis-applied and mis-interpreted.

Hughes is correct in stating that there is no discussion about the creative subject in Foucault's work. This is because Foucault's works are discussing particular historical times and in specific institutions; the prison, the clinic and the social idea of sexuality. The point of Foucault's exercise was to illustrate how 'the subject' was viewed in an abstract way, as an object of knowledge. He does not necessarily suggest that it is a good or a bad thing. Foucault also wanted to illustrate how these situations affected 'the subject' in particular discourses where 'the subject' became like a 'docile body', as already discussed in this chapter. This in turn shows how this body became subjected to power constraints which

---

[222] Bill Hughes, 'What can a Foucauldian Analysis Contribute to Disability Theory', in: Shelley Tremain (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), p. 80.
[223] Ibid., p. 86.

both delimited and shaped it. Hughes also does not address or take into account those with disabilities that cannot have agency and therefore rely on others to speak for them; his analysis is constrained to people with physical disabilities.

Hughes is correct, however, in claiming that Foucault does seem to discount phenomenological approaches to history and that his ignoring of first person experience in the context of his work could be perceived as a deficiency. Other Foucauldian researchers like Sullivan, for example, have looked at first person experience in conjunction with Foucault's 'tools' quite effectively, and his work represents a good illustration of how a Foucauldian analysis can be utilised in the field of disability studies.[224] Sullivan uses Foucault's notion of 'bio-power', 'normalization', the carceral network and his idea of the body with the experiences of ninety paraplegics. Sullivan's aim is to illustrate how a particular type of 'institution' at a certain time can create a certain type of subject, the 'paraplegic body-subject'. He does not talk about agency, as there is little evidence of it in this particular context, due to the discipline techniques used.

Hughes' argument, as indicated above, is based on a number of uncritical assumptions, namely, that all people with disabilities have the capacity to be empowered, that agency is a matter of course for these people and that context is not important to Foucault's work. What he does not seem to address in his piece is that many people with disabilities cannot be self advocates. Hughes' argument does not take into account that there are people with disabilities who are severely cognitively impaired and cannot even speak, let alone speak for themselves. These are the people that can fit into Foucault's idea of the 'docile body', where their everyday life decisions are made by others.

Another flaw in Hughes' argument is that it relies on the fact that through agency people with disabilities can form a movement. Unfortunately not all countries have allowed a 'disability movement' to be established, and not all countries or citizens view people with disabilities as 'creative and active' members of society.

---

[224] Martin Sullivan, 'Subjected Bodies: Paraplegia, Rehabilitation, and the Politics of Movement', in: Shelley Tremain (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), pp. 27-44.

There are only two countries that have had a 'disability movement': the United States of America and Britain; many other countries have yet to give people with disabilities a formal voice. Even with the establishment of international frameworks and policies such as, the *Salamanca Statement* (1994),[225] *the European Disability Strategy 2010 – 2020*[226] and the *UN Convention on the Rights of Persons with Disabilities*,[227] for the treatment of people with disabilities, it is still very much a 'work in progress'. Hughes may be correct in thinking that Foucault's view of the body does not take into account that some people with disabilities can be agents, but that does not detract from the Foucauldian recognition that the body with disabilities is subject to an outside power.

To say that Foucault never discussed freedom or the empowered contemporary subject is not to suggest that he would have rejected the creative, empowered subject. On the contrary, the whole point of Foucault's work was to evoke change or discussion. He wanted to induce 'transformation' and wanted those that read his work to be changed; 'the transformation of contemporary man with respect to the idea he has of himself'.[228] It would seem that Hughes' argument is aimed more at the possible misuse of Foucault's work as opposed to Foucault's approach itself, and in what follows this thesis seeks to remain faithful to the latter while taking full cognisance of the need to avoid misuse and misrepresentation.

This chapter has outlined the Foucauldian tools that have been selected to make up the discourse analysis that will be applied to next three chapters, which are the core of this thesis. These chapters are broken down into three identified epistémè and are labelled, The Institution, The Birth of Special Education and The Birth of Social Inclusion.

---

[225] 'Inclusive education: Knowing what we mean', Open University Website, http://www.open.edu/openlearn/education/educational-technology-and-practice/educational-practice/inclusive-education-knowing-what-we-mean/content-section-0 (accessed 21/03/11).
[226] *European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe*, Justice, European Commission Webpage, http://ec.europa.eu/justice/discrimination/disabilities/disability-strategy/index_en.htm (accessed 01/02/13).
[227] *UN Convention on the Rights of Persons with Disabilities*, Disabilities, United Nations Webpage, http://www.un.org/disabilities/default.asp?navid=13&pid=150 (accessed 11/02/13).
[228] 'Interview with Michel Foucault', *Michel Foucault, Essential Works of Foucault 1954-1984 Volume 3, Power,* Paul Rabinow (ed.), (England, 1994), pp. 239-298.

Chapter 3 - The Institution

This chapter will introduce the main surfaces of emergence that surrounded the concepts 'mentally defective', 'mentally handicapped' and 'intellectual disability'; this should allow for a comparison between the underlying conditions of each epistémè. This should also illustrate that while the majority of the surfaces of emergence remained the same throughout this thesis, each epistémè was different and that the changes that took place allowed for the concept and the knowledge that surrounded it to be altered.

By applying the criteria for epistémè outlined by Foucault this period in Irish educational history will be indentified and labelled as 'The Institution'. This is the time in history just before the birth of the state and up to the mid-1960's. This label of 'The Institution' is due to the fact that this chapter will analyse the hidden relations between the institutions or surfaces of emergence that dominated this time, which are the State, the Church, the Family and the Asylum. What is meant by an institution in this chapter is that it is either an important organisation within the community or a well-established custom or a place of confinement. As already discussed in the last chapter, Foucault did discuss the institution but what he was referring to was the system of mental asylums that existed in France from the 1600s onwards. This thesis seeks to expand and centre the discussion on another, related, use of the asylum, as a place for people with mental disabilities. Foucault's ideas about the mental asylum will remain relevant, in particular his contention that the institution embodied and was framed by important systems of knowledge and practices. Capital letters will be used to indicate which institutions are being referred to, and this will seek to show that it is from these main surfaces that the object of knowledge the 'mentally defective' Child was emerged. While the term 'mentally defective' will be used in this chapter and throughout this thesis it must be noted that the term 'mentally deficient' was also used to describe the same set of conditions in this epistémè.

This chapter will also seek to show through a Foucauldian Discourse Analysis that, from the Birth of the Irish State up until the late nineteen fifties, children with mental disabilities were excluded from formal education. It will also show how

the institutions relations allowed for the concept of the 'mentally defective' to emerge. This will be achieved by examining each institution or surface of emergence, starting with the Family, exposing the underlying conditions that shaped their knowledge into grids of specification and exploring where these surfaces overlap. This should give some indication how certain truths, information and myths emerged about the 'mentally defective' Child. It should also indicate the possible reasons as to why this happened.

Background

According to traditional history, the phrase 'mentally defective' was formally introduced in 1913. It was first created as a reaction to a rise in fear, within the British Isles, of the perceived increase in cases of people considered to come under this category. The fear was so bad that the British Parliament, before the birth of the Irish State, saw a need for legislation, which came in the form of the Mentally Defective Act (1913). This came as a recommendation from the Royal Commission on the Care and Control of the Feeble Minded in 1908, and it legitimised the incarceration and control of people deemed mentally defective. While this Act did not apply to Ireland due to resistance from religious orders, it did however give the definitions and categories that were used by the Irish state for the classification of people with mental deficiency.[229] Mental disability was broken down in the Act into four different grades or subcategories:

> Idiot is here taken to mean a person so deeply defective in mind from birth or from an early age, that he is unable to guard himself from common physical dangers, such as prevent us from leaving young children alone. Imbecile is taken to mean a person who is incapable of guarding himself against such common physical dangers but who is incapable, by reason of mental defect existing from birth or from an early age of earning his own living. Feeble-minded is taken to mean a person who is capable of earning a living under favourable circumstances, but is incapable from mental defect existing from birth or from an early age (a) of competing on equal terms with his normal fellows or (b) of managing himself and his affairs with ordinary prudence. Defective applies to children only and is taken to mean

---

[229] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, p. 99, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12).

children who are "defective" as defined in the Elementary Education
(Defective and Epileptic Children) Act, 1899. [230]

This act introduced the term 'mental defective' as the preferred term used by officialdom, and the subcategories it outlined covered children with physical disabilities like cerebral palsy as well as children with mental retardation from birth. Unfortunately from the perspective of contemporary historical research, in Ireland children with the disabilities outlined above were rarely discussed officially by reference to their subcategory; they were all considered 'defective'.[231] Accordingly, all the grades will be referred to in this chapter as the 'mentally defective'. A capital letter will be used for the word child as it will illustrate that it is all children with mental disabilities who are deemed 'mentally defective' and not just one child.

The conventional and the predominant view of this time in history is that it was post-colonial and dominated by nationalistic rhetoric. For example, Coolahan indicates that the ideals of post-colonialism were prevalent throughout all of Irish society and that the emphases within these discourses were nationalism, Irish identity and sovereignty.[232] Yet in reality very little within Irish society actually changed with the creation of the new state, except that the prevailing epistémè was dominated by an isolationist view of the Irish State. What this means is that the Irish State looked inward for knowledge and solutions to its issues. This epistémè was also structured by the highly theocratic and conservative influence of the Catholic Church, whose doctrines shaped the discourses of education, society and other institutions.[233] The analysis of the interaction between the surfaces of emergence within these discourses should reveal how the concept of the 'mentally defective' Child was created.

The main surfaces of emergence that surrounded the concept 'mentally defective' in this epistémè were: the Family, the State, the Church, the Asylum and to a lesser

---

[230] Cited in Harvey G. Simmons, 'Explaining Social Policy: The English Mental Deficiency Act of 1913', Journal of Social History, Vol. 11, No. 3 (Spring, 1978), p. 392.
[231] Dáil and Seanad debates from 6th of February 1936 to the 23rd of April 1958, Dáil Éireann and Seanad Historical Debates, Parliamentary Debates Online Webpage, http://historical-debates.oireachtas.ie/ (accessed 11/05/2011).
[232] John Coolahan, *Irish Education:History and Structure*, (Dublin: 1981), pp. 39-40.
[233] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 16.

extend the County Home (or Poor Law Institutions). These institutions established new grids of specification that included the knowledge that was created by the interaction between them. It will be argued that, through their processes and practices, they also created places of exclusion and the marginalisation of the 'mentally defective' Child. Also from this knowledge evolved practices, therapies and to a lesser extent limited education.[234] These institutions became important as they contained the experts and all knowledge for people with mental disability in Ireland at this time. This examination will begin with 'The Family.

The Family

The Family may be considered one of the main surfaces of emergence in this epistémè as the concept 'mentally defective' emerged in its discourse. In order to better understand this phenomenon there must first be an assessment of the discourse on a general level. This will allow for a better picture of what the Family is and how the concept emerged here. To begin with over 66% of all 'mental defectives' in Ireland at this time were living outside of the Asylum, this was a much higher percentage than any other country. It is generally acknowledged that these people were living at home with their families.[235] This could have been because in Ireland these people were considered the responsibility of the Family. In England for example, people who were deemed 'mentally defective' were considered a predicament for the State. The 'defective' was deemed morally corrupt and was viewed as a problem that the State needed to resolve. This served as one of the suspected justifications for the English Mental Deficiency Act of 1913.[236] In Ireland, however, the fact that a child was 'defective' was viewed as an issue, not a problem, for the Family, as the 'mentally defective' Child was viewed as a 'gift from God'.[237] They were also considered to

---

[234] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, p. 1, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11).

[235] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, p. 101, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12)..

[236] Harvey G. Simmons, 'The English Mental Deficiency Act of 1913', *Journal of Social History*, Vol. 11, No. 3 (Spring, 1978), pp. 387-403.

[237] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, p. 98.

be uneducable and in most cases unemployable.[238] The Family were tasked to either take care of the 'mentally defective' or to seek help and this did not come from the State. These were the truths that were prevalent in this period. These truths and this view of the Child by the Family was due to the exertion of the power by the disability experts (Foucault's authors of delimitation)[239] over the Family. The 'truths' that were known about the child came from these authors; through an examination of this institution it will become clear who these authors were, how they spoke with such authority and why they deemed the 'mentally defective' Child uneducable. It will also highlight how the truth about the child was created and it should unearth the complex relations that existed within and around the Family.

The power relations within this institution have always been highly complex. Foucault discussed the discourse of the Family in *Madness and Civilisation* in relation to the concept 'madness' in the discourse of psychopathology[240] and in *The History of Sexuality: The will to Knowledge* in relation to the concept 'sexuality' in the discourse of sexuality.[241] What Foucault asserted was that the home or family had its own discourse and he saw the primary family relationships as one person having control over another; in particular, the parent usually has control over the child. This is an important mechanism of power: parental power. How this worked in the Irish Family was that it was primarily patriarchal, which meant that the main power within the Family was with the eldest male, be it a brother, father, uncle or grandfather.[242] Also the typical family structure in Ireland tended to be what sociologists termed nucleated, with extended family. This meant that the extended family lived not far from each other and a lot of children lived in their parent's house once they married. According to Lees, Arensburg and Kimball asserted that the house also usually contained many generations of the one family, there is little documentary evidence to support this assertion. However it

---

[238] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister and the Minister for Health and Social Welfare, (Dublin, 1983), p. 9.

[239] Michel Foucault, *The Archaeology of Knowledge*, (Suffolk, 2007), p. 46.

[240] Ibid., *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965), pp. 252-254.

[241] Ibid., *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), pp. 110-114.

[242] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 103-105.

could have been on a smaller scale as there is no evidence to suggest it was not the case at all.[243] For Foucault, the control that was exerted by the Family was not necessarily or always a coercive or oppressive type of control or power. Here he diverged from Sartre in his view that all power is evil.[244] Foucault saw parental power in terms of a complex interplay between 'care' and discipline.[245] Parents do, or at least are supposed to, care for their children and the possession of a measure of power over them is a precondition for that. This primary practice of 'care' was one of the main practices within the institution of the Family, and the centrality of which was enshrined in and guaranteed by Article 41 of the Irish Constitution (1937):

> 1. The State recognises the Family as the natural primary and fundamental unit group of Society, and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.

> 2. The State, therefore, guarantees to protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State.[246]

This article sets out the importance of the institution of the Family and its protection by the State. The overlapping of the discourses of education and politics within this surface of emergence created certain truths about the 'mentally defective' Child. It is important to note that this includes the parents being protected as the first and primary educators of all their children.[247] This gave the parent the legitimate authority over their child's education and was enshrined in the State's Constitution, in Article 42:

> The State acknowledges that the primary and natural educator of the child is the Family and guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children.

---

[243] Lynn Hollen Lees, *Exiles of Erin: Irish Migrants on Victorian London*, (Manchester, 1979), pp. 123-125.
[244] *Michel Foucault Essential works of Foucault 1954-1984 Volume 1, Ethics,* Paul Rabinow (ed.), (London, 2000), p. 298.
[245] Michel Foucault, *The History of Sexuality Volume 1, The Will to Knowledge*, (London, 1998), pp. 110-114.
[246] Article 41 Family, Constitution of the Irish Free State (1937), The All Party Oireachtas Committee on the Constitution Website, http://www.constitution.ie/constitution-of-ireland/default.asp?UserLang=EN (accessed 24/05/12).
[247] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 108.

> Parents shall be free to provide this education in their homes or in private schools or in schools recognised or established by the State'.[248]

It could be contended that this control over the Child and this overlapping of the discourses of politics and the Family also resulted in a binary opposition, one of which emerged as the distinction between the normal Child versus the abnormal Child. This can be clearly seen, in this epistémè, through the way the 'mentally defective' Child was treated within these discourses, and an exploration of these discourses should allow for a better understanding of how children thus labelled were treated in a differentiated manner to those considered 'normal'.

To begin with, education after the foundation of the State suddenly became very important within Irish political discourse, especially for the 'normal child'. There was a new emphasis on mainstream education and this change brought with it an increase in participation in education. The State exerted its power here as children were now compelled to go to school between the ages of 6 and 14 as the State introduced a policy of compulsory attendance in 1927.[249] This policy was one of the State's mechanisms of power and created the situation that if a child had a difficulty with attending school or if this problem was identified within the home, the parents needed to seek help. Another way of looking at this issue is that it created the 'truth' that if a child fell outside of the 'norms' or could not cope with mainstream education, the parents were legally compelled to find an explanation which legitimated its socially aberrant behaviour. The Family was given the power by the State to judge what is effectively 'normal' within the institution of the Family, this allowed for the parents to exert one of their 'instruments' of power, while the State had to hand the judicial and institutional categories in terms of which the behaviour could be classified, understood and dealt with.[250]

In comparison to the 'normal child', the 'mentally defective' Child in general did not attend mainstream school. It is hard to ascertain why this was the case but it

---

[248] Article 42 Education, Constitution of Ireland, Constitution of the Irish Free State (1937), The All Party Oireachtas Committee on the Constitution Website, http://www.constitution.ie/constitution-of-ireland/default.asp?UserLang=EN (accessed 24/05/12).
[249] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 46. The British state had introduced a similar policy in 1892 but it was not rigidly enforced in Ireland. John Coolahan, *Irish Education: History and Structure*, (Dublin: 1981), p. 46.
[250] Michel Foucault, *Discipline and Punish The Birth of the Prison*, (London, 1977), pp. 177-183.

could have been the fact that any child who attended school would expected to be able to communicate and a lot of children with mental disabilities could not. Most of the 'defective' children had great difficulty in this area, thus the trend that any child who was deemed imbecilic or who had severe communication disabilities was ineligible to be educated emerged. Their education was left to their parents or they were put into institutions such as asylums or County Homes. An example of one of these institutions was Stewarts Hospital, run by Quakers Jonathan Pim and Dr. Henry Hutchinson and which was the only hospital specifically for people with mental disability in Ireland. It survived the transition from British rule to the Irish State rule and was taken over by the Church in the 1920s. Mainstream schools for the 'normal child' were better funded, had educated teachers and a set curriculum. In the Asylum and the County Home there was no curriculum, no set standard or training in education for the 'carers' in these institutions and the funding was meagre. The nurses who worked here were general nurses and there was no specialist training in mental defectiveness until after the nineteen fifties.[251] It was perceived as 'true' that a formal education was not suitable for the 'mentally defective' Child, as their needs were medical and not educational.[252] These institutions were dominated by the religious orders which provided only a limited type of education.[253] These differences highlight how the 'normal child' was viewed in a different way from the 'mentally defective' Child. These truths emerged from paradigms of knowledge that contained all the information of what was normal and abnormal in this time. It emerged in the institution in the way outlined but how was this information created or who decided that it was true as opposed to false? In order to understand how the 'mentally defective' Child became known as 'abnormal' there must be an exploration of how the frameworks of knowledge that surrounded it were created. Only by looking at the relations between these institutions will it become clear that who controls the emergence of the information in this epistémè decides what constitutes legitimate knowledge is.

---

[251] John F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, pp. 102, 96, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12). .
[252] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11), p. 1.
[253] John Coolahan, *Irish Education: it's History and Structure*, (Dublin: 1981), p. 47.

It is also through this exploration that the places of marginalisation will be exposed.

The Family and the Church

In order to understand how the Church became a surface of emergence in the discursive field that surrounded the concept 'mentally defective' there must first be an examination of the overlapping discourses between the Family and the Church. This should then allow for a better understanding of the Church's and the Family's intricate relationship and how it affected the knowledge in this epistémè.

The Church's power and control over the Family began with the Priest. The Family sought guidance on many matters from the Church, in the guise of the Priest, who was considered as the purveyor of pastoral guidance and Christian truths. This authority was legitimised by the fact that the Church had immersed itself into Irish life after the Famine by adopting and replacing pre-famine pagan culture and by its relations with the Irish freedom movement.[254] Many in the clergy were Irish born and in some cases related to the families they administered to. This allowed for Christian beliefs to emerge, one such truth was that the Priest was representative and the embodiment of 'God on earth' and therefore spoke directly for Him. For Foucault, this relationship was an example of 'pastoral power', where the shepherd or the Priest is the embodiment of God[255] and looks after his sheep or followers.[256] The Priest did not control the Family in the same way as the parent does with the Child. His control was implicit and indirect, through the processes of pastoral guidance. This was where the practices of the Church enabled the Priest to guide his parishioners in all things. The relationship that the Priest had with the 'mentally defective' Child was through his relationship with the Family. The Church was at the core of Irish society at this time and it became the central influence on the Family[257] and 'the Catholic world-view came

---

[254] Timothy McMahon, 'Religion and Popular Culture in Nineteenth-Century Ireland', *History Compass* 5/3 (2007), pp. 849-850.
Andersen, Karen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*.
[255]This is Christian imagery that is used in the bible.
[256] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3, Power*, James D. Faubion (ed.), (London, 2000), p. 301.
[257] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 101-102.

to be taken for granted'.[258]   This power over the Family was legitimised by the practices of the Church and this in turn allowed for frameworks about the Family to be formed.

This 'enunciative modality' or the Church's position within the discursive field, as already illustrated, was as a result of its status in society. This status was very important as it effectively precluded criticism of the Church's position which allowed for the Church to dictate a certain kind of morality, doctrine, social policy and truths. The relationship, then, between the institution of the Church and the Family was one of control and power and this was from the lowest levels of the Church to the hierarchy.

Over 90% of the population of Ireland at this time identified themselves as Roman Catholic or Christian.[259]   These frameworks of knowledge that surrounded the Church allowed for truths about the Family to emerge. For instance one of these truths was that the legitimate family and family structure, was conventionally defined as mother, father and children. There was also high respect afforded the extended family related either by kinship or blood. This relationship existed in this way as the Church was considered not only the guardians of the faith and morality but also the authorised guardian of the Family. They were afforded this authority by Article 44 of the Irish Constitution (1937), which stated: 'The State acknowledges that the homage of public worship is due to Almighty God. It shall hold His Name in reverence, and shall respect and honour religion.'[260]   Another consequence to also emerge from the above frameworks was that all laws were predominately guided or influenced by Roman Catholic principles.[261]   Breen et al.

---

[258] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 17.

[259] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 105.

[260] Article 44 Religion, Constitution of Ireland, Constitution of the Irish Free State (1937), The All Party Oireachtas Committee on the Constitution Website, http://www.constitution.ie/constitution-of-ireland/default.asp?UserLang=EN (accessed 24/05/12).

[261] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), pp. 101-107. Other laws influenced by the Church were the right to life, marriage and natural law.

James Jeffers, Dead or Alive?: The Fate of Natural Law in Irish Constitutional Jurisprudence, NUI Galway Law Archive Webpage, http://web.archive.org/web/20110609214938/http://www.nuigalway.ie/law/GSLR/2003/Natural%20Law%20and%20the%20Irish%20Constitution.pdf (accessed 30/05/12)..

went so far as to state that the content of all government policy on the family was dominated by the Church until the nineteen seventies.[262] The dominant influence of the Church over the Family was accordingly one of the defining features of this 'epistémè'. Ironically, the Family legitimised the Church's authority and vice versa. This meant that the power relations did not only exist from Parent to Child as already discussed but also from the Church to the Priest to the Family. This made the Church the 'authority of delimitation' within the discourse of the institution of the Family.

Truths that emerged from this relationship directly affected the 'mentally defective' Child as they created 'norms' within the institution of the Family, which the Child remained outside of. Some of the truths were: children could only be born within wedlock; there was no contraception or abortion; sexual relations outside marriage were not allowed and homosexuality was an abomination. Children born with disabilities were a gift from God.[263] These types of truths, according to Foucault, contributed to parameters of accepted norms which he called the 'margins of tolerance' or 'thresholds of acceptability,'[264] which established what was perceived as 'normal' within the Family. A direct consequence of this was that any Child falling outside of such parameters was necessarily designated as 'abnormal' and requiring of socially-defined 'special' treatment and became objects of knowledge. At its most dramatic, this meant that they could be incarcerated by law under the Dangerous Lunatics (Ireland) Act (1838), any person who was deemed a dangerous lunatic by another could be committed to the Asylum and under the act the Asylum could not refuse this person.[265] The Family through its relations with the Church created 'norms'

---

[262] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), pp. 101-107. Other laws influenced by the Church were the right to life, marriage and natural law. p. 101.
Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 17.
[263] 'A Catholic State', The Pursuit of Sovereignty and the Impact of Partition, Multitext Project in Irish History, Multitext University College Cork Website, http://multitext.ucc.ie/d/Ireland_culture__religion_1912-49#15ACatholicState (accessed 01/05/12).
[264] Alan Sheridan, *The Will to Truth,* (Abington, 1997) p. 97.
[265] Brendan D Kelly, 'Mental Health Law in Ireland, 1821 to 1902: Building the Asylums', Medico-Legal Society UK Website, http://www.medico-legalsociety.org.uk/articles/mental_health_ireland_1.pdf, (accessed 12/01/2012).

within its discourse; these 'norms' were also reinforced and legitimated by the Asylum and by the State.

What was perceived as 'normal' in any epistémè was by general consent. This agreement that existed between Institutions such as the State, the Family and the Church on the norms of the 'epistémè' were not a formal one. As we have seen, in Foucault's account the 'epistémè' operates largely on a presuppositional, 'unconscious' level, its social force being all the deeper and more prevalent for that. It is important to note in this regard that its perpetuation, and that of the norms associated with it, derived in no small measure from formal processes of education, training and – in the case of Church teaching – indoctrination.

As already illustrated, a Child which fell outside of the socially-determined parameters emerged as an object of knowledge. As a consequence of this they would have to be designated and investigated further. The practices of designation and investigation will be discussed in the later analysis of the Asylum. While the State also legitimised the institution of the Family it did not control it and was not an expert on it. These relations will show that while the State exerted a certain level of power over the Family it was in a minor role compared to the Church.

The Family and the State

As with the institution of the Church, the State as a surface of emergence is better understood by assessing its relationship with the Family. These relations were perceived of as ones of obligation and power. These relationships overlapped in complex way with that of the Family and the Church. As already discussed, the State legitimised the power of the Family over the Child and of the Church over the Family. It also allowed for other truths about the 'mentally defective' Child to emerge that supported the Child becoming an object of knowledge and also for frameworks of knowledge about the Child to exist.

Foucault considers 'the State' primarily as a number of complex and interrelated power relations rather than as a political or a geographical entity; the State needs

these relations in order to function.[266] The power exerted by the modern state is not for him a repressive kind, as Marx would suggest, but instead it is a type of control that shifts between positive and negative. Breen et al. argued that the Irish State functioned only in an auxiliary capacity, providing legislative and political reinforcement for the other socially-dominant Institutions.[267] The State thus exerted its power through its mechanisms of power and what Foucault called 'Governmentality': these allowed it to control the Family through the legal system which formally defined what constituted a family and its obligations to the State, the Church and the Child. It also thereby endorsed and reinforced the Church and the Christian idea of the Family.

An example of one of these mechanisms of power was the Irish Constitution of 1937.[268] This Constitution legitimised the predominantly Christian ideal of marriage (as a union between a man and a woman) and went so far as to state it would 'guard' this type of alliance. But this legally created a paradigm of alternative families that were no longer deemed legitimate by the State. These non-standard families were marginalised by Irish society and the Church.

The Constitution also outlined the responsibilities and obligations of the Family to the Child. This included that the parent or the Family were not only directly responsible for their offspring in education but also in all things. This was also enshrined in Article 42:

> 3.2 The State shall, however, as guardian of the common good, require in view of actual conditions that the children receive a certain minimum education, moral, intellectual and social.
>
> 5. In exceptional cases, where the parents for physical or moral reasons fail in their duty towards their children, the State as guardian of the common good, by appropriate means shall endeavour to supply the place of the parents, but always with due regard for the natural and imprescriptible rights of the child.[269]

---

[266] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, (London, 2000), James D. Faubion (ed.), p. 123.

[267] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 27.

[268] Constitution of the Irish Free State (1937), The All Party Oireachtas Committee on the Constitution Website, https://www.constitution.ie/Constitution.aspx, (accessed 24/05/12).

[269] Article 42 Education, Constitution of the Irish Free State (1937), The All Party Oireachtas Committee on the Constitution Website, https://www.constitution.ie/Constitution.aspx, (accessed 24/05/12).

These two articles also protected the child against mistreatment and put the onus on the Family to 'care' for the wellbeing of the Child. If this was not adhered to then the State had the right to take the place of the Family and to exert its power. This was ironic considering at this time the main kind of punishment that was socially acceptable for children was 'corporal punishment' under what Foucault would call 'disciplinary power'.[270] This meant that parents, in order to control their children, could beat them, and this was deemed to be for their own good. This process of legitimisation of the Family by the State could be viewed as the enshrining in law of the Family's duty of care to the Child.

Part 5 of article 42 of the Constitution, as outlined above, legitimised some of the State's limited control over the Family. The article affirms that the parents have a duty to their children; this could be read as stating the parents should have responsibility for the Child's education but if they fail in that endeavour it also authorised the State 'as guardian of the common good' to force the Family to live up to their socially-determined duty. This was due to the fact that responsibility for the child's welfare was perceived as not being that of the parent alone but also that of the State. If the Family failed in this duty towards the Child the State had the right to take that control away from the parents for the sake of the Child's welfare. It is important to understand that this mechanism of power, the constitution, allowed for the State to control the Family through the processes and practices of governmentality thus facilitating the emergence of the 'mentally defective' Child as an object of knowledge.

An example of this control was the practice of the medicalisation of the Family. This happened as a result of a great emphasis in the new state towards better health education and through vaccination programmes.[271] The State used the practices of governmentality to exert control over the health of the Family through what Foucault called bio-power. As discussed in the last chapter, this was where the state would control the population or the bodies of the population by exerting its

---

[270] Michel Foucault, *Discipline and Punish The Birth of the Prison*, p. 215.
[271] Thomas Walsh, 'A Historical Overview of Our Conceptualisation of Childhood in Ireland in The Twentieth Century', Human Development Conference, 'Voices and Images of Childhood and adolescence: Rethinking Young People's Identities', http://www.cecde.ie/gaeilge/pdf/conference_papers/Our%20Conceptualisation%20Of%20Childho od%20In%20Ireland.pdf (accessed 16/10/11).

administrative power. This could be why some parents decided to vaccinate their children, as they were informed by the State that it would prevent disability and/or death. These truths allowed for the State to be perceived as saving the population. This set of responsibilities or duty to the State was how the Family became 'medicalised' in order to improve familial health.[272] This medicalisation of the Family not only created relationships with the material environment that the child was in but it also emphasised the Family's responsibilities to society. The truth emerged that a failure to vaccinate would lead to death, disfiguration and disability; the predominant vaccination at this time was for 'smallpox'.[273] This practice of vaccination and the Mother and Child Scheme 1950,[274] were ways in which the State tried to exert bio-power over the Family. These schemes also allowed for the State to examine and keep records of the health of the Family, which became an effective method of exercising control over the general the population and the Family. In a Dáil debate in 1948, Dr. Ryan discussed how effective health programmes were at stopping the spread of diseases.[275]

This examination also created frameworks of knowledge that surrounded the health of the Family and population health in Ireland. These in turn allowed for parameters of normality to emerge, not unlike the 'thresholds of acceptability' discussed before, from these grids. Unfortunately there was a poor uptake of these vaccinations as there was no onus on the Family to immunise.[276] This kind of medicalisation of the Child was important for the Child deemed 'mentally defective' and the practice of medicalisation also reinforced the medical labels

---

[272] *Michel Foucault Essential Works of Foucault 1954 – 1984 Volume 3, Power,* James D Faubion (ed.), (London, 1994), pp. 96-97.

[273] Frank Houghton and Kevin Kelleher, Smallpox in Ireland an Historical Note with possible (and unwelcome) relevance for the future, Geographical Society of Ireland Webpage, UCD Website, http://www.ucd.ie/gsi/pdf/35-1/smallpox.pdf (accessed 21/05/12).

[274] This legislation drove Dr. Browne to resign and it was passed in 1951 a lesser form. Eamonn McKee, 'Church-State Relations and the Development of Irish Health Policy: The Mother-and-Child Scheme1944-53', *Irish Historical Studies*, Vol. 25, No. 98 (Nov., 1986), pp. 159-194.

[275] Ryan, Dr., Committee on Finance – Vote 68 Health, Tuesday, 6th of July 1948, Dáil Éireann Debate, Vol. 111 No. 16, http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail1948070 600028?opendocument (accessed 05/03/11).

[276] Frank Houghton and Kevin Kelleher, Smallpox in Ireland an Historical Note with possible (and unwelcome) relevance for the future, Geographical Society of Ireland Webpage, UCD Website. http://www.ucd.ie/gsi/pdf/35-1/smallpox.pdf (accessed 21/05/12).

'normal' and 'defective'. Under the practice of medicalisation the child and the Family became objects of knowledge.[277]

These relations between the Family, the Church and the State allowed for certain truths about the 'mentally defective' Child to emerge and they had important consequences. Being labelled outside of the 'norms' entailed a mobilisation of medical expertise to address the problem and thereby an overt intrusion of the State in the Family-Child relationship. At this time that expertise was held largely by professionals associated with the Asylum, which immediately featured largely in the remedial measures designed to deal with the 'mentally defective' Child. The 'mentally defective' Child now became a part of the relations between the State, the Church, the Family and this type of medical institution. It could be said that the Child now occupied the space in the overlap between the surfaces of emergence as the 'mentally defective' Child was now an object of knowledge. Within that institution there existed a discourse utterly different to that which related to the 'normal' Child. This created its own ways of talking about, referring to and viewing the 'mentally defective' Child. It had its own practices and processes that allowed for new frameworks of knowledge to surround the concept and new truths to emerge.

As already mentioned there are two main state institutions that dealt with people with mental disabilities at this time. These were the Asylums (hospitals) and the County Homes (or Poor Law Institutions). These County Homes were not allowed to have 'mental defectives' after 1950, as they were deemed to be no longer suitable.[278] The primary medical institution that diagnosed and cared for the 'mentally defective' Child, outside of the Family, was the Asylum. This is the institution that will be focused on next.

The Asylum
It could be stated that the institution of the Asylum was where the discourses on the Family, the Church and the State overlapped and it was not only a building but

---

[277] *Michel Foucault Essential Works of Foucault 1954 – 1984 Volume 2, Aesthetics,* James D. Faubion (ed.), (London, 1998), p. 462.
[278] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 23.

an important place of expertise, knowledge and truths. In order to understand how this fits into this argument there must be an examination of this institution and its relations.

Foucault analysed some French institutions, including the mental asylum, in *Madness and Civilisation*.[279] This section will transplant this examination into an Irish context taking into account the obvious cultural and subtle differences. For instance, the Asylums Foucault examined were predominantly administered by the State. For the purposes of this thesis the analysis in this section will be of Church-run Asylums that catered for people with mental illness and disabilities, like Magdalene Laundries,[280] County Homes and Mental Hospitals.[281] Some of these institutions were taken over by the Church after the foundation of the State. The similarities between the Asylums mentioned in Foucault's discussion and the Irish institutions will be evident from the following examination.

It has to be noted that the main difficulty with this time in Irish history is the sourcing of academic works that deal with people with mental disabilities and their lives in these institutions, there is however a growing wealth of information about these institutions in relation to mental illness. The sources that are used in this section are a combination of works from Dáil debates, autobiographical and academic books/articles. These allow for an analysis of the systems of knowledge that existed in these places to take place.

Being outside of the perceived norms and an object of knowledge the 'mentally defective' Child needed to be further investigated. This took place predominantly

---

[279] Michel Foucault, *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965).
[280] 'Inter-Departmental Committee to establish the facts of State involvement with the Magdalene Laundries', Department of Justice and Equality Website, http://www.justice.ie/en/JELR/Pages/MagdalenRpt2013 (accessed 06/02/13).
International Classification of Diseases (ICD), Programmes and Projects, World Health Organisation Webpage, http://www.who.int/classifications/icd/en/ (accessed 01/02/12).
[281] 'Part III.—*Reports of Charity Organisation Committee.*(i) On the Legal Provisions in Ireland for the care and instruction of Imbeciles, Idiots, Deaf and Dumb, and Blind, with suggestions for amended Legislation', Trinity College Access Research Archive Webpage, *www.tara.tcd.ie/bitstream/2262/5760/1/jssisiVolVIIPartL_2938.pdf*, (accessed 15/03/13). *Irish Educational Documents Volume 2*, Áine Hyland and Kenneth Milne (eds.), (Dublin, 1992), pp. 458-461. Sweeney, John, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010 17(2), p. 104.

in the Asylum. After the birth of the Irish State, the Church became one of the main 'care-givers' of 'mentally defective' people and to a lesser extent people with mental issues, as the new Irish Government could not afford to run the institutions.[282] It was not, however, the State that had requested the religious orders to take over these asylums over but in fact the Church in Rome and the Church hierarchy. This was due to the call for increased involvement in 'care' for the poor, destitute and needy; these were laid out in a number of Papal Encyclicals.[283] For instance one of these was *Rerum Novarum* of Pope Leo XIII (1891), where he pleaded for social justice for the poor and criticised capitalism.[284] The Church was the main providers of health and education in the state and therefore to take over the asylums was a logical step. These religious orders had become involved in these institutions in a minor way since the mid nineteenth century;[285] the Church reluctantly took on the task and did not want to become sole providers of care as they saw their remit as being best suited to education, not to take 'care' of the 'mentally defective'.[286] Yet the Church perceived people who were mentally defective as 'persons of God' and in need of 'protective care'. Therefore these places became institutions of medical and religious guardianship.[287] The State used this opportunity to divest itself of the 'mentally defective' Child as it did not want to care for the Child as the State did not have the resources or expertise to do so.[288] This institution created its own discourse and allowed for new frameworks of knowledge to emerge. It

---

[282] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 10.
[283] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, p. 98, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12).
[284] '*Rerum Novarum* - Rights and Duties of Capital and Labor', Encyclical of Pope Leo XIII On Capital and Labor, Pope Leo XIII Encyclicals, Vatican Website, http://www.vatican.va/holy_father/leo_xiii/encyclicals/documents/hf_l-xiii_enc_15051891_rerum-novarum_en.html, (accessed 10/01/13).
[285] J. G. Cooney, A Subnormality Service in Eire, Journal of Mental Subnormality (20), 1961, The British Journal of Developmental Disabilities website, p.80, http://www.bjdd.org/new/index.htm (accessed 27/01/12).
[286] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 50.
[287] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011. http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12), p. 98.
[288] John Sweeney, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010; 17(2), p. 98-99.

legitimised the Church position as the main author of delimitation on the 'mentally defective'. By analysing this institution it will become clear, not only how these frameworks emerged but also how the 'mentally defective' Child, now an object of knowledge, became marginalised from the Family, itself and society.

The relations within this type of Asylum are important to understand, as it shows how the Church dominated the discourse on mental disability. While the Church controlled all practices within the Asylum, there was a division of responsibilities therein. The religious orders administered and cared for the inmates/patients and the psychiatrists and nurses carried out the medical practice. The medical function however was limited as there was no perceived cure for mental disabilities.[289] The psychiatrist was in the Asylum primarily for the patients with mental illness and in a minor role of diagnostics for the inmates with mental disabilities. Even though the Psychiatrists role as an expert was growing in other countries, this was not the case in Ireland due to the dominance of the Church and the State in some Asylums. According to Sweeney, the State did not fully recognise the role or expertise of the Psychiatrist until the late 1950's. They were also not consulted on government policy to do with the Asylum.[290] The Church's role was recognised by the State as one of the legitimate body or primary authority on the object of knowledge that was the 'mentally defective' Child.

This expertise that was accredited to the Church came from the grids of specification that emerged in the Asylums that they ran and to a lesser extent by the grids from the other institutions, the Family and the State. Within the Asylum itself there were two types of medical expert; the religious orders and the psychiatrist. Both were trained medical experts, legitimised by the State and these authorities had the power to decide who was defective and who was not, as they were the sole providers of medical care for the 'mentally defective' Child in the State.[291] The religious orders, however, were the main authority within their

---

[289] Ibid., 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Vol 28 (1), 2011, Canadian Society for the History of Medicine Webpage, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12).

[290] Ibid., p. 105.

[291] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical

Asylums and exerted control over all inmates, patients and medical practitioners. While the psychiatrist or medical officer came to the Asylum they were not recognised by the State as the main authors or experts. Rather, as has been seen, the Church – the main authority on mental disability in Ireland – controlled and regulated the behaviour and treatment of the patients/inmates ('mentally defective' Child) within the Asylum. This meant that the Church not only legitimised the Asylum regime and set the 'truths' about the mentally defective but to a much lesser extent about people with mental illness. The frameworks that surrounded the 'mentally defective' and emerged from here contained what was perceived as the legitimate knowledge on the condition. For instance the government referred to them for 'best practice' and for advice on social policy.[292] This information provides proof that the Church was one of the predominant powers within the State to decide who was mentally defective and who was not. They also decided who fit into the different 'grades' of mental disability. In order to understand this better it must be understood that the Asylum functioned in two overlapping ways. Further that the church-run Asylum was a place of medical expertise and of morality/religious order. These different approaches or views of the Asylum were as a result of the Church's control over its Asylums, this will be examined here.

In order for the medical function to take place, the patient/inmate needed to be medically diagnosed or labelled. As already indicated the Child was medicalised by the State and now needed to be investigated. This was achieved, according to Foucault, by examining, investigating, designating and defining the 'norms'. In other words, a return to the binary opposition of 'normal' versus 'defective'. In order to understand what is 'defective', there must first be a decision about what is 'normal'. As already discussed the 'mentally defective' Child was judged to be outside of societal 'norms' by the Family, which meant they needed to be examined within the Asylum to find out in what way they were different or 'abnormal'. This practice Foucault called 'normalisation'.

History Page, Vol 28 (1), 2011, Canadian Society for the History of Medicine Webpage, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12).
[292] Ibid., 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010; 17(2), p. 96.

'Normalisation', according to Foucault, made all people homogeneous in order to find out who was different. It could also be perceived as the practice that makes a phenomenon conform to certain socially-desirable parameters. Once the inmate is found to be outside of the 'norms' they will be medically labelled. This process of diagnosis was carried out through the 'medical gaze' by medical experts. Some of these medical experts were not always permanent members of staff of the Asylum, like the psychiatrist, but visited and worked under the administration of the religious orders.[293]

The 'medical gaze' was the practice utilised in order to determine if the child was within medical and biological 'norms'. It is grounded in a claim of truths about normality, biology and the human body/mind. This practice of examination, according to Foucault, united the processes of observation and normalisation (the techniques of observation and normalising judgement). It individualises the inmate by creating a set of analysis and descriptions that describe only them.[294] The Child was different but in a way unique by the very fact that they have a disability. These differences can be grouped together to form a new, definable, condition. The inmate becomes an object of knowledge through this process. They are no longer just a person but also a myriad of symptoms.[295] Unfortunately, however, this process did not always lead to medical treatment in the Asylum.

In order to diagnose a subject as a 'mental defective,' there must firstly be a measurement of their intelligence. This is grounded in the authority and truth of the legitimacy of mathematical testing. It is usually carried out by administering a test to find the subject's intelligence quotient (IQ), which was the preferred way of determining the level of mental deficiency that the subject had.[296] It gave the authorities within the Asylum the power to make visible the truth about the 'mentally defective' Child. This was one of the main diagnostic methods within the practice of 'medical labelling'. Once it was determined through the medical

---

[293] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), pp. 11-12, 26.

[294] Michel Foucault, *Discipline and Punish The Birth of the Prison,* (London, 1977), pp. 136 – 167.

[295] John Sweeney, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010 17(2), p. 106.

[296] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, p. 1, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11).

gaze and using the processes of medical diagnosis what the condition the Child had, they would then be medically labelled.

The term 'mentally defective' when applied, labels and defines the subject by their medical diagnosis. They would be subsequently labelled in this way on all official documents within the State. This meant that they were designated by the concept 'mentally defective'. It was a label which, once applied, seemed not to be rescinded as there was no known cure for mental defectiveness.[297] In fact this medically labelling of the Child caused marginalisation from the self, as they were no longer a culmination of attributes but just a medical diagnosis. This label was applied in order to resolve the subject's medical issues by categorising their condition in an effort to medically normalise them. As there was no treatment for mental defectiveness, it limited the medical function within the Asylum for those diagnosed in this way. Put simply, the newly medically labelled subject was no longer designated solely by their name but also by his/her condition. This could be perceived as a powerful way to control the subject within this institution, thus making them 'docile'. This meant that the frameworks of knowledge that surrounded the concept of 'mentally defective' in the Church-run Asylum were predominantly medical and the truths that emerged were also influenced by this. While this was not the sole function of the Asylum, it dominated its discourse.[298]

To compound this rendering of the subject as 'docile' the Church employed a regime that was strictly timetabled and emphasised morality and a limited form of education through labour.[299] This was because they wanted to control the inmates but also as a result of not being able to cure the 'mentally defective' Child. In order to provide any kind of formal or adequate education within the Asylum would have needed to have adequate funding. This was difficult as the Asylum was not recognised governmentally or legitimately as a part of the official Irish educational system.[300] This not only meant that it did not partake in the mass

---

[297] Sweeney, John, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010 17(2), p. 102.
[298] Eilis Ward, 'Security and Asylum: The Case of Hanna Greally', in: *An Irish Quarterly Review*, Vol. 95, No. 377 (Spring, 2006), pp. 65-76.
[299] Michel Foucualt, *Discipline and Punish The Birth of the Prison,* (London, 1977), pp. 136-167.
[300] Dr. Browne, Committee on Finance – Vote 68 Health, Tuesday, 6th of July 1948, Dáil Éireann Debate, Vol. 111 No. 16,

policy of nationalistic indoctrination that was taking place in mainstream education but also that there was no funding available outside of the official system.[301] Despite this, the Church did provide a limited type of education. There is no 'first person' account of what form this education took, as these children could not read or write. However there are other limited sources, such as the medical officers who visited the Asylum. They wrote regular reports on the state of the institution.[302] This was a stipulation in the Mental Treatment Act of 1945.[303] Some of these reports stated that the Asylum had a strong emphasis on morality and hard work being the only perceived therapy and education that was needed.[304] They however, lacked detail about what form this education took.

Sweeney asserts that the teachings of religion and morality were viewed as the best kind of atmosphere to help the patient/inmate by the State.[305] This was perceived as true as there was little alternative to the Catholic-run Asylums in Ireland and therefore nothing to challenge it.[306] In contrast, Foucault had a different view on the dominance of religion within this type of institution. In *Madness and Civilisation*,[307] when discussing the dominance of religious morality within the Asylum, Foucault asserted that Pinel, who ran a non-religious asylum, called religion a potential cause of madness and was in fact harmful. This is why, according to Foucault, that Pinel created an asylum that was free of dangerous religious passions.[308] The labour practiced within the Asylum was usually farming, tailoring and cooking for the institution. Foucault asserted that Tuke and Pinel saw work as obviating problematic behaviour in the inmate or patient; in the Irish Asylum, labour was viewed as being good for the soul.[309] This truth was allowed to emerge as it not only suited the Church but also it made the Asylum

http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail1948070 600028?opendocument (accessed 05/03/11).

[301] John Coolahan, *Irish Education: it's History and Structure*, (Dublin: 1981), pp. 38-40.

[302] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), pp. 11-31.

[303] Ibid., p. 1.

[304] Ibid., p. 21.

[305] John Sweeney, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010 17(2), p. 108.

[306] Ibid., p. 106.

[307] Michel Foucault, *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965).

[308] Ibid., pp. 255-258.

[309] John Sweeney, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010 17(2), p. 101.

self-sufficient. This practice however was not available to all inmates/patients. The more severe mental and physically disabled inmates/patients were left to watch others at work and could not participate.[310] If labour was connected to salvation, then this would suggest that those who could not contribute would be further excluded. These frameworks of knowledge not only allowed for the Child rendered them 'docile' but also to be excluded within the Asylum.

It has already been asserted that the 'mentally defective' Child was marginalised by their Family - as they were perceived outside of the 'margins of tolerance', by society as they were incarcerated in the Asylum, by being medically labelled - as it marginalised them from themselves and now within the Asylum they are further excluded. The regime in the Asylum emphasised the fact that the children within the Asylum were treated differently from other children within the State, as they did not receive the same education as other 'Irish' children, as discussed in the beginning of this chapter. These children received no formal or legitimised or funded education at all as they were deemed uneducable. This was counter to the Irish constitution where the right to education was enshrined for every child. There were other mechanisms of exclusion within the Asylum that have not been discussed thus far.

The 'mentally defective' Child was marginalised within the Asylum by a practice called 'segregation'.[311] This practice came in many forms and segregated the 'disabled' inmates from the mentally ill 'patients', the genders from each other and the Asylum from society. This practice was to dominate all forms of education for the 'mentally defective' Child until the 1960s;[312] and in a lesser form thereafter. The first type of segregation was where the 'mentally defective' inmates were segregated from the 'mentally ill' patients within the institution.[313] They were all in the Asylum and yet they were segregated from each other. There was an

---

[310] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), pp. 17-19.
[311] Dr. Ryan, Committee on Finance. - Vote 63—Health (Resumed), 11 April, 1956, Dáil Éireann Debate, *Volume 156* , http://historical-debates.oireachtas.ie/D/0156/D.0156.195604110022.html, (accessed 05/03/11)
[312] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 11.
[313] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), pp. 11-20.

expectation that people with mental illness could be 'cured' with medical intervention and be able to eventually return to society. In contrast there was no expectation that people with mental disabilities could be cured; they had life-long conditions with no hope of recovery. They were kept in the Asylum as a place of 'elimination' or 'refuge', and this difference showed in the diversity of care provided. People with mental illness were taught to be self-sufficient and were given vocational training.[314] Some of the mentally defective were allowed to watch yet they were not allowed to participate.[315] In some cases mentally ill patients returned to society after treatment, but 'mentally defective' patients rarely did. The inmates and patients were also considered more manageable by segregation and it was seen as safer that way. This is what Foucault would call a 'technique of control,' by means of which power was exerted over the inmate to control them. This, according to Foucault, reinforced and shaped the patient/inmate as an obedient and 'docile' subject.[316]

There was also segregation between genders within the Asylum. The sexes were housed in separate buildings and in some cases different institutions. There was not only segregation within the Asylum but of the Asylum itself from society at large. It was usually physically isolated from the wider community since asylums in Ireland generally were big old buildings on the edge or outside of the town or city. Many of them used to be old workhouses or poor institutions and several were dilapidated. The Church also located many of them in rural areas away from towns.[317] The 'mentally defective' Child and Adults were taken there away from their communities and the Family, to be housed in these isolated buildings.[318] These institutions were often hidden behind large trees, high walls or on large plots of agricultural land. The Asylum was a place of isolation, exclusion and

---

[314] Ibid., p. 21.
[315] Ibid., p. 22.
[316] Michel Foucault, *Discipline and Punish The Birth of the Prison*, (London, 1977), pp. 148-149.
[317] J. G. Cooney, A Subnormality Service in Eire, Journal of Mental Subnormality (20), 1961, The British Journal of Developmental Disabilities website, p.80, http://www.bjdd.org/new/index.htm (accessed 27/01/12).
[318] Licia Carlson, 'Philosophers of Intellectual Disability: A Taxonomy', in: Eva Feder Kittay and Licia Carlson (eds.), *Cognitive Disability and it's Challenges to Moral Philosophy*, (Oxford, 2010), p. 317.

hidden from society in a physical way.[319] This was in contrast to the prison where Foucault asserts that it is in the centre of the society, an important part of society.[320] It was accepted as a place that was integral for the society whereas the Asylum is a forgotten place within society. The Asylum or 'mental' institutions were purposefully excluded. The frameworks of knowledge that sustained this practice also allowed for the truth to emerge that this was the best practice for the management of people with these conditions at this time. This segregation of the Asylum affected how these children were viewed by the State and the Family.

This exclusion of the 'mentally defective' Child and the discourse that was outlined above allowed the State to perceive the 'mentally defective' Child in a certain way. As already discussed, the Asylum was not given funding for education. It was also given limited funding for 'care'.[321] There was little written officially about these places or the welfare of the inmates/patients, even though there was an inspector of mental hospitals. The reports by the Inspectorate for Mental Institutions were supposed to be read out in the Dáil for public record, but this was not always the case and on many occasions these reports were forgotten or lost. If the reports were read at all, they provided little detail indicating 'day to day' living or even the education of the inmates/patients. Some of the detail that was provided was with regard to the conditions of the environment these inmates/patients lived in, but not their welfare. These reports established what was true for the patient/inmate officially.[322] It illustrates in a blatant way that once the 'mentally defective' Child were incarcerated within the Asylum they were forgotten about. Ironically, while the Asylum was on the edge of society officially they still provided a vital function within society since the Asylum took those that were 'fragile' and 'defective' out of the populace.

This isolation had a profound effect too on the relationship between the Family and the 'mentally defective' Child. The Family in some cases became fractured as

---

[319] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister and the Minister for Health and Social Welfare, (Dublin, 1983), p. 9.
[320] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 2000), pp. 85-86.
[321] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), pp. 114-118.
[322] Ibid., pp. 2-5.

the 'mentally defective' Child did not belong within this unit any more and was now a part of the Asylum. The Child was physically separated from the Family and sent to live in this place. As the population of Ireland at this time was predominantly rural and poor, it meant that the Family could not visit very often. The 'mentally defective' Child was again marginalised from the Family, in some cases from a very young age.

Foucault asserted that in order to begin to understand the Asylum there must first understand the rationality or the aim of the institution.[323] This includes what the institution hopes to achieve. This aim provides a guide as to what therapies, practices or interventions will take place there. There has to be an understanding of what is hoped to be achieved with the patients. At this time these institutions functioned as places of 'care' and 'refuge', where people with mental disabilities were put to protect them from society.[324] This was the perceived main aim of the Asylum. As already discussed, the asylums in Ireland did not function as a place to educate, cure or make its inmates with mental disabilities independent. Sweeney asserts that this was due to the fact that the Church 'regarded people with an intellectual disability as being in need of protective care and training whose souls had to be safeguarded rather than in need of medical treatment as patients'.[325] In the case of the 'mentally defective,' therefore, the aim of the Asylum was one of 'care'.

In reality, however, the practice of 'care' according to the inspector of Mental Hospitals was not always adhered to. The conditions in the mental hospitals were frequently of a poor standard and there was no money available to rectify the situation.[326] As already discussed, the reports provided by the inspector did not give much detail of daily life or the practices of the Asylum, as it did not seem to

---

[323] *Michel Foucault Essential Works of Foucault 1954 – 1984 Volume 3, Power,* James D Faubion (ed.), (London, 1994), p. 385.
[324] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister and the Minister for Health and Social Welfare, (Dublin, 1983), p. 9.
[325] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12), p. 98.
[326] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), pp. 21-32.

form part of their remit. Their reports do, however, state that life in the Asylum was highly regimented and all features of it, such as diet and time, which were highly controlled. People slept in some cases three to a bed or on the floor.[327] The practices within the Asylum were therefore akin to that of the prison, except that those with mental disabilities had little hope of release. According to Greally, in the Asylum they administered harsh punitive measures for misbehaviour,[328] and there was little done about the consequences of these practices until much later. Foucault, however, offers a possible way of addressing the fact that the Asylum was not carrying out its aims of 'caring' and/or 'curing' the inmate, which is his concept of 'strategic configurations'. What Foucault meant by 'strategic configurations' is that the administrators needed to either reform the asylum or to change its aims. This change could be different to the original aims but could be still consistent with them. The aim of the Asylum needed to fit what was really happening within the system but it needed to be more flexible. Unfortunately this did not seem to be an option in Ireland until much later. The institution of the Asylum remained therefore a place of exclusion. It contained mentally ill people and also 'mentally defective' people who were considered vulnerable and in most cases unable to be educated.[329] The frameworks of knowledge and truths that emerged from the Asylum underpinned this view.

Towards the end of this epistémè there was a move towards taking the children out of the Asylum in the 1960's.[330] It was becoming officially an unsuitable place for them to be. Instead the children were to be put into residential care homes, which were still controlled and administered by the Church. In 1927 there was only one hospital for children with mental disabilities, while by 1956 there were thirteen residential care homes with a predominant emphasis on education along with an ethos of morality and work. The intake into these new institutions had grown slowly since the birth of the State. In 1947 the first 'special school' was recognised by the Department of Education. A small amount of children who

---

[327] Ibid., p. 25.
[328] Eilis Ward, 'Security and Asylum: The Case of Hanna Greally', Studies: An Irish Quarterly Review, Vol. 95, No. 377 (Spring, 2006), pp. 65-76.
[329] Annie Ryan, Walls of Silence, (Kilkenny, 1999), p. 12.
[330] Cooney, J. G., 'A Sub normality Service in Eire, Journal of Mental Sub normality' (20), 1961, The British Journal of Developmental Disabilities website, pp. 82-84, http://www.bjdd.org/new/index.htm (accessed 27/01/12).

were considered mildly mentally defective were given a limited education in this residential home called St. Vincent's, Cabra. Those labelled 'idiots' were denied a place there.[331] These changes meant that there was new knowledge beginning to emerge from underlying conditions that were changing. This will be discussed further in the next epistémè.

<u>Conclusion</u>

This epistémè of the Institution introduced the main surfaces of emergence that surrounded the concept 'mentally defective'; these are the institutions of the Family, the Church and the State. By outlining each institution and examining the individual underlying conditions that underpinned their frameworks of knowledge has allowed for their process and practices to be exposed. It has become clear that each institution had its own discourses, practices and processes that allowed for truths to emerge and for frameworks of knowledge to be established. When these discourses overlapped, their institutional discourses created different frameworks of knowledge that allowed for new truths about the 'mentally defective' Child to become clear, for instance that the Child was uneducable. This knowledge also allowed for the 'mentally defective' Child to emerge as an object of knowledge. The institution that dominated and controlled this legitimate knowledge in this period was the Church, as it was the main authority of delimitation and was legitimised by the State and the Family. The Church were also the main experts that disseminated this knowledge and established the valid truth about the Child. They controlled their Asylums and these became the main places of expertise on the 'mentally defective' Child. While the Family still controlled the Child within its own structure it was not the main author of delimitation. All this discourse allowed for marginalisation to exist as the knowledge and truths that emerged pushed for the Child to be incarcerated in the Asylum.

The Child was excluded from the Family and society by being separated environmentally, personally and physically. The practices within the Asylum gave some sort of education to the Child and a function within society but it only emphasised how these children were treated differently. The myths and truths to

---

[331] J. G. Cooney, 'A Sub normality Service in Eire', The British Journal of Developmental Disabilities, p. 83, http://www.bjdd.org/new/index.htm (accessed 27/01/12).

emerge from the Asylum were that this was place where the 'mentally defective' children were protected and were better off. In fact what was revealed through analysis is that it was a place that was just to get rid of the 'mentally defective' from society. This 'exclusion' was not deemed a bad thing; in fact, it was deemed socially acceptable because it was necessary. This view of the 'mentally defective' Child and its education remained marginally uncontested until the mid-1960s.

Chapter 4 - The Birth of Special Education

The last chapter discussed the power relations and conditions that existed between the institutions of the Family, the Church, the State and the Asylum. These were analysed to see how they affected the knowledge that surrounded and supported the concept of 'mental deficiency'. In this chapter there will be an examination of the epistémè that relates to another time in history, from the mid-1960s to the early 1990s. It will assess how the relations between these institutions have changed and how these changes affected the knowledge in this epistémè. This should be able to offer some explanation as to why the 'mentally defective' Child became the 'mentally handicapped' Child and expose the change in the underlying conditions that existed for this change to happen. These descriptive terms did not just evolve from each other; rather, one replaced the other as part of a shift from one epistémè to its successor. In this chapter, the term 'mentally handicapped Child' is used to refer to all the grades of mental handicap. It will begin with a brief outline of the views of the historian as to the prominent discourses in this history. These will focus on the relevant issues for this thesis and will give the chapter some context.

Traditional histories look at how the Irish state was now dominated by the idea of economic expansion and European ideology.[332] This culminated in its accession to the European Union in 1973. This development meant that the discourses that came to predominate within the State were those that involved economic and social progress.[333] This was a slow process and by no means an overnight change. For example, while society on the surface becoming less conservative, in reality the State still relied on the Church for support in many areas, albeit more reluctantly than it had in the past. These above governmental changes pushed societal discourse away from rural and conservative ideology towards discussions about urbanisation, liberalism, industrialisation and economic expansion. All the aforementioned discourses culminated in the State commissioning a group of civil servants to look at the economic state of the country. A white paper on Economic Expansion was produced in 1958, and it identified education as a vital factor to

---

[332] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 40.
[333] Ibid., p. 34.

achieving economic stability.[334] Additionally, the State became less insular and inward-looking, engaging with its position on the International stage.

For the purposes of this thesis, it is important to also note that this move away from insular thinking saw a rise in the importance of new ideas in education, especially in the area of mental disabilities. There was an increase in government and public interest in reforming the educational system, which led to an increase in reports and commissions into Higher Education, Adult Education, Reformatory and Industrial Schools and most importantly into mental disabilities. For the 'normal' Child this meant that there was a move towards increasing the upper age limit for schooling to provide a better educated workforce. Free secondary education was offered to all children from 1967, so that it was no longer a privilege restricted to those who were fortunate enough to afford it.[335] Academics were also analysing the educational system in an effort to redress inequality, especially for children from deprived backgrounds: there was a great deal of debate about teaching management, teachers and pedagogy within the teaching profession.[336] This discourse saw the emergence of 'child centred' educational ideology, in which the intellectual development of the Child was placed at centre stage. A perceived consequence of these changes saw an increase in investment in education,[337] and this created discourse around new concepts like equality, economic expansion and investment in education. There was also a new focus on education for the 'mentally defective' Child.[338] Perhaps more fundamentally it will be evident that this epistémè saw a shift away from the dominance of the institution of the Church.

The Foucauldian hidden history thus reveals that this epistémè moved from centring on a predominantly conservative, inward-looking State to one which centred on a more liberal, egalitarian State which modelled itself on the norms of other Western democracies[339] – the latter indeed became the underlying

---

[334] John Coolahan, *Irish Education: it's History and Structure*, (Dublin: 1981), p. 131.
[335] Ibid., p. 134.
[336] Ibid., p. 132.
[337] Ibid., p. 135.
[338] Ibid., p. 185.
[339] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 18.

epistemological consensus of the new epistémè. This meant that the Institutions discussed in the last epistémè were now being subjected to external influence, specifically the State's European counterparts, especially Britain. This chapter will focus on how these changes related to the discourse and power relations that emerged and surrounded education and how it affected knowledge formation, specifically around mental disabilities. The knowledge that was produced in this epistémè created new and transformed old surfaces of emergence, experts, place of expertise, practices, and truths. It will also become clear how these altered power relations and knowledge affected the interplay between all Institutions identified in the last chapter.

Here again, as in chapter 3, there is a focus on the various surfaces of emergence in this epistémè (the Family, the Church and the State), with the Family constituting the starting point. The assessment of this epistémè will begin with a description of what is meant now by the Family. Then there will be a look at how its relations with the Church and the State have changed the discursive formations and knowledge frameworks in this epistémè. This will be achieved by analysing these relations. By the end of this analysis it should be clear how those relations were transformed from the configurations and interrelations which they possessed in the previous epistémè. There will also be a reflection on how the concept of marginalisation has emerged in the new epistémè.

<u>The Family</u>
The Family was still the primary unit within the State and the main surface of emergence in this time for the concept 'mental handicap'. While on a general level there were big changes in the structures of the Family that affected the information within its discourse and changed its relations with the other institutions, it did not change the fact that the 'mentally handicapped' Child emerged within its discourse. This will become clear as this institution is discussed.

In the previous epistémè, as we have seen, the Family structure was described as nucleated with extended family living nearby; in the new epistémè the family type is now considered more fractured. This sociological construct described how

many families in this time had to move to where the work was, away from their extended family. Both parents were now out working, there is a drop in fertility, a small rise in single parenting and children born outside of marriage.[340] This, of course, changed the dynamics within the Family as well. There was a loss in many cases of the expertise and support of the extended family. The power relations within the structure of the Family changed dramatically with the slow rise of feminism, patriarchy went into decline as the paradigmatic form of social organisation, being gradually replaced by gender equality.[341] This led to more equal relationships within the Family thus creating more division of the power relations, usually between parents. Both parents were also now better educated, thus theoretically both could seek work. These changes in the structure of the Family meant that the relations with the Child would also change. The management of the Child was still dominated by parental control but was now shared by both parents.[342] With both parents now able to seek work the issue of childcare became important. Better education of the Family allowed for the emergence of parents who now were capable of becoming experts on their child. This will be seen by the rise in parental empowerment in this épistémè. These new relations within the Family corresponded to the change in the relations between the Family and the Church.

The Family and the Church

In order to understand how these changes affected the relations the Family and the Church there will be an analysis of this relationship. Due to its members having a higher standard of education, the Family began to interact in a different way with all the other institutions. The control that the Church had exerted over the Family in the last épistémè gradually went into a slow decline and the Family as an institution become increasingly oriented around the essentially secular values of the Western world.[343] While the Church remained a surface of emergence in this

---

[340] Tony Fahey and Helen Russell, *Family Formation in Ireland – Trends, Data, Needs and Implications*, Report to the Family Affairs Unit, Department of Social, Community and Family Affairs, Policy Research Series No. 43, (Dublin, 2001).
[341] Margret Fine Davis, *Attitudes to Family Formation in Ireland – Findings from the Nationwide Study*, Social Attitude and Policy Research Group, School of Social Sciences and Philosophy, (Dublin, 2011), p. 4.
[342] Ibid., p. 7.
[343] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 109.

episteme its importance however was now changing. How this change happened and its affects will become clear with further examination.

On a fundamental level, the underlying conditions that existed in this épistémè between the Church and the Family were different to those which had been obtained in the previous épistémè.[344] Whereas the Priest had been the primary authority, legitimised by both Church and State, on the Family, his pastoral role became increasingly marginalised, with a commensurate loss of influence and dominance on the part of the Church.[345] The Family become more engaged with knowledge about itself and created new truths about its institution. It looked beyond the Church for the guidance that informed much of its decision-making.

This happened because new experts on the Family began to emerge in this épistémè, due to the rise in such sociological discourses and areas of study as the dynamics of the family, parental roles, sibling rivalry and the interrelations of the Family.[346] Some of these new authors were sociologists, psychologists and psychiatrists. These experts had existed before but they were only now fully accepted as acknowledged experts in this field in Ireland, and this change also created a more liberal attitude to child control.

An example of one these experts was Dr. Benjamin Spock, a well know author on the relationship between the parent and the child.[347] He was a prominent American psychologist and paediatrician, whose books presented new forms of guidance and expertise to parents on how to treat the Child. His main theory and the emergent truth from this work were the parents were the main experts on their child and they should trust their own instincts for he said, 'it may surprise you to hear that the more people have studied different methods of bringing up children,

---

[344] Margret Fine Davis, *Attitudes to Family Formation in Ireland – Findings from the Nationwide Study*, Social Attitude and Policy Research Group, School of Social Sciences and Philosophy, (Dublin, 2011), p. 7.
[345] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 18.
[346] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 10.
[347] 'Obituary for Dr. Benjamin Spock', On This Day, The New York Times Website, http://www.nytimes.com/learning/general/onthisday/bday/0502.html (accessed 15/01/12).

the more they have come to the conclusion that that good mothers and fathers instinctively feel like doing for their babies is usually best after all'.[348]

The information produced by experts like Spock formed new frameworks of knowledge that surrounded the Family and changed what it meant to have parental power. Other prominent examples of experts on the Family and education were people like Froebel, Steiner, Montessori and Barnardos, each came to the fore at different times in this epistémè. These experts encouraged the Family to become more integrally empowered and to take more control over the Child's education. Thus, for example, Froebel's philosophy centred on the importance of the role of the parents in their child's education, Steiner treated each child as an individual and argued that each stage of a child's life requires an educational and developmental approach specific to it, Montessori offered a child-centred approach which enabled the child to live up to their educational potential, while Barnardos worked and supported families and children in their own communities. They all contributed to the frameworks of knowledge that surrounded the discourses of the Family and education,[349] and what emerged from these discourses was a greater freedom on the part of parents to choose how and where their children were to be educated. For the Family of the 'mentally handicapped child,' such a change in focus was very important.

Once the Family was empowered by the new expertise it began to resist the doctrinaire approach of the Church. This was particularly evident with the parents of the 'mentally handicapped' Child. This resistance did not emerge in the form of a mass movement, like in Britain, where the disability movement was driven by groups of people with disabilities. In Ireland this type of movement was led by the Family and took place on a much smaller scale.[350] As already mentioned, the members of the Family – in particular, the parents – began to acquire its own ranges of expertise, which allowed for a less centralised Familial approach in

---

[348] Dr. Benjamin Spock *Dr. Spock's Baby and Child Care*, Revised Seventh Edition, Pocket Books, 1998, Parents website, http://www.parents.com/parenting/better-parenting/advice/trust-yourself-as-a-parent/ (accessed 10/01/13).
[349] Nóirín Hayes, Early Childhood An Introductory Text, (Dublin, 1993), pp. 14-19.
[350] Desmond Swan, 'Special Education in Ireland, the concept and the reality', *From School...To Work, Issues in Education and Employment for the Disabled,* Association of Secondary School Teachers Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 20.

which advocating for the 'mentally handicapped' Child began to come to the fore. This was through the knowledge created by the new emergent experts on the Family and by the sharing of information. Groups of parents shared knowledge about their children's conditions and about the range of options available to them to deal with their child.[351] By using this information they started a process to regain control over their child's education. An example of this empowerment was the exertion of political and social pressure on the State to change conditions within the Church-run Asylums. They also got more directly involved in their child's therapy and education.[352]

An example of one of these groups was the National Association for the Mentally Handicapped of Ireland (NAMHI), which was run by the parents and friends of the mentally handicapped. This organisation fought for a move away from a purely 'medical model' view of people with mental disabilities and for the deinstitutionalisation of these children from the Asylum. NAMHI was an umbrella group for voluntary organisations and parents support groups which actively sought better services and conditions for people with mental disabilities in the Asylums.[353]

Within the Family, resistance to the approach of the Church related to two main issues; having to send their children away to the Asylum and the practice of 'medical labelling'.[354] In order to open the debate in the discourses that surrounded the Asylum, the Family pushed firstly for education for their children. They set up the first voluntary day school for children with mental disabilities in

---

[351] The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11), p. 1.
The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 11.
[352]Maria Callias, 'Teaching Parents, Teachers and Nurses', *Behaviour Modification for People with Mental Handicaps* second edition, William Yule and Janet Carr (eds.), (London, 1980), p. 215.
[353] Deirdre Carroll, 'The Organisational Impact of Change on a Voluntary Association', Dissertation Submission, Inclusion Ireland Archive, (1998).
Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 73-78.
'About Inclusion Ireland, Our Name Change', Inclusion Ireland Website., http://www.inclusionireland.ie/about_namechange.html (accessed 01/03/10).
[354] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 73-78.

Dublin in 1956.[355] They were one of the first national parental groups for the Families of the Child with 'mental handicap' that was not established or run by the Church or State. This is an example of groups of Families getting together, sharing information and using that new knowledge to resist the power of the Church and exert pressure on the State. However, negotiation with the Church was still necessary, due the fact that it was still the main service provider in the area of mental disabilities. What these Families did achieve was a change in the treatment of people with mental disabilities to reflect advancements in the fields of medicine and society. This debate about the education of the Child with 'mental handicap' surfaced due to issues with how these children were diagnosed.

Over the course of the epistémè serious issues emerged about the practice of 'medical labelling'. The first issue was with the accuracy of the tests used and the second was the method. As illustrated, in the last epistémè 'medical labelling' was used mainly to categorise and diagnose the child; it was rarely used to provide therapy or education. It was assumed if a child had difficulty speaking or reading they were considered 'mentally defective'. In this epistémè questions surfaced about the validity of this practice. With medical advancement and better information, it emerged that some children who were labelled as 'mentally defective' and uneducable in the last epistémè were found to have been intellectually able. Their learning difficulties were due to a physical disability or to other impairments. This is evident in from Dáil debates in 1960:

> From my own knowledge I can say there is great need for a proper system of diagnosis of children suffering from mental handicap, mental disease or mental defect. The tragedy of this situation is that a number of these children, not of course all, can be cured or at any rate have their condition considerably alleviated but because of lack of diagnosis they go through life handicapped, wrongly handicapped, because of inadequate diagnosis.[356]

> Only those who have some experience of dealing with children realise that the child may be suffering from extreme myopia, or deafness, and that is the reason for its apparent mental retardation. The myopic

---

[355] *Irish Educational Documents Volume 2*, Áine Hyland and Kenneth Milne (eds.), (Dublin, 1992), p. 461.
[356] D. Costello, Private Members' Business. - Mentally Handicapped Children: Motion, Wednesday, 9th November 1960, Dáil Eireann Debate, Vol. 184 No. 5, http://debates.oireachtas.ie/dail/1960/11/09/00057.asp (accessed 05/03/11).

> child had never properly seen the world about it and never been able
> effectively to read.[357]

For instance, a lot of children with cerebral palsy were found to have normal intelligence and seemed to cope well intellectually in mainstream schools.[358] Accurate diagnosis thus became increasingly important, particularly as the grades of mental handicap were used to decide where the Child should be educated. Before now all children who were considered to be 'mentally defective' were either institutionalised or left with their parents. This was now deemed unacceptable.

Another area that was challenged was the processes used to diagnose mental disabilities. As we have seen, the main one used in the last epistémè was intelligence quotient (IQ) testing. It emerged in this epistémè that such intelligence quotient tests were not enough to determine intelligence or the type of education a child needed.[359] There was accordingly a shift towards a better system of analysis; diagnostic testing and assessments became increasingly administered in hospitals or remedial centres rather than in the Asylum. The former now became the main locations of expertise on diagnosing the Child with disabilities. This call for better diagnosis was not just about mental handicap but was applied to all disabilities. This change also created a resistance within the Family and disability groups to the practice of medical labelling.

Further changes came in the mid-1980s: parent and disability advocacy groups along with some academics became increasingly resistant to the reliance and emphasis on 'medical labelling' within the State. The main argument was that there was always stigma attached to any terms used to medically label a child.[360] The Family began to actively advocate for an alternative to this practice.

---

[357] Mr. Dillon, Committee on Finance. - Vote 58—Health (Resumed), Thursday, 30 June 1960, Dáil Eireann Debate, *Vol. 183 No. 6*, http://debates.oireachtas.ie/dail/1960/06/30/00019.asp (accessed 05/03/11).
[358] Mona O'Moore, 'Integrated Education for the Disabled Child', *From School ... To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 28.
[359] Desmond Swan, 'Special Education in Ireland, the concept and the reality', Ibid., p. 19.
[360] Seán Hunt, 'Educational Provision for the Physically Handicapped', *From School...To Work, Issues in Education and Employment for the Disabled,* Association of Secondary School Teachers,

New frameworks of knowledge allowed for the coming to the surface of the aforementioned experts and issues in the discourse that surrounded the Family, as with new knowledge came new expertise. These changed the practices and processes that up until now were the norm in the discourse around the concept of 'mental deficiency'. With these new grids of specification came new discourses in the fields of health and education. An example of this was the practice of medicalising the Family. In the previous épistémè the medicalising of the Family was done in order to categorise the Child with 'mental deficiency' so that they could be cared for in the Asylum. Now discourses that surround the Child with 'mental handicap' include new experts not just in medicine but also in areas such as psychology, education, behaviour and therapy. These created new practices, processes and therapies that replaced the old, outdated ones. For instance, the field of behavioural sciences emerged as a possible replacement for the purely moral, disciplinary and therapeutic work practices of the Asylum. There was now more emphasis on the behavioural model of therapy (like Applied Behaviour Analysis) and behavioural modification techniques.[361] These types of techniques were more suitable to including the Family in their dispensation as they did not necessarily need 'experts' to administer them. They could rather be taught to parents, carers and teachers. These came into prominence in Ireland in the late 1980s, and this in turn led to the creation of new places of expertise such as institutions of Education and hospitals, which replaced the Asylum as the main centres of expertise for mental disabilities.

The Family and the State

As already discussed the Family's relationship with the Church had changed now its relations with the State will be discussed. In the previous épistémè, as we have seen, the relationship between the Family of the Child with 'mental deficiency' and the State was a mediated one. In other words, the State had limited involvement in the discourse on the Family and devolved this instead to the Church. It only interacted with the Family through mechanisms of power like

---

Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 1.
[361] William Yule and Janet Carr, 'Introduction and Overview of Behaviour Modification for People with Mental Handicaps', *Behaviour Modification for People with Mental Handicaps* (second edition), William Yule and Janet Carr (eds.), (Kent, 1980), pp. 1-7.

legislation, census and programmes of vaccinations. In this new period, there is evidence that the State used mechanism of governmentality to extend and legitimise its control over the Family. This power was authorised and legitimised by new experts and places of expertise that were funded by the State. These for example allowed for the updating of old practices (health programmes) that were evident in the last epistémè and new practices (financial supports).

Improved health programmes were used to exert State power; while such programmes had operated in the previous epistémè, they were not well administered and had a poor uptake. This was mostly due to the fact that it was not mandatory for the Family to avail of them,[362] A possible answer to the low uptake could be lack of education about good health practices within the Family at this time. With a better educated Family and an increase in education on health, the truths about disease and good health emerged within family discourse. One of these truths, for instance, was that vaccinations helped prevent some types of disability. Many conditions, according to Brosco, that had been considered 'incurable' were now preventable. For example, there was a reduction of impairments such as deafness and mental handicap caused by Measles Encephalitis through infantile inoculation.[363] These kinds of programmes were used by the State to increase its control over the Family and the 'mentally handicapped' Child. The State could, through better administered health records now correlate national health information on all the children of the State.

The practice of financially supporting the Family through providing 'domiciliary grants' was another practice of governmentality that allowed for the State to accurately quantify the number of 'mentally handicapped' children in existence at a given time. This payment was to alleviate the financial burden of raising the 'mentally handicapped' Child.[364] The grant was assessed, approved and paid by

---

[362] Frank Houghton and Kevin Kelleher, 'Smallpox in Ireland – an historical note with possible (and unwanted) relevance for the future', Irish Geography, Vol 35 (1), 2002 p. 91.

[363] Jeffrey P. Brosco, 'The Limits of the Medical Model: Historical Epidemiology of Intellectual Disability in the United States', in: Eva Feder Kittay and Licia Carlson (eds.), *Cognitive Disability and it's Challenges to Moral Philosophy*, (Oxford, 2010), pp. 27-49.

[364] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 18.

the Department of Health. The department was only able to do this by using information that was supplied by the grids of specification or information that surrounded the 'mentally handicapped' Child. This practice of 'financial support' did not, however, give any information on what specific medical conditions existed, as it only provided a generalised number of the 'mentally handicapped'. The intersection between these practices was where new information emerged. This knowledge was correlated and not only became important for State policy formation but also for the State to control the Family. These relations between the State and the Family will be discussed again in relation to the discourse on education.

The State and the Church

The surfaces of emergence of the Church and the State had few interrelations in the discourses in the last episteme. In this time however these relations were about to change. The analysis of the earlier epistémè has shown that the State had little to do with discourse that surrounded the 'mentally defective' Child. While it supported services financially, it did not control them, but rather devolved this power to the Church. In the new epistémè, this changed and a power struggle effectively developed between the State and the Church on matters relating to the status of the Family and the role of the State.[365] There will now be an examination of how these new relations, specifically in the discourse on education and the 'mentally handicapped' Child, affected the underlying conditions of the knowledge that surrounded these discourses. This will begin with a brief description of the role of each institution in this discourse.

In the previous epistémè, as we saw, the Church was the main authority on the education of the 'mentally defective' Child; in the years following the birth of the State the Church had increased its services in the whole area of education. This began to change in the late 1960s. The Church saw the beginning of a decline in vocations and therefore there was difficulty in continuing its dominant role. For instance, while the Church still owned the majority of schools it did not always

---

[365] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983).

have the religious staff to run them. It now had to rely in some cases on lay principals and staff.[366]

While in the previous epistémè the State had little to do with the education of the 'mentally defective' Child, it now began to directly legitimise its authority in this area. This was achieved in a number of ways that will be discussed in the next section of this chapter. Firstly the State signed up to and got actively involved in International organisations, used its mechanisms of power to exert its control and interacted with and sought advice from the newly established experts in the field of disability.

Some of the main organisations that the State began relations with were: the United Nations, the United Nations Educational Scientific and Cultural Organisation (UNESCO), the Council of Europe and the European Economic Community (EEC). These organisations arranged educational symposia and conferences that the representatives of the State attended. MacEntee in the Dáil stated the importance of this international interaction when speaking about a government inquiry on mental handicap:

> It is essential also that we should have this survey made in order that our own people may become familiar with the developments taking place the world over in the course of discussing them with colleagues from other countries and with a number of people who may be said to have a specialised knowledge of the narrower aspects of the problem. In that way, I think, by an exchange of views, by a study of memoranda submitted to them, especially as a result of hearing evidence, we can feel reasonably certain that the recommendations which will emerge from committees and commissions of this kind— the one I have set up and the one which I hope to establish in the course of the next two or three weeks—will be readily acceptable as authoritative and as reliable.[367]

This interaction introduced the concept of 'equality of education opportunity'.[368] It also brought with it new authorities and expertise on the 'mentally handicapped' Child. This type of political interrelations was later to be called adhering to best

---

[366] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, pp. 20-21.

[367] Mr. MacEntee, Committee on Finance. - Vote 54—Health (Resumed), Thursday, 15 June 1961, Dáil Éireann Debate, *Vol.* 190 No. 3, http://historical-debates.oireachtas.ie/D/0190/D.0190.196106150016.html (accessed 05/03/11).

[368] John Coolahan, *Irish Education: History and Structure*, (Dublin: 1981), p. 132.

international practice: it was the bringing together of knowledge from outside the State to allow for debate to take place within the State.

The mechanisms of power that the State used in this connection were, for instance, amendments to the constitution, reports and policy formulation and implementation. The aforementioned change in the relationship between the Church and the State was symbolised by a change in the Irish Constitution. The referendum of 1972 saw article 44.1.2 and 44.1.3 of the 1937 Irish Constitution excised. This removed all references to the 'special position' of the Catholic Church as the dominant religion of the State; this marked a decided shift away from the control that the Church had exercised in a the area of social policy. The new experts that emerged over the course of this epistémè began to have an increasingly larger influence over State policy, and replaced the dominance of the Church in State policy on Education.[369] As we have seen, there was also a decisive shift by the State away from the Asylum as the place of expertise on mental disabilities. This shift supported a move towards the formal education of the 'mentally handicapped' Child in schools[370] and the State moved towards educational integration of the Child with mental disabilities.

An example of how a State report influenced the underlying conditions of knowledge in this epistémè was the production of a White paper called *The Problem of the Mentally Handicapped* (1960).[371] This paper officially replaced the concepts 'idiot', 'imbecile' and the 'mentally defective' with the concept 'mental handicap'. It thereby paved the way for the establishment of the state funded Commission of Inquiry on Mental Handicap (1961). In an effort to regain control over the 'mentally defective' Child, this Commission gave an account of the knowledge that was deemed legitimate about the 'mentally handicapped' Child. This in turn produced new truths about the Child.

---

[369] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 10.
[370] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, p. 1 http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 15/12/11).
[371] John Coolahan, *Irish Education: History and Structure*, (Dublin: 1981), p. 186.

One of the new truths that emerged from the discourses that surrounded this paper was that children with mental disabilities were considered educable for the first time. While in the earlier epistémè the truth was that these children were considered uneducable and therefore could be left in the Asylum with no formal academic instruction. They were now considered capable of some education. This new truth is evident in the recommendations of the Commission where it proposed how and where these children were to be educated. As in the earlier epistémè, the Child was classified according to its intelligence quotient (IQ), and the new concept of 'mental handicap,' like its predecessor 'mental deficiency,' was divided into three subcategories: mild, moderate and severe mental handicap'.[372]

The definitions of these new classifications were as follows: the 'mild mental handicapped' Child typically, according to the commission, had an intelligence quotient of over fifty and had some difficulty keeping up with the 'normal' Child in mainstream education. They also frequently had other medical difficulties. There was a recommendation that these children could be educated in special (remedial) classes attached to mainstream schools[373] or in special schools.[374] In contrast, the Moderate and Severely Handicapped Child were accommodated in a combination of special schools and residential institutions.[375]

These concepts were defined by the Commission in the following terms:

> Moderately handicapped persons are persons whose mental handicap, thought not amounting to severe mental handicap, is yet so pronounced that they need special training, supervision and support. As adults, some may be capable of working under normal conditions but most of them will need sheltered employment. In so far as an

---

[372] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 11.

[373] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, p. 1 http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 15/12/11).

[374] Seán Hunt, 'Educational Provision for the Physically Handicapped', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 3.

[375] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 10.

intelligence quotient can be regarded as a measure of moderate mental handicap the person's concerned have intelligence quotients from 25 to 50.[376]

Severely handicapped was defined as:

Severely handicapped persons are person's whose mental handicap is of such a degree that they are unable to look after their basic personal needs, or to guard themselves against common physical dangers and require close and constant supervision. In so far as an intelligence quotient can be regarded as a measure of severe mental handicap, the person's concerned would generally have intelligence quotients of less than 25.[377]

In official Dáil debates and for official documentation these three groups became collectively known as the 'mentally handicapped'.

The Commission also revaluated the practices and processes of the Asylum and introduced new areas of discussion within the discourse that surrounded the 'mentally handicapped' Child such as:

available services; diagnostic and assessment service; pre-school and school facilities … adult care; residential centres; prevention and research; and training of personnel, as well as organisation, finance and legislation' and education.[378]

Some of the other changes that the Commission made through its recommendations legitimised the Family's position in education and introduced new practices that empowered the Child. The Commission recommended that the Family be given guidance in how to aid the 'mentally handicapped' Child to live up to their 'limited' potential. In order to aid this new discovery, the State provided funding for nursery and day care units for the 'severely handicapped' Child and younger children. These units trained the Family in the practices of 'habit' training, physiotherapy and play therapy through educational programmes. This training not only introduced the practice of independence for the Child but it

---

[376] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), pp. 11-12.

[377] Ibid., pp 11-12.

[378] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12), pp. 111-112.

also empowered the Family. The Family became more directly involved in the 'mentally handicapped' Child's therapy and education. This increased their knowledge in these areas and for the first time they became active participants in their children's education. It also allowed the 'mentally handicapped' Child to take more control and become more independent. These programmes introduced new practices that focused on concepts like self-help, personal hygiene, physical education, speech and social training. The day care units were predominantly staffed by specially trained workers,[379] and these workers became new disability experts. Another recommendation was that the term 'mentally handicapped' should not be used in the official designation of new special schools.[380]

The Commission itself is a good example of where the State and the Church overlapped, struggled for power and where the influence of the Church is evident. The State did not have total control over the composition of the committee of the Commission; rather, the Church had members on the Commission's board and had a large input in the final report. There was also little contribution by psychiatrists who were internationally accepted as the foremost experts on mental disability however here they were not the main experts. Three of the Commission's members were medically trained religious personnel (one brother and two sisters) along with three doctors, one psychiatric nurse and two general nurses. The report did reallocate much of the responsibility for the diagnosis, advice for the Family and payment for medical services back onto the State and voluntary bodies, the latter of which were mostly run by the Church. The State in turn exercised its power by employing some of the personnel to deal with the issues raised by the commission. This lead to many government policy changes within the educational system for the State supported care and education of the 'mentally handicapped' Child. These discourses converged in such a way as to allow a type of education to be identified, special education.

---

[379] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 13.

[380] *Irish Educational Documents Volume 2*, Áine Hyland and Kenneth Milne (eds.), (Dublin, 1992), pp. 458-466.

Special Education

What emerged from all this knowledge and interrelations was a new discourse called special education. This section will look at this new type of educational provision created for the education of the 'mentally handicapped' Child in the Irish Educational System and what it introduced to the epistémè. The elements of this discourse did not exist in the previous epistémè as the 'mentally defective' Child was not formally educated; this was the first time that formal education provision for children with a mental disability had emerged. This type of provision surfaced as a result of the convergence of many disciplines: pedagogical and medical, philosophical, psychological and sociological. With this new term came new practices, places of expertise and experts.

According to Westwood, the practices within special education could be subdivided into four categories: adaptive, compensatory, remedial and therapeutic.[381] Adaptive, as the name suggests, involved adapting the curriculum for the child. Compensatory was where the child was helped to overcome deficiencies in their development. Remedial was where the child was helped to attain certain skills and therapeutic represented an effort to help the child overcome academic failure.[382] In the examination of the special school provision at the end of this section, other practices will be explored.

In order to capitalise on this new power and control the State needed to formally recognise the holders and places of expertise. These were the small number of voluntary schools already dealing with the 'mentally handicapped' Child,[383] which were predominantly run by the Church and hitherto had had very little State interference or formal endorsement. By formally recognising these schools the State was able to subject them to a regime of inspection, and it then increased the number of schools in this area after the Commission's report.[384] All these changes

---

[381] Westwood cited in: Desmond Swan, 'Special Education in Ireland, the concept and the reality', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 17.
[382] Ibid.
[383] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 11.
[384] Ibid.

allowed for the emergence of a new type of school in the State, the special school. In order to have control over the running of these schools the State supported teachers by providing specialist training in how to teach the 'mentally handicapped' Child. Other organisations also were given some State funding to provide special education, while voluntary bodies were funded to offer sheltered training and employment. There was also pre-vocational training for the Child who had mental disabilities from seven to sixteen years.[385]

Again here in these places of expertise the power struggle between the State and the Church can be seen. Up until now the State had not interfered in these institutions. Despite the fact that the State was now bringing in new policies for education of people and recognising new experts, the Church retained a large measure of authority within the area of mental disabilities. Particularly noteworthy is the fact that the Church still owned and administered most of the new special schools. Ryan asserts that in some respects the Commission's report of 1961 reaffirmed the power of the voluntary agencies run by the Church.[386] This was not, however, the same control that the Church had over the Asylums in the previous epistémè, unlike before these schools were now open to State inspections.

With all the new frameworks of knowledge, experts and new discourses that emerged after the Commission, the Asylum was replaced as the main place for expertise on the 'mentally handicapped' Child.[387] The institution of the Asylum did not, however, disappear completely. It remained for the severe cases of the 'mentally handicapped' and the 'mentally ill' adults/children who were still considered uneducable and unable to function in society.[388]

'Special Educational Needs: Curriculum Issues – Discussion Paper (Dublin, 1999)', National Council for Curriculum Assessment Website http://www.ncca.ie/uploadedfiles/nccaeng.pdf (accessed 01/01/12).

[385] M. F. McHugh, Education Coimisiún flosrúcháin um míchumas meabhrach: Tuarascáil. Commission of Inquiry on Mental Handicap, The Irish Journal of Education / Iris Eireannach an Oideachais, Vol. 1, No. 1 (Summer, 1967), pp. 83-85.

[386] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 53.

[387] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 11.

[388] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 53.

In condemning the general practice of incarcerating mentally handicapped children in any Asylums, the Commission recommended that they should instead be accommodated in an expansion of small residential schools and in day care units, which were largely to be run by the Church.[389] While this in a way re-established some of the power of the Church, there was emphasis in the report that these centres should be staffed by specially qualified workers: nurses, teachers or a combination of the two.[390] An example of one of these new places of expertise was the Special School.

The Special School

In order to better understand how these new places of expertise were different from the Asylum, there needs to be an examination of the nature and role of the special school. Illustrating by example it will be evident that marginalisation of the 'mentally handicapped' Child still existed.

The relations between the three institutions of the Family, the Church and the State overlap in the Special School. The shift in power relations within education brought with it significant change: there was an increase in the numbers of 'lay teachers' in schools for both the 'normal' Child and for the 'mentally handicapped' Child, and the newly established residential schools or 'special schools' had lay doctors, teachers and nurses. There was a slow but evident decline of the participation of religious orders in this area.[391]

As already illustrated, the special school became the main location of expertise for the 'mentally handicapped' Child in this epistémè, and it replaced the institution of the Asylum in that respect. The fundamental power relationship within the Special School was that of the teacher/nurse/nun/priest/brother/sister and the 'mentally handicapped' Child. These experts controlled the Child through the

---

[389] J. F. Sweeney, 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage, http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12).
[390] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), pp. 13-14.
[391] Karen Andersen 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 17.

practices, processes and environment within the Special School, especially in the residential special schools. These relations that existed within the special school allowed for the emergence of experts, new knowledge and practices.

An example of the emergence of new experts was the introduction of 'lay teachers' to the special school. These 'lay teachers' came from an increase in university and educational teacher training courses specialising in mental handicap. Some teachers also received specialist training in England and Scotland:[392] the places of training were now places of expertise on education of children with disabilities. These courses allowed for new grids of specification to emerge, due to an increase in the sharing and creation of new knowledge. These teachers become some of the new experts in disability education. The first training course was set up in St. Patrick's Training College in Drumcondra in 1960. It offered an in-service diploma for teachers teaching in special schools. Development was, however, slow. By 1980 eighty only four hundred teachers had been awarded this diploma.[393] These teachers specialised in psycho-pedagogical assistance in order to help the 'mentally handicapped' Child.[394] There was not many of these courses in existence, however, and this meant that there was still a dominance of the religious orders in this field.[395]

Most of these new experts were employed and worked with the State to create new grids of specification or frameworks of knowledge that were to be applied in these schools. For example, the Department of Education developed with these new experts a set of curriculum guidelines for Schools for the Moderately Handicapped. The committee for these guidelines was made up of new experts: psychologists, teachers and inspectors. The control the State had over the implementation of this new curriculum, however, was limited. The curriculum

---

[392] Desmond Swan, 'Special Education in Ireland, the concept and the reality', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 11.
[393] John Coolahan, *Irish Education: its History and Structure*, (Dublin: 1981), p. 186.
[394] Seán Hunt, 'Educational Provision for the Physically Handicapped', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 13.
[395] Desmond Swan, 'Special Education in Ireland, the concept and the reality', Ibid., pp. 21- 24.

stipulated that the organisations running the schools have control of applying what was on the curriculum. This meant that whoever was running the schools had control over how this curriculum was implemented. There was also a set of guidelines for post-primary schools 'designated as centres making special provision for mildly mentally handicapped pupils'.[396] This was issued to schools in the early eighties and the number of special schools increased from 70 in 1970 to 108 in 1980.[397] The special schools' aim was to empower the 'mentally handicapped' Child by making them as independent as possible through education. This was different from the aim of the Asylum which had been to create a 'docile' inmate. This new practice was in an effort to hopefully make the Child less dependent on the State and the Family.

A number of new or altered practices emerged from the special schools. The Commission of Inquiry on Mental Handicap (1961) had recommended the practice of 'segregation' in education for the different grades of mental handicap. This was a practice that has been discussed in the last chapter and as we saw, it had been applied in the Asylum in an effort to isolate children with mental disabilities from the patients. It was executed slightly differently in the special schools, which is best illustrated in an example. What also must be noted is that while there was a recommendation that the mildly 'mentally handicapped' children should be taught in special schools many were still educated in residential schools.[398]

To understand how these schools were different from the Asylum an example of one of these new special residential schools will be explored here briefly. This is the residential care home, St. Vincent's, Cabra, Dublin. This school catered for children with moderate severe and profound mental handicap. The main practices that existed within this Church run care home were segregation and limited independence, and the children were strictly controlled.

---

[396] John Coolahan, *Irish Education: History and Structure*, (Dublin: 1981), p. 186.
[397] Ibid.
[398] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 62.

The practice of segregation took many forms. There was separation between the four hundred and seventy girls and thirty boys for sleeping and changing. They were however co-educated and fed communally. The residential home was partitioned into small segments in order to control the children and their movements, a practice borrowed from the Asylum. The aim was however different. In the Asylum segregation had to take place in order for the aim of 'care' to take place. It was the practice that controlled the inmate and segregated them from the mentally ill patients for their safety. In the special school the aim was to prepare the students for independence through education.

According to the St. Vincent DePaul Society, the children could be more individual within these constraints without causing harm to themselves and each other. In an effort to achieve this new aim, each group of thirty within the school was controlled by a Sister. They were encouraged to care for their possessions and their toys were chosen, so as to be different from all the other children within the school and to create more independence. This practice of independence created frameworks of knowledge that included terms such as 'independent living', 'care in the community' and 'rehabilitation', which were intended to offer the 'mentally handicapped' Child a limited control over their lives. It was not however the same kind of independence that the 'normal' Child would be expected to achieve. These practices were applied in an effort to create individuals. However, it created instead the isolation of the students from each other and the wider community.[399]

Unlike 'normal' schools, the special school at Cabra had visits from occupational therapists. They also had nursing staff that were specially trained in the care of children with mental handicap on campus. The pre-vocational education provided in this school consisted of music, dancing, embroidery, needlework and rug-making.[400] While the practices that emerged here were a huge step forward it still created isolation for the children, as they were segregated from each other. The

---

[399] Dr. Mona O'Moore, 'Integrated Education for the Disabled Child', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 26.
[400] Ibid., p. 26-27.

Special School was considered innovative in its approach to the Child with 'mental handicap'. It was however just one example of a place of where Special Education was administered.

Outside of the Special School the 'mild mentally handicapped' Child was educated in units attached to 'normal' mainstream schools. Here the State introduced a new practice called 'integration'.[401] This type of practice had been established in America in the 1950s for the 'mild mentally handicapped' Child.[402] Organisations like the United Nations Educational committee (United Nations Educational, Scientific and Cultural Organization) promoted this type of practice.[403] It was introduced in this time in an effort to allow for interaction between the 'mentally handicapped' Child and the 'normal' Child in an educational setting. Examples of this new practice were the units established and attached to 'normal' or mainstream schools. Some of the mildly 'mentally handicapped' children were educated in a class beside a mainstream school. In most cases this meant the child went home at the end of every day and the children accordingly were not isolated from the Family. This practice did not mean, however, that the 'mentally handicapped' Child was educated in the same class as the 'normal' Child. In fact, the reality was that the 'mentally handicapped' Child was kept away physically from the 'normal' Child in mainstream schools, a practice which was justified as being in the interests of safety.[404] The play areas and school buildings that housed the 'mentally handicapped' Child were physically separated from the rest of the school. In effect, then, the putative practice of integration was instead tantamount to a form of segregation.

---

[401] Dr. Mona O'Moore, 'Integrated Education for the Disabled Child', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981).
[402] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister and the Minister for Health and Social Welfare, (Dublin, 1983), p. 9.
[403] *The Mentally Subnormal Child*, World Health Organisation Technical Report Series No. 75, Report of a Joint Expert Committee Convened by WHO with the Participation of United Nations, ILO and UNESCO, (Geneva, 1954), pp. 1-46.
[404] Ibid.

Even with this new knowledge and educational development, then, marginalisation still existed. The policy of educating the three grades of 'mental handicap' in separate schools, as indicated above, inadvertently created exclusion. Firstly, the 'mentally handicapped' Child was separated into different schools by their medical diagnosis. Then the 'mentally handicapped' Children were physically excluded within these schools from each other. Many of the severest cases still did not receive an education and were left in the Asylum. For those children who went into residential care it could be said were only really changing one institutional setting for another. The separation between the different grades created exclusion within the 'mental handicapped' community.[405] They were also marginalised environmentally as some of these special schools were not located in every town and in some cases the Family became separated from their Child.[406] The 'mentally handicapped' Child had to either be resident in the school or the Family had to travel great distances for schooling.[407] This perceivably created strains within the Family.[408]

Conclusion

The analysis of this epistémè has revealed shifts in power and control within all the institutions introduced in the last chapter. One of the main consequences of this change was due to the emergence of a power struggle between the Church and the state. This fundamentally changed the underlying conditions in this period. The knowledge that now emerged created, changed, replaced or destroyed the previous period's frameworks of knowledge, experts, places of expertise and truths. This epistémè also saw the beginnings of the decline of the Church and its power and the rise of the 'parent advocate' and parental resistance. The Special School replaced the Asylum. All of these exposed changes in the underlying

[405] M. F. McHugh, Coimisiún flosrúcháin um míchumas meabhrach: Tuarascáil. Commission of Inquiry on Mental Handicap: Report Review by: M. F. McHugh, The Irish Journal of Education / Iris Eireannach an Oideachais, Vol. 1, No. 1 (Summer, 1967), p. 83.
[406] Seán Hunt, 'Educational Provision for the Physically Handicapped', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981), p. 3.
[407] *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*, Report of a Working Party to the Minister for Education and the Minister for Health and Social Welfare, (Dublin, 1983), p. 11-12.
[408] Annie Ryan, *Walls of Silence*, (Kilkenny, 1999), p. 55.

conditions allowed for the concept of the 'mental deficiency' to be replaced by the concept 'mental handicap'.

Even though there were changes, new information, practices and processes, marginalisation of children with mental disabilities was still very much evident. While the exclusion of the 'mentally defective' Child in the previous epistémè took place on the basis that it was the best way to provide 'care', the justification for the exclusion of the 'mentally handicapped' Child now from its own community and other pupils was that it was to provide them with education. This latter form of exclusion tends to be overlooked in the traditional histories of Irish education, like in Coolahan[409] or Akenson[410] or Atkinson,[411] but emerges from this Foucauldian analysis. It will be evident in the next epistémè that these underlying conditions will change again justifying a change of knowledge and concept but also allowing for new forms of marginalisation to emerge.

---

[409] John Coolahan, *Irish Education History and Structure*, (Dublin, 1981).
[410] Donald H. Akenson, *The Irish Education Experiment, The National System of Education in the Nineteenth Century*, (New York, 2012).
[411] Norman Atkinson, *Irish Education, A History of Educational Institutions*, (Dublin, 1969).

Chapter 5 - The Birth of Social Inclusion

The last two chapters have mapped out the power relations and underlying conditions that existed from the birth of the State until the 1990s that surrounded the terms 'mentally deficient' and 'mentally handicapped'. What has been evident from this examination to date is that each epistémè has offered different conditions from its predecessor allowing for an understanding of why each concept examined was replaced. This chapter will cover from the 1990's to the present, to illustrate that this epistémè is not only different from the previous ones but also that these hidden changes allowed for the replacement of the 'mentally handicapped' Child with the Child with 'intellectual disability'. This analysis will begin with a brief overview by the historian of the main discourses that were and are prominent in traditional history in this time.

Traditional historians label this period in Irish History as 'Modern Ireland'. The prominent discourses for historians in this time relate to the rise of multiculturalism,[412] the decline of the Church, the ascent of secularism the development of educational policy, economic stability and recession.[413] According to historian's like Banks, these discourses arose as a result of, and were structured by, the neo-liberal political and social agenda of successive Irish governments.[414] Some of consequences of this were high levels of employment, gender equality and economic prosperity and stability. But 2008 ushered in a global recession that led to high unemployment, economic and educational inequality. What a traditional history of this time do not tend to discuss is how these changes affected the knowledge or language in this epistémè or how they affected the concept of the Child with 'intellectual disabilities'.

In this epistémè the discourses and knowledges that surround the new concept 'intellectual disability' have increased exponentially. While the three main surfaces of emergence in this time are still the institutions of the Family, the

---

Church and the State, their fundamentals and relations have changed again; each will be discussed. While all institutions still have their own discourse it is the State that has emerged as the institution that is at the forefront of knowledge creation in this time to do with 'intellectual disability', unlike the previous epistémè.

This chapter will begin, as with the previous two chapters, with an examination of the institution of the Family. It will start with a description of what is meant by the Family in this epistémè. After this there will be an investigation of the relations that exist within the institution and then its relations with others. By the end of this examination it should be obvious how these relations affect the knowledge in the discourse on the education of the Child with 'intellectual disability'. It should also become clear that marginalisation still evident.

The Family

The Family, as with the previous epistémè, is one of the main surfaces of emergence that forms an important part of the analysis of the Child with 'intellectual disabilities'. It has emerged throughout the course of this thesis that the Family is one of the first places that knowledge about the Child is formed and this is affected by the construction of the Family. In the previous epistémè it was asserted that the sociological construct of the 'fractured' family was becoming the main type of family in the State. This is now being replaced by the construct of the 'alternative family':

> One-in-three families in Ireland departs from the traditional model of a married couple both of whom are in their first marriage … Alternative family structures are dominated by never-married cohabiting couples and lone mothers (both never-married and divorced or separated). Together with first-time marriages, these four family types account for 92% of families'.[415]

It is important to note that this third of the population includes the emergence of the single parent/separated families who have a Child with 'intellectual

---

[415] Professor Tony Fahey, 'Household and Family Structures in Ireland', Latest News, Economic and Social Research Institute Webpage
http://www.esri.ie/news_events/latest_press_releases/households_and_family_str/index.xml?__xsl =cms-print.xsl (accessed 01/02/12).

disabilities'.[416]   This difference fundamentally changes the relations within the structures of the Family.   For example who controls the Child might not necessarily be a parent. This description only illustrates that the institution of the Family in one way has changed since the last epistémè, but further investigation is needed to see other hidden changes.

Towards the end of the last epistémè, it was seen that the Family become more directly involved in the care and education of the 'mentally handicapped' Child. In contemporary epistémè the Family are more active participants in the education of the Child with 'intellectual disabilities'. The relations that now exist within the Family structure have changed the grids of specification produced here since the last epistémè; the Family now exerts more control over the Child's relations with the other surfaces of emergence.   In the previous two epistémè, the 'mentally defective' and 'mentally handicapped' Child (respectively) were controlled predominantly by the Church and the State, mainly in health and educational institutions.   In the contemporary epistémè the Family exerts a new-found authority, having a major voice in the administration of the Child's therapeutic programmes. This is due to a change in the Family's relationship with the Church and the State. The Child's access to education has become more dependent on the Family, with a growing awareness within the latter of the rights enshrined in the Irish constitution and in international conventions and agreements, the Family has become more empowered and are now willing to fight for the Child with 'intellectual disabilities'.

This empowerment of the Family had been growing since the last epistémè. It has emerged in this epistémè due to the growth in parental advocacy/support groups, better educated parents and the formation of organisations by the State. These groups share and create information that allow the Family to understand how it can help itself.   They legitimise the new found enunciative modality of the Family. There are many types of parental advocacy/support groups for parents of

---

[416] Budget Submission 2008, OPEN (One Parent Family) Webpage, http://onefamily.ie/wp-content/uploads/One-Family-pre-budget-submission-October-2007.pdf (accessed 20/11/10).

the Child with 'intellectual disability', such as Down Syndrome Ireland,[417] National Council for the Blind[418] and Irish Autism Action.[419]

The State has given formal recognition to the role of the Family in the socio-educational development of the Child through the establishment of the National Parents Council Primary[420] and National Parents Council Post Primary.[421] The main function of these two groups is to give parents a voice in the discourse on education. They also provide 'expert' advocates to support the Family and advise, educate and help the parents to get what their child needs, especially in the area of education. All of this information helps the Family to create its own enunciative modality and not to solely rely on the other institutions. All of this empowerment allows the Family to become a primary source of power and resistance in the discourse on education.

The Family resists the power of the Church and the State by directly challenging its authority and power. This resistance has taken the form of legal challenges, protests and the lobbying of members of the State. The Family has become more active in both political and social terms.[422] What is important is that this resistance has changed the relations between the Family and the other surfaces of emergence.

The Family and the Church
The relations between the Family and the Church have also changed. In the contemporary epistémè, the Church's control over the institution of the Family has altered. In order to understand why this has occurred there must be an examination of the relevant relations between these institutions. This will begin with a brief overview of the relations on a general level. Statistically, the population of the country still identifies itself as Roman Catholic. However, this is significant only in only statistical terms. Breen asserts that 'Secularisation was

---

[417] Down Syndrome Ireland, http://downsyndrome.ie/, (accessed 20/11/10).
[418] National Council for the Blind Ireland, http://www.ncbi.ie/, (accessed 20/11/10).
[419] Irish Autism Action, http://www.autismireland.ie/, (accessed 20/11/10).
[420] 'History of the National Parents Council', National Parents Council Primary Website, http://www.npc.ie/npc/page.aspx?pageid=94 (accessed 05/07/12).
[421] 'History of the National Parents Council Post Primary', National Parents Council Primary Website, http://www.npcpp.ie/history.html (accessed 05/07/12).
[422] *OECD - Reviews of National Policies for Education (Ireland)*, OECD, (Paris, 1991), p. 154.

115

a consequence more of the increasing complexity of Irish Society rather than of any direct ideological pressures.'[423] This means that the discourse that surrounds the Family is more about secularism and a move away from church teachings.[424] The main illustrations of this point is the legalisation of divorce through the referendum in 1996, the introduction of the more liberal laws on contraception in 1993 and the push for new debates on abortion since the 'x' case in 1992.[425] Breen asserts that the Church's diminishing control over the Family is partly to do with the erosion of the Church's power in the field of education and health.[426] Firstly, the Family now has the power to decide how, by whom and where their Child with 'intellectual disabilities' should be educated.

Up until now the majority of schools were either run by the Church or had a member on its board of management. This is currently being discussed in government.[427] The Child with 'intellectual disabilities' is now encouraged, where possible, to go to mainstream school. New types of schools are also now emerging in this epistémè which do not have any connection with the Church. These are generally multi-denominational primary schools. There is a decided shift towards this new type of educational establishment, examples of which are those provided by the Educate Together movement, which do not come under the patronage of the Church. With increasing secularisation of the population and parents moving away from religious run establishments, there is a perceived need for these new types of schools. Educate Together schools came into prominence in Ireland in the late 1970s.[428] They are run by a combination of parents and lay teachers and their ethos is inclusive and non-religion based. It is arguable that this movement marks an erosion of the Church's dominance over the Family in education.

---

[423] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 109.

[424] Sheila Greene and Geraldine Moane, 'Growing up Irish: Changing Children in a Changing Society', The Irish Journal of Psychology, (2000) Vol. 21, p. 132.

[425] Tony Fahey and Richard Layte, 'Family and Sexuality', Quality of Life in Ireland Social Indicators Research Series, Volume 32, 2008, p. 155, http://link.springer.com/chapter/10.1007%2F978-1-4020-6981-9_10?LI=true#page-1 (accessed 01/03/13) p. 155.

[426] Richard Breen et al, *Understanding Contemporary Ireland*, (London, 1990), p. 109-110.

[427] Minister for Education and Skills (Deputy Ruairí Quinn), Written Answers - School Patronage, Wednesday, 22 February 2012 Dáil Éireann Debate Vol. 756 No. 3, http://debates.oireachtas.ie/dail/2012/02/22/00107.asp (accessed 20/06/12).

[428] 'What is an Educate Together School?' Educate Together website, http://www.educatetogether.ie/schools-start-up-groups/main-publications/ (accessed 01/01/2012).

This change in the power relations between the Church and the Family could also be due to a number of discursive events. The Church has had a large drop in vocations in Ireland and the priesthood has a dwindling and aging population.[429] The Church has also suffered very serious reputational damage from State inquiries into Church-run institutions which found that these institutions contained widespread inmate abuse.[430] The enquiries also found that the State either actively colluded or ignored the prevalence of abuse in such institutions. These reports raised serious questions over the legitimacy of the Church in education and in institutions of care and the scandal forced both State and Church to pay out very large sums of money in compensation to the victims.[431] This created financial issues within religious orders and forced the Church to sell land and close some schools. There has also been a decline in schools having Church administrators/patrons or teachers. These discursive events have created a situation that has affected the Church's control in education and on the Family. The Church is no longer considered the legitimate expert in education. These events have also allowed for hidden truths about the Church to emerge. With these changes and the diminished role of the Church, the Family has to look elsewhere for expertise in education.

The Family and the State

With the erosion of the power of the Church in the contemporary epistémè, the relations between the Family and the State have become more direct and confrontational, with judicial challenges to the State by the Family coming increasingly to the fore. An example of this is the O'Donoghue court case of 1993, where the State was deemed to have acted unconstitutionally for failing to provide 'free' primary education for a child with severe mental disabilities. This discursive event affected all children with 'intellectual disabilities' and the

---

[429] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, p. 20.

[430] *Ryan Report Commission to Inquire into Child Abuse*, the Child Abuse Commission Website, http://www.childabusecommission.com/rpt/pdfs/ (accessed 01/01/2010).
'Inter-Departmental Committee to establish the facts of State involvement with the Magdalen Laundries', Department of Justice and Equality Website,
http://www.justice.ie/en/JELR/Pages/MagdalenRpt2013 (accessed 06/02/13).

[431] Karen Andersen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*, pp. 21-22.

discourse of education.[432] For the first time, this case brought up the issue of access to appropriate education and whether the Child with 'intellectual disabilities' should be judged on age or ability. This raised serious issues for the State and its control over educational policy.

New legislation helped the Family gain some controls over the education of the Child with 'intellectual disability', such as the Freedom of Information Act of 1997 which established three new statutory rights. This Act conferred on each person or parent the legal right to 'access to certain information held by public bodies', 'amendment of official information relating to oneself where it is incomplete, incorrect or misleading' and 'obtaining reasons for decisions affecting oneself'.[433] For the first time the Family could request access to information on the Child that was in the possession of the State. This law governed documentation held by public bodies such as the Department of Education and Science, the National Council for Curriculum and Assessment and any of the health boards. By being able to access all the facts and information on the Child, the Family could now make well-informed choices and decisions.

These relations between the Family and the State within the contemporary epistémè constitute a power struggle. This is due to the fact that the State, in the area of education, has ended up in a reactive rather than a proactive role.[434] The aforementioned O'Donoghue case illustrates how the State has been forced, through legal action taken by parents fighting to vindicate the rights of intellectually disabled children, to live up to its constitutional obligations. The Family is now willing to fight in court for the Child's needs and rights under the constitution and this has created a latently conflictual situation in the relations between the two institutions.

---

[432] Dáil Éireann - Volume 489 - 02 April, 1998, Adjournment Debate. - Special Education Needs, http://historical-debates.oireachtas.ie/D/0489/D.0489.199804020019.html (accessed 16/07/09).
[433] Freedom of Information Act 1997, Autism Task Force (2001) Appendices, Education Support Service Website, http://www.sess.ie/sites/default/files/Autism%20Task%20Force%20Appendices.pdf (accessed 01/04/09), p. 113.
[434] John Coolahan, 'The Consultative Approach to Educational Policy Formulation in Ireland', Spring Mary Immaculate College Structured PhD (Education) Master Class, 7pm 23rd of March 2012.

The State

The State has become the main author of delimitation in the discourse of education of children with 'intellectual disabilities'. The dominance of the Church is being replaced by a huge rise in new experts in the field of education for children with disabilities; the majority of these experts are legitimised and controlled by the State.

The State legitimises its authority in the field of education by a number of methods. One of these is by its interrelations with International and global organisations. An example of one of these relations is the States involvement in the production of the *Salamanca Statement* (1994).[435] This statement was the product of a world conference on special needs education which was supported by the United Nations Ministry of Educational, Scientific and Education and Science Cultural Organization (UNESCO). The statement offered a 'Framework for Action' on disability and how to make society more inclusive of children with special needs. It promoted the practice of 'inclusion' as the preferred option for the education of the children with disabilities. This was to be achieved by accommodating all children regardless of their disability or situation into mainstream schools. This implied that any child with a disability should be encouraged to attend their local school where possible and not a 'special school'.[436] These relations allowed for the emergence of discourse on the social theory of 'inclusion' and the practice of 'inclusion' in educational discourse in Ireland.

What is the difference between these two terms? Social inclusion was a theory that influenced all State policy. 'Inclusion' on the other hand was a practice that emerged in the discourse on education. The social theory of 'inclusion' or 'social inclusion' was based on the social model of disability, as discussed in the introduction. The definition of disability was divided into two components: 'disability' and 'impairment', where disability is the 'disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no

---

[435] 'Inclusive education: Knowing what we mean', Open University Website, http://www.open.edu/openlearn/education/educational-technology-and-practice/educational-practice/inclusive-education-knowing-what-we-mean/content-section-0 (accessed 21/03/11).
[436] Ibid.

account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities'.[437] This definition of disability is not about medical issues but more about the social issues that impede the person with an impairment. Impairment, by contrast, is the 'lacking part or the entire limb, or having a defective limb, organ or mechanism of the body'.[438] This theory created a separation between the medical diagnosis and the social issues that surrounded disability. This division in the definition was to allow for the removal of social barriers that prevented the inclusion of people with disabilities from society. For instance, the provision of resources in schools for the Child with 'intellectual disabilities' has allowed these children to participate in education alongside the 'normal' Child. This new definition of disability has created much debate.

The practice of 'Inclusion' emerged out of the discourse on 'social inclusion'. It replaced the practice of 'integration' as the main practice in the field of education. This practice, while new to Ireland, was not a new idea internationally; in fact, in Britain it had been discussed since the late 1970s. In 1978 Baroness Warnock, a British philosopher and peer, produced the Warnock Report, which laid out the foundations for inclusive education for children with disabilities. This inclusive approach was based on setting out common educational goals for all children regardless of their abilities or disabilities. This 'needs-based' educational model meant that children with disabilities, where possible, should be educated in mainstream schools alongside their peers, a practice adopted by the Irish State. This illustrates how the State's relations with outside bodies create new knowledge and this allows for new practices to emerge.

In recent years, however, questions have been raised about the practice of inclusion. Some problems were identified in 2005 by Baroness Warnock, the author of the 1978 Report and the most outspoken supporter of 'social inclusion' in the 1970s in Britain.[439] She now asserted that the current policy of 'inclusion', especially in education, had failed. She attributed the failure to a lack of

---

[437] Colin Barnes and Geof Mercer, *Disability*, (Cambridge, 2007), p. 11.
[438] Ibid.
[439] She was one of the first supporters of Special Needs 'Inclusive' Education in Britain in 1978.

understanding of disability, constraints on proper funding, and the absences of policies and support from the government and society and called for a radical overhaul of the system, with a return to specialist schooling.[440] While this debate is ongoing and Warnock's view is not universally accepted, it has brought to light an emotive issue. This is that 'social inclusion' in education has become more about funding then about need. It has created a system where the Family must negotiate with schools and service providers. Very few child in the State have to fight for the right to an equitable and fair access to education. This is not just an issue that is limited to the educational system but it can be found in all aspects of society.

Policies, reports and legislation are the State's way of legitimising its power; they can indeed be perceived as the State's mechanisms of power. They have been used to give power and control back to the State over education. They are also used to control information. The State through these mechanisms has the power to set the 'true' definitions and knowledge, which it then legitimises. State reports can, in general, provide a lot of excellent information. They can offer a valuable insight into the issues that surround a particular subject. From these reports can come new terms, definitions and expertise. Unfortunately, there is no onus on the State to act upon these reports. The publishing of reports can give the impression of acquiescing to the needs of the marginalised group and to international pressure. Often, in truth, they can be ignored or even be used as a mechanism for exclusion. What follows is an outline of some of the reports relating to, the contemporary epistémè and the uses to which they have been put.

The Report of the Special Education Review Committee (1993)[441] was one of the main reports on the education of children with disabilities. This report allowed for the interaction between medical and educational experts in the field of education. It provided a definition of what constituted 'special needs' and recommended mainstreaming of children with disabilities. It instigated the

---

[440] Baroness Mary Warnock, 'History of Special Education', in: Lorella Terzi (ed.), *Special Educational Needs: A New Look*, (London, 2010), pp. 11-47.
[441] *The Report of the Special Education Review Committee* (1993), Publications, National Council for Curriculum and Assessment, http://www.ncca.ie/uploadedfiles/nccaeng.pdf (accessed 15/12/11).

National Education Psychological Service (NEPS) which came under the remit of the Department of Education. These were new multidisciplinary experts to be used exclusively in the field of education, whose function is to assess the needs of children with disabilities in education. This report also introduced addendums to the curriculum of Post Primary schools to accommodate special needs pupils.

The report, however, at times used ambiguous terms like 'appropriate' education and 'an informed choice'. These terms are often left open to interpretation and have been challenged by disability groups. Another issue with the report, raised by disability groups and the Family, is that the concept 'mental handicap' was still used in this report, even though officially it had been replaced in the last epistémè.[442] Some other new concepts that emerged from this report were 'sufficient care', 'appropriate education' and 'significant disability'. While all these concepts are defined within the report there is much debate about the interpretation and use of them. Due to the difference of opinion that exists between the State and the Family, these new concepts might be used as mechanisms of exclusion of the Child with 'intellectual disability'.

Reports not only introduced new information but also criticised old practices. For instance, the report *A Strategy for Equality: The Report of the Commission on the Status of People with Disabilities* (1996) is significant because for the first time it based its recommendations upon asking people with disabilities what they needed to make their lives better.

> The job of the Commission was to find out what life is like for people with disabilities in Ireland today, and to propose ways of making things better. The Commission took the unusual step of going out to meet people with disabilities, their families and carers throughout the country, to ask them to talk about their experience of living in Ireland, and to hear directly from them about the changes that would make a difference in their lives. [443]

---

[442] *The Report of the Special Education Review Committee* (1993), Publications, National Council for Curriculum and Assessment, http://www.ncca.ie/uploadedfiles/nccaeng.pdf (accessed 15/12/11).
The Development of Education for Children with Special Educational Needs (Ireland), SCoTENS, Standing Conference on Education North and South Webpage, pp. 2-3, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11).
[443] 'Summary of the Report of the Commission on the Status of People with Disabilities', The National Federation of Voluntary Bodies Website, http://www.fedvol.ie/_fileupload/Next%20Steps/strategy_for_equality.pdf (accessed 01/03/11).

From the Foucauldian perspective, this report gathers information, disseminates it and creates truths, knowledge, new experts and places of expertise. The findings of the report are where these new developments can be seen. It is particularly illuminating about the practices and processes of 'special education'. These were discussed in the last epistémè. According to the report the relations between special and mainstream schools were not good. One of the main findings demonstrated that they did not co-operate with each other. There was also little assistance available to run out adequate support services for special education.[444] The current curriculum was not flexible enough for the Child with disabilities and there was a lack of adequate school transport.[445] There was also a deficiency in the amount of resources for appropriate assessment. The report highlighted the fact that people with disabilities and the Family felt 'excluded'[446] and 'marginalised'[447] by Irish society and the State, particularly in the area of educational provision. Amongst its recommendations was the creation of new State controlled bodies, which became the Irish Council for Disabilities and the National Disability Authority. This report unearthed new knowledge about disability, the Family and it allowed for the emergence of new experts. These new bodies were created by the State in this epistémè. Interestingly this report also supported the new theory of 'social inclusion'.

Legislation in the form of Acts, unlike reports, are difficult for the State to ignore. The State can be forced to abide by such Acts through judicial process if necessary. However, Acts once ratified can be delayed by the State. This can be due to a number of reasons, one of which is whether there is enough funding to proceed with a policy. What is clear is that in order for legislation to be effective

---

[444] 'The Development of Education for Children with Special Educational Needs (Ireland)', SCoTENS, Standing Conference on Education North and South Webpage, p. 3, http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11).
[445] 'Summary of the Report of the Commission on the Status of People with Disabilities', The National Federation of Voluntary Bodies Website, p. 7, http://www.fedvol.ie/_fileupload/Next%20Steps/strategy_for_equality.pdf (accessed 01/03/11).
[446] 'Summary of the Report of the Commission on the Status of People with Disabilities', The National Federation of Voluntary Bodies Website, p. 4, http://www.fedvol.ie/_fileupload/Next%20Steps/strategy_for_equality.pdf (accessed 01/03/11).
[447] Ibid., p. 5.

it must be fully enacted. Here are a couple of relevant examples of legislation that have been advanced and some that have not.[448]

One of the most important pieces of Irish legislation in the field of education is the *Education Act* (1998). This was the first piece of education legislation since the birth of the State. Up until now the State had relied solely on policy and its Ministers for Education. This arrangement, however, had become unsustainable as each minister tended to act on their own agenda which meant that every time there was a change of minister there was a change in policy, and these policies very rarely consulted with the main groups in education.[449] The *Education Act* was put in place to provide a statutory framework for the primary and secondary education of all children of the State. This act stated that the Child had a right to receive education appropriate to their needs, but this was qualified by the stipulation that this was only if resources were available. The new way of administering education made it more about availability of resources than the needs of the Child and the act very much strengthened the State's control over education. Some of the implications of this were that the State retained the power over the interpretation of the terms 'disability', 'appropriate', 'needs' and 'resources'. While this did not stop debate about these terms, it did mean that the State is the primary expert on disability in education.

The *Education Act* also introduced some new definitions. For example, 'special education need' covered disabilities and also the 'exceptionally able'. Previously, it had covered only children with disabilities. Significantly, the act's new definition of disability seemed to ignore best international practice and the *Salamanca Statement*[450] as it defined disability under the traditional medical model and not under the new social model. While the act offered new terminology and definitions it still relied on the old practices and truths to

---

[448] An important point to make here is that it was not possible to discuss all the legislation that mentioned children with mental disabilities. Some of the legislation had no relevancy to a thesis on education. There is a list however of Irish legislation at the end of this thesis in appendix B.

[449] John Coolahan, 'The Consultative Approach to Educational Policy Formulation in Ireland', Spring Mary Immaculate College Structured PhD (Education) Master Class, 7pm 23rd of March 2012.

[450] 'Inclusive education: Knowing what we mean', Open University Website, http://www.open.edu/openlearn/education/educational-technology-and-practice/educational-practice/inclusive-education-knowing-what-we-mean/content-section-0 (accessed 21/03/11).

interpret them. One of these truths was that disability was primarily a medical issue.

The act also recognised the status of other participants in the process of educating. These other groups or 'stakeholders' were the Family, teachers, the Church, the Department of Education and the Parent's Council.[451] This meant that the participation of the Family as partners in education was strengthened by the State. Elements of education such as, the creation of educational policy, administration and pedagogy were still under the control of the State. By this piece of legislation the State was setting out its boundaries of power, reaffirming its primacy in education and using this mechanism to regain control over the knowledge frameworks in education.

An illustration of how the State can manipulate and control legislation is when a significant piece of legislation is ratified but not enacted. A prime example of this was *The Education for Persons with Special Educational Needs (EPSEN) Act* (2004), which was supposed to address inequality in education for children with disabilities. This is a good example of how the State can use its power to ratify an act and then to delay its execution. This delay was due to the fact that there was not enough funding to support all its recommendations.[452] Only certain sections of this act have been implemented to date and full enactment has been deferred.[453] This piece of legislation follows best international practice and the suggestions of the *Salamanca Statement*.[454] For example, it recommends that children with disabilities should be educated in mainstream schools, unless there are strong countervailing factors operating. Cases which were regarded as exceptional to this included instances where

---

[451] *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools*, Jim Deegan, Dympna Devine and Anne Lodge (eds.), (Dublin, 2004), p. 3.
[452] Seán Sherlock**,** EPSEN Act 2004, Thursday, 7 March 2013, Dáil Eireann Debate, http://www.kildarestreet.com/debates/?id=2013-03-07a.488, (accessed, 17/03/13).
[453] Other Questions – Special Educational Needs, Thursday, 7th of July, 2011, Dáil Eireann Debate, Vol. 738 No. 1, http://debates.oireachtas.ie/dail/2011/07/07/00019.asp, (accessed, 17/03/13).
[454] 'Inclusive education: Knowing what we mean', Open University Website, http://www.open.edu/openlearn/education/educational-technology-and-practice/educational-practice/inclusive-education-knowing-what-we-mean/content-section-0 (accessed 21/03/11).

> The nature or degree of those needs of the child is such that to do so would be inconsistent with a) The best interests of the child as determined in accordance with any assessment carried out under this Act, or b) The effective provision of education for children with whom the child is to be educated.[455]

The wording of this provision has proven controversial as it is open to interpretation as to who has the legitimate right to decide these 'needs'. This can cause conflict between the various experts of the State and, indeed, between those experts and the Family. This issue was resolved to a certain extent by the introduction in this act of a new group of experts and place of expertise. These were the special educational needs organisers (SENO) who came under the remit of the newly established National Council for Special Education (NCSE).[456] The National Council has the power over the provision of resources for all children with disabilities and also has control over the interpretation of the terminology used. Without the act being implemented in full its effectiveness in trying to combat educational inequality has not been effective.

As already mentioned above, new experts and places of expertise have been created in the contemporary epistémè, mainly by the State. It is important to understand the huge influence these experts have on knowledge in this epistémè. Some of these experts have already been mentioned above, such as the Family, special needs area organisers, lay teachers and educational psychologists. Unlike earlier epistémè, these experts are not confined to one particular institutional place, like the Asylum. They are now found in many places like universities, hospitals, schools and colleges. These experts are now all authorities on the Child with 'intellectual disabilities', with new fields of specialisation emerging such as behavioural management, occupational therapy, clinical and educational psychology. These areas are interrelated in the education of the Child with 'intellectual disability'. There is a constant shift of the power relations within the interactions between these experts and it is only through these power struggles that new knowledge can emerge.

---

[455] *EPSEN Act 2004*, Act No. 30 of 2004, Acts 1992 – 2012 (PDF), Houses of the Oireachtas Webpage, http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/acts/2004/A3004.pdf (accessed 20/06/12).
[456] Ibid.

A list of the specialist groups that have developed in the contemporary epistémè includes the National Council for Special Education (NCSE),[457] National Educational Psychological Service (NEPS),[458] National Educational Welfare Board (NEWB)[459] and the National Council for Curriculum and Assessment (NCCA)[460] and Special Education Support Service (SESS).[461]   As already mentioned, health experts now contribute to the knowledge that surrounds the concept of 'intellectual disability' in education and have become important in the discourses relating to it.   The Child with 'intellectual disabilities' needs their expertise to gain access to appropriate educational provision.   The power that these experts exert is legitimised by the State and includes the Speech and Language Therapist, the Psychologist, the Occupational Therapist and the Psychiatrist.

An example of one way these medical experts or professionals work within the educational field is as members of multidisciplinary 'care teams'.   These teams are funded and legitimised by the State.   These 'experts' allow for the Child with 'intellectual disabilities' to access the correct kind of education.   The team supply the medical reports that establish that the child has medical issues and what those issues are.   In order for the Child with 'intellectual disabilities' to get the correct resources in and outside school.   They provide support and information to the schools and the Family on the Childs conditions.   They are also usually the main providers of therapy for the Child.

As is not uncommon, the power relations between the medical and educational experts are in constant flux.   These experts differ in perspective, background, education and interpretation.   At times this shift in power can cause conflict and become a struggle, such as when there are differing views on the best type of or most suitable education for the Child with 'intellectual disabilities'.   This can

---

[457] National Council for Special Education Website, www.ncse.ie (accessed 01/03/11).
[458] National Educational Psychological Service Website, http://www.education.ie/home/home.jsp?pcategory=33437&ecategory=33446&language=EN (accessed 01/03/11).
[459] The National Educational Welfare Board Website, http://www.newb.ie/ (accessed 01/03/11).
[460] National Council for Curriculum and Assessment (NCCA) Website, www.ncca.ie/ (accessed 01/03/11).
[461] Special Education Support Service Website, http://www.sess.ie/ (accessed 01/03/11).

cause marginalisation for the Child and the Family, as the child can be left with no resources or aid until the conflict is resolved.

From these new experts and places of expertise emerge practices and knowledge. Here are some examples of these practices.

One of these new practices to emerge from the relations between educational and disability experts is 'early intervention'. 'Early intervention' is the term that is applied to the processes that aid the young Child with 'intellectual disabilities' and the Family. This term predominantly applies to children who are school age or younger with a diagnosis of 'intellectual disability' or 'developmental delay'. Some of the processes of 'early intervention' help the child to have a smooth transition from home into school. This is an example of an emergent practice from the overlap between discourses of education and medicine.

An example of a current practice that has changed with the emergence of new knowledge from the same experts as above is the practice of 'medical labelling'. Some of the most contentious debates in this thesis have been around this practice. As already indicated, the Child needs a medical diagnosis to get State help. However, one of the main points to come out of this thesis is that medical labels are constantly changing. This has been illustrated throughout. A Child categorised 'mentally defective' in the 1920s would have been classed as 'mentally handicapped' in the 1950s and now is generally categorised as a Child with 'intellectual disabilities'. Yet in most cases the underlying medical condition (if indeed there is one) has not changed. Now the discussion centres on how the label is applied and the actual language used.

As already discussed, the Child with 'intellectual disability' has replaced the 'mentally handicapped' Child. The concept 'intellectual disability' is a general term that covers different and in some cases new, diverse disabilities. These were already discussed in the introduction. The first time this term was used officially by the State was the report of the Review Group on Mental Handicap Services

(1990).[462] This group recommended the abolition of the term and category of 'mentally handicapped' and all its grades and was replaced with the new category and concept of 'intellectual disability'. This concept was further broken down into the grades: 'general learning difficulties', 'moderate, severe or profound degree of intellectual disability' and 'developmental disability'. The terminology of 'intellectual disability,' however, was only to be a temporary label, unlike its predecessors:

> There is no widely accepted alternative to the term "mental handicap"
> at present. Descriptions which might be adopted include "intellectual
> disability" and "developmental disability".[463]

This concept of 'intellectual disability' was supposed to be temporary until more politically correct terms could be found. However, the above terms are still in use to date and as yet no alternatives have been discovered. These are the official governmental terms, mostly only used by the State and institutions on official documents and in statistics. The Child with 'intellectual disabilities' are increasingly known by their primary diagnosis, like the Child with 'autism'. There are many labels used for the Child with 'intellectual disabilities' within educational discourse. For example, some are described as the Child with: 'learning disabilities', 'specific learning difficulties', 'general learning difficulties', 'developmental disabilities' and 'development delay'.[464] Therefore, the difference between this change in concept and the previous changes is that there is acceptance that the practice of medical labelling needs further elaboration.

As already discussed in the last two epistémè, the Child with a disability was designated by their medical label. In other words, the 'mentally handicapped' Child's whole identity was defined by their primary diagnosis. They were identified solely as mentally handicapped and not by their other attributes or conditions. The Child can have many other conditions with their primary diagnosis that never form part of their medical label. In the contemporary epistémè, however, the Child with 'intellectual disabilities' is no longer

---

[462] *Needs and Abilities, a Policy for the Intellectually Disabled Report of the Review Group on Mental Handicap Services*, (Dublin, 1991), Introduction, p. 14.
[463] Ibid.
[464] *Children with Special Educational Needs – Information Booklet for Parents*, National Council for Special Education, (Dublin, 2001), pp. 27-30.

designated by their medical diagnosis or label. Here the theory is that the diagnosis is really only used by officialdom on forms and these are in order to gain access to resources. Up until this epistémè the child was designated by a general medical label like the 'mentally handicapped' Child or the 'mentally defective' Child. Now on official forms they are labelled as the Child with (primary medical condition), like for instance, child with blindness. The difference might be subtle but it is very progressive. An example of this change can be that the 'mentally handicapped' Child is now known as the Child with autism or the Child with Asthma. It is presumed that this new way of labelling the Child was to prevent the Child's identity from being defined by their disability.

But there is growing opposition to this change in the practice of medical labelling, as the implications of labelling a subject can be quite far-reaching. Once a label is applied, like 'intellectually disabled' or 'autistic' for example, it can invade all of this child's interactions with the rest of society.[465] Some of the arguments put forward against the practice are that the Child should not be defined solely by their primary medical diagnoses. In the previous epistémè the Child was designated as being 'mentally handicapped;' the main argument against this type of labelling was that the 'mentally handicapped' Child has many facets to their identity, not all of which necessitate labelling. For instance, someone who is mentally handicapped but who is also musically talented is not labelled the musically talented 'mentally handicapped' Child. Yet why should they be known primarily as the 'mentally handicapped' Child? They can also have comorbid conditions that do not seem to necessitate labelling, like a child with multi-sensory disorder and intellectual disability. As already discussed in relation to the previous epistémè and above, a medical label with disability was a designation for life. This way of thinking was changing. There is general agreement that a solution should be found to medical labelling as a practice, but to date none has being.

This labelling of the Child is also based on a couple of assumptions. The first assumption is that the child wants to be medically normalised, thus alienating the

---

[465] M. Henley, R.S. Ramsey and R.F. Algozzine, 'labelling and the Disadvantages of Labelling', Education.com Website, http://www.education.com/reference/article/advantages-disadvantages-labeling/?page=2 (accessed 01/06/12).

child's from themselves and their identity: this takes away their entitlement to accept that their disability is a part of who they are. The second assumption is that the child should have to been defined by their disability in order to gain access to resources to meet their needs. There is no doubt that a disability or disabilities are an integral part of the subject's identity, or that there are limits that disability can have on the subject in terms of duration and quality of life. But the main reason that there has to be a change to the terms used to medically label is that are causing marginalisation and social exclusion; the label stigmatises the Child.[466]

An argument made in this thesis is that this new mode of medical labelling a Child with 'intellectual disability' objectifies the concept of 'disability' and can causes marginalisation. This objectification is related to the new social model view of disability, where the disability and the impairment are different issues. This view separates the person with a disability from their impairment; for example, by stating 'a person with autism' suggests that the autism is separate from the person, which is an absurdity. Autism is not like 'arm' or 'leg', it does not exist without the person who 'possesses' it. This sentence implies that the person can be with or without their impairments which is impossible unless cured. At this time there is no current solution to the practice of labelling. It will be interesting to see however that now that there is opposition to this practice whether change will come.

What also needs to be noted is the decisive move away from the medical view or medical model of mental disabilities. Up until now the epistémè 'The Institution' and 'The Birth of Special Education' have both displayed obvious evidence of the dominance of medical model view of disability. In each there was reliance on medical labelling, diagnosis and on the medicalisation of the Child. In this epistémè there has been a decided shift away from this view of the Child with 'intellectual disabilities' towards a more social view. With the split in the definition of disability into 'disability' and 'impairment', disability has become about social barriers and social exclusion as opposed to being solely about a

---

[466] John Dunne and James McLoone, 'The Client, Terminology Cycles', *Concepts and Controversies in Services for People with Mental Handicap*, Roy McConkey and Patrick McGinley (eds.), (Dublin, 1988), pp. 53-57.

medical issue. As outlined in the introduction there are difficulties with this new way of viewing disability and it is now slowly being reviewed.

Another practice that was transformed from the first epistémè is that of 'normalisation'.[467] As illustrated before, Foucauldian 'normalisation' is where the subject is disciplined into conforming to 'normal' norms. The new practice of normalisation, by contrast, focuses on supporting people with disabilities in order to include them in society, 'inclusion' accordingly being the underlying rationale operating here. Inclusion in this sense is to be achieved is by the removal of social barriers so that people with disabilities can become equal members of society, barriers such as inadequate housing, lack information and education. The goal of this practice is to allow people with disabilities to have as 'normal' a life as possible.[468] However, not all children with 'intellectual disabilities' can take part in this practice of normalisation: the most severe cases of 'intellectual disability' remain in residential or institutional care homes.

The School

All of the above information overlaps in the educational institution of the School or mainstream school, like the special school and the Asylum before it. By examining the School it will become clear how the frameworks of knowledge created by the other institutions in this epistémè change here and create new grids. This is one example of where the State exerts its power and practices in this time; it is also where the State comes into direct contact with the Child with 'intellectual disability'. The relations between the School and the State are reciprocal. The school not only exerts and legitimises the power and knowledge of the State, it also is active in the processes of the State; this is a surface of emergence but not a new one. In the previous epistémè it emerged in a limited way in the form of special schools and special classes attached to mainstream schools.

As already illustrated in the previous two epistémè, there was little choice in where a Child with 'intellectual disabilities' could receive an education. Now,

---

[467] Paul Spicker, 'Normalisation', An Introduction to Social Policy, Robert Gordon University Homepage, http://www2.rgu.ac.uk/publicpolicy/introduction/needf.htm (accessed 01/12/10).
[468] Ibid.

there are three main types of primary education available to the Family for the Child with 'intellectual disabilities'. These are mainstream educational Schools, under the remit of the Department of Education and Science, Special Schools under the authority of the Department of Health and Children (later to change to the Department of Education under the NCSE) and the Health Service Executive and Applied Behavioural Analysis (ABA) Education Centres, run by parents (parental power) and funded on a pilot basis also under the Health Service Executive.[469] In 2010 the ABA schools were brought under the authority of the Department of Education and Skills and re-categorised as special schools.

All three types of school contain different kinds of expertise and have control within their own domain. Most of the mainstream primary schools, however, are owned by the Church. 96% of all primary schools in Ireland are classed as under denominational patronage, 90% of which is under the Catholic Church. This means that the schools were established by patron bodies that decided the ethos of the school and appointed the board of management to run the school on a day to day basis. These boards of management must have, if Roman Catholic must have a member of the religious orders on its board or at the very least the parish priest. With the changes in Irish society, as outlined at the beginning of this chapter, there is a move towards a more multidenominational or nondenominational model for patronage. The State wants to facilitate this process of making schools more diverse to reflect contemporary Irish Society and thus reducing the Church's role in the educational sphere. The current Minister for Education, Rory Quinn, is trying to negotiate a higher level of diversity in school patronage.

> One of the key priorities in the Government for National Recovery 2011-2016 programme was the initiation of "a time-limited Forum on Patronage and Pluralism in the Primary Sector to allow all stakeholders including parents to engage in open debate on change of patronage in communities where it is appropriate and necessary.[470]

This process began with the Minister setting up an advisory group to look into the patronage of primary schools, which issued a formal report in 2012.

---

[469] Sheelah Flatman Watson, 'Barriers to inclusive education in Ireland: the case for pupils with a diagnosis of intellectual and/or pervasive developmental disabilities', The British Journal of Learning Disabilities, 2009, Vol 37, p. 278.
[470] Minister for Education and Skills (Deputy Ruairí Quinn), Written Answers - School Patronage, Wednesday, 22 February 2012 Dáil Éireann Debate Vol. 756 No. 3, http://debates.oireachtas.ie/dail/2012/02/22/00107.asp (accessed 20/06/12).

The report that was issued in April 2012 outlined its remit as looking at the implications and problems of patronage of primary schools in Ireland today. The recommendations from the report's were: that the educational system should provide for diversity in a given location by providing a number of primary schools that cater for 'all religions' and 'none' and would need to take into consideration the wants of the community. That the State should facilitate current schools being transferred from the patronage of the Church over to the patronage of the community on a phased in basis. The board of management should reflect the diversity of the community it serves; this can be done by election, appointment and qualifications. That the Department of Education will draw up guidelines for how to establish the ethos of the schools, this is opposed to the Church deciding the ethos.[471] These are radical changes as effectively the State has devolved the power to decide the patronage of a primary school to the community it serves and not to who owns the school.

The school continues to have its own mechanisms of power, some of which are subject selection, classroom management, creation of school rules and resources allocation. The school also has its own paradigms, discourses and grids of specification. These have been created from information that has been gained from the State, the Family and now to a lesser extent the Church. The power that is exerted in the school on a fundamental level is the teacher controlling the Child.

Some of the practices that have emerged in this epistémè within schools are: classroom management, resource time and team teaching. A number of these are perceived as creating exclusion of the Child with 'intellectual disabilities' from their peers. For instance, when the Child with 'intellectual disabilities' has 'resource time' they have to leave the classroom to get one to one or group instruction. This excludes them not only from valuable class time but also from their peers. Another issue is that these practices are also subject to economic

---

[471] The Forum on Patronage and Pluralism in the Primary Sector - Report of the Forum's Advisory Group, April 2012, Publications, Department of Education and Skills Website, http://www.education.ie/en/Publications/Education-Reports/fpp_report_advisory_group.pdf (accessed 21/03/13).
Minister for Education and Skills (Deputy Ruairí Quinn), Written Answers - School Patronage, Wednesday, 22 February 2012 Dáil Éireann Debate Vol. 756 No. 3, http://debates.oireachtas.ie/dail/2012/02/22/00107.asp (accessed 20/06/12).

variables: due to the worldwide recession, the resources to which the Child with 'intellectual disabilities' has access are either being reduced or eliminated.

Possible issues arising and new shifts

There is a new surface of emergence beginning to emerge in the contemporary epistémè, which might be termed the institution of the Child. With the Family beginning to exert its new power and resist the power of the State and the Church, there is now a move to empower the Child. This is happening through the emergence of the Office of the Ombudsman for Children, established on a statutory basis by the *Ombudsman for Children Act* (2002), and the Children's Rights Alliance.

The Office of the Ombudsman for Children has been representing the voice of the Children of the State since the office was incepted in 2002;[472] the office provides advocacy and mechanisms for the Child to be protected from the actions of State bodies. It seeks to promote the rights and welfare of children and to investigate complaints made on behalf of children against public bodies, schools and hospitals. One group of children within the State, however, whose interests are not presently safeguarded by the Office of the Ombudsman for Children, is the Child with educational disabilities. The Ombudsman is debarred from pursuing complaints against the National Council for Special Education behalf of children with disabilities because the NCSE was not in existence when the *Ombudsman for Children Act* was passed in 2002; it was created the following year. The ombudsman, Emily Logan, has requested that, in the interests of accountability, this State body should come under the remit of her office, and she is currently campaigning for that change to be effected.[473]

The Children's Rights Alliance has emerged out from many discourses and as a result of the work of multidisciplinary experts. They advocate for the rights of the Child in all aspects of Irish society seek to promote the rights of the child. Most

---

[472] About the Ombudsman for Children, Ombudsman for Children Website, http://www.oco.ie/, accessed 17/03/11.
[473] 'Special Needs Allocation', Information for Parents/Guardians, Complaints, Ombudsman for Children Website, http://www.oco.ie/complaints/information-for-parents/special-needs-allocation.html (accessed 01/02/12).

notably, the Alliance conducted a lengthy and ultimately successful campaign to have children's rights constitutionally recognised; in 2012 a referendum was held in which citizens elected to alter articles 41 and 42 of the Irish Constitution the Alliance to allow for the Child's rights to be paramount in discussions about their welfare. The Alliance continues its advocacy work on behalf of children's rights in a number of forums; its work is inspired by, and takes its direction from, two international documents: the UN Convention on the Rights of the Child and the European Convention on Human Rights and Fundamental Freedoms. These charters recognise the inalienable rights of the child. The constitutional change effected by the 2012 referendum in Ireland did not, however, afford the Child the same rights as adults or give the Child with 'intellectual disabilities' the right to defend their own rights in Education. It did not make these children equal to 'normal' children, in the eyes of the law.[474]

In this epistémè the Foucauldian analysis has revealed that yet again that there were huge changes in the underlying conditions that underpinned concepts in this discourse. These changes led to the concept 'intellectual disability' replacing the concept 'mentally handicapped'. The 'mentally handicapped' Child became the Child with 'intellectual disabilities'. This was predominantly due to the fact that the State now controlled the authorised frameworks of knowledge. The power in this epistémè has shifted from the Church to the State. This allowed the State to emerge as the main author of delimitation on the Child with 'intellectual disabilities'. This was due to the fact that the State exerted its control in the discourse on education. It legitimised its enunciative position through its mechanisms of power and with increase of relations with international organisations. It introduced and allowed for the emergence of new experts, places of expertise and new frameworks of knowledge. New practices were introduced like social inclusion and inclusion. Also the practice of normalisation that was

---

[474] Constitutional Referendum on Children's Rights, Current Issues, Ombudsman for Children Website, http://www.oco.ie/issues/current-issues/constitutional-referendum-on-childrens-rights.html (accessed 01/10/11).
'Constitutional Reform', Childs Rights Alliance Ireland Website, http://www.childrensrights.ie/ (accessed 01/10/11).
'Children's Referendum set for Autumn', In the News, Childs Rights Alliance Ireland Website. http://www.campaignforchildren.ie/updates/inthenews/2012/06/21/childrens-referendum-set-for-autumn/ (accessed 22/06/12).

discussed in 'The Institution' was changed. The practice of medical labelling was again called into question. It is now perceived as a mechanism for exclusion. These changes replaced the frameworks of knowledge that existed in 'The Birth of Special Education'.

This increase in State power was also due to the fact that the Church's power was in decline. The Church was no longer the main author of delimitation on the education of the Child with 'intellectual disabilities'. As already illustrated the Church was being forced out of the field of education by the State and the Family. It no longer had the same influence over the Family or the State. The Family on the other hand, in this epistémè, saw a rise in its power. This power was legitimised by State funded groups, government legislation and parental advocacy/lobby groups. It now actively resisted the power of the State.

All these changes that have emerged have facilitated the rise of the parent advocate, parental power and the institution of the Child. This should mean that in the next epistémè there will be another shift in power. There is no way of telling when that will be. What has also emerged through this analysis is that while there has been a lot of progress socially for the Child in this epistémè there still is evidence of marginalisation.

Chapter 6 - Conclusion

This final chapter will outline and reflect on the difficulties that have emerged from this study and discuss whether the Foucauldian Discourse analysis has answered the questions which were posed in the introduction. It will finish by reflecting on the epistémè.

Difficulties with this area of study

The main difficulty with researching concepts like 'intellectual disability' is the number of different terms used to describe people with mental disabilities. This meant that a lot of the research material that was required for this study, particularly historical material relating to the period from 1922 to 1960, was difficult to find. A related issue was that most children with mental disabilities up to the 1960s were not educated in schools but instead in religious-run institutions or at home, and for that reason most of the research data were found in health, religious and biographical documents or books. This raised further issues, as there was no central archive or archives to resource for information with regard to these institutions, which were run by different religious orders. There was little in the way of first person accounts of the treatment of the inmates in these institutions, as many were not educated and therefore could not read or write. Family accounts were also difficult to come by; after the 1960s many of these children were educated, not in mainstream schools, but in special schools and segregated classrooms attached to mainstream schools. While a much richer repository of material exists for the period subsequent to 1960, the records shed little light on the practices within the special schools, as each had localised education programmes. This is another reason why this thesis has listed in appendix B the government documents that relate to children with mental disabilities, as no one document listed them all together.

What the Foucauldian Analysis revealed

In the main body of this thesis, each chapter has identified and described the principal features of an epistémè as it related to the conceptualisation and classification of intellectual disability in children and the educational provision which the epistémè deemed appropriate. The chapters contained the main discourses that surrounded the concepts 'intellectual disability', 'mental handicap'

and 'mental deficiency'. Within each of these epistémè surfaces of emergence were also identified and examined, the principal ones being the Family, the Church and the State. Their power relations, practices and processes implicit in each epistémè were analysed to see how their frameworks of knowledge were formed. The places where these surfaces overlapped, as in the Asylum, the special school and in schools, were also explored. What was discovered will be outlined below. The Foucauldian discourse analysis of 'intellectual disability' has allowed for a number of conclusions to emerge; that the frameworks of knowledge that were identified are constantly changing, that whoever had the power to decide what was valid or invalid knowledge had the power to change the concept and lastly that this has fostered relations between the concept and marginalisation.

1) The frameworks of knowledge that existed within the three epistémè analysed have constantly fluctuated. While conventional historical analysis might suggest that these changes were as a result of progression or the natural evolution of knowledge, especially in the field of education and health, the Foucauldian analysis has shown that the progression or evolution of knowledge in this area is just an illusion and that the changes that occurred were not planned or predetermined. They were in fact the products of institutional power struggles. For example, we saw in the chapter 'The Birth of Social Inclusion' that the institution of the State was forced to create new definitions of disability and new knowledge in reaction to court cases. The concepts 'mental deficiency', 'mental handicap' and 'intellectual disability' were not formulated as the outcome of rigorous scientific processes; they became apparent as a result of the power relations that existed between the main surfaces of emergence. It has also been evident, as Foucault suggests that where the surfaces of emergence overlapped there was constant creation, destruction or replacement of knowledge. This knowledge formed paradigms that were used to legitimate conceptual frameworks; these epistemic changes were due to the fact that the knowledge that surrounded the concepts of 'mental deficiency', 'mental handicap' and 'intellectual disability' was not stable. The power to decide which knowledge was legitimate or not also changed from epistémè to epistémè.

2) The institution that assumed a dominant position in the possession and exercise of power within an epistémè thereby became the principal determinant of what constituted valid knowledge in that epistémè. In other words, the group which controlled and authorised the main experts/authors of delimitation in each epistémè had the power to make 'truth'. This allowed it to endorse and produce the accepted framework of knowledge; it legitimised the valid truths, the main practices and processes that emerged in each historical time discussed. As already, illustrated these were different and changed in each epistémè.

To illustrate the above point, it is worth recalling some of the changes that were unearthed by the Foucauldian analysis of each epistémè. In 'The Institution,' the Church had the power to decide what 'valid' knowledge in this epistémè was. This was because the Church was legitimised by the State and the Family as the main authors of delimitation on 'mental deficiency'. The Church controlled the State, as the State not only legitimised their power but also their doctrine through government legislation and policy. Thus the Church's framework of knowledge became the main and legitimate source for the concept 'mental deficiency'. The Church also controlled the Asylum which was the place of expertise on 'mental deficiency' at the time. All the knowledge that surrounded the 'mentally defective' Child culminated and overlapped here. The Church controlled the experts in the asylum who in turn legitimised the practices and processes there. The main practices were care, medical gaze, segregation and normalisation. This was all to change in the next epistémè.

In 'The Birth of Special Education' the concept 'mental handicap' replaced 'mental deficiency'. This was because the knowledge in the frameworks that surrounded these concepts changed in this epistémè of 'The Birth of Special Education'. What underpinned these changes was the emergence of a power struggle between the State and the Church. The Church's power went into decline; it did not have the same control over the Family or the State in the conceptualisation of mental handicap. In an increasingly secular society, the Family assumed a less deferential position than heretofore in relation to Church knowledge and expertise on disability; new secular experts emerged, which encouraged the Family towards a more inclusive and democratic view of

knowledge, which permitted it to recognise itself as a locus of expertise on the 'mentally handicapped' Child's condition. This in turn led to the Family resisting the power of the Church in the Asylum and saw the rise of the 'parent advocate'.

The State too began to exert its power in the discourse that surrounded the 'mentally handicapped' Child. It achieved this by creating and facilitating the emergence of new experts and places of expertise. Some of these new experts were special education teachers, psychologists, inspectors of education and specially trained nurses. Some of the places of expertise were International organisations, universities, the special schools and university hospitals. The Church, however, still retained control over some of the main loci of expertise such as the special school and the special residential school. This power struggle between the Church and the State allowed for the Special School to replace the Asylum as the main place of education for the 'mentally handicapped'. The main practices to emerge were the cultivation of independence, integration and segregation. The practice of segregation took a different form to that of the earlier epistémè: it involved the segregation of the special classrooms within the grounds of mainstream schools. The division of mental handicap into grades separated the 'mentally handicapped' Child within their own community. There was further segregation within residential schools where the sexes were also separated. These changes replaced the frameworks of knowledge that existed in 'The Institution'.

In the chapter on 'The Birth of Social Inclusion', it was seen that the underlying conditions that underpinned concepts in this discourse changed again, and the concept 'intellectual disability' replaced the concept 'mentally handicapped'. This was predominantly due to the fact that the power in this epistémè shifted from the Church to the State. The State now emerged as the main author of delimitation on the Child with 'intellectual disabilities', largely due to the fact that the State exerted its control in the discourse on education. It legitimised its enunciative position through its mechanisms of power and with increase of relations with international organisations. These mechanisms of power were policies, reports and legislation. It introduced and allowed for the emergence of new experts, places of expertise and new frameworks of knowledge, examples of which were government funded bodies, universities and the School. New policies

and practices were introduced in like social inclusion and inclusion. The practice of social inclusion also became government policy, which introduced the Child with 'intellectual disabilities' into mainstream schools for the first time. State-supported experts also introduced new practices into mainstream schools, some of which were: team teaching, resource time, behavioural analysis and classroom management. Also the practice of 'normalisation' changed; it was no longer designed to change the Child and make them normal but to instead support the child by removing social barriers. The practice of medical labelling as a designation for life was again called into question on the basis that it became perceived as a mechanism for exclusion. An accompanying factor was that the Church's power went into decline due to a drop in vocations, the State undermining the power of the Church in education, emergence of abuse cases and the rise of new types of non-religious schools. The Church now had limited influence over the Family and the State, while the Family, in this epistémè, saw a corresponding and commensurate rise in its power. Some of the factors that underpinned the power of the Family were the emergence of funded groups, government legislation and parental advocacy/lobby groups. This allowed for the Family to actively resist the power of the State in education.

3) The Foucauldian analysis performed in this thesis also has revealed that the consequences of these power relations, fluctuating grids of specification and knowledge is that marginalisation has existed, albeit in different forms, within each epistémè. This was achieved by uncovering the hidden conditions that not only allowed for the objects of knowledge to emerge but also for the places of marginalisation to be unearthed. This analysis has shown that marginalisation was an unforeseen consequence of these underlying conditions.

In the epistémè of 'The Institution,' the 'mentally defective' Child was excluded from the Family, the State and the Church. The Child was marginalised within the institution of the Family through the imposition of margins of tolerance which identified it as falling outside of Family norms and it was also physically excluded from the Family by being incarcerated in the Asylum. In the Asylum, the Family's responsibility, and that of the State, was devolved to the Church, a devolution which was presumed to be in the interests of the Child. The 'mentally

defective' Child was further isolated and marginalised through the church teaching of perfectibility and through the practices of segregation, care and normalisation employed in the Asylum.

In the period which that was identified as 'The Birth of Special Education,' the 'mentally handicapped' Child was again marginalised by the State, the Church and from the Family. The State legislated for the segregation of the Child within its own community: by authorising the division of the concept 'mentally handicapped' into three different subcategories, the State also isolated these children within the disability community. This was because these children were put into separate special schools according to medical diagnosis. The 'mentally handicapped' Child was segregated in the Church-run residential special schools along gender grounds and within these new groups they were further divided, which meant they were isolated from their peers within the residential schools. They were also isolated from their peers in mainstream schools, even while their classrooms annexed the school: this was because they were not allowed to mix with 'normal' children. The children that were placed in residential special schools were also segregated from the Family as they had to reside away from home. In this epistémè, marginalisation was an unfortunate but direct consequence of the efforts of the Family, the State and the Church to provide education.

In the period which was identified as 'The Birth of Social Inclusion,' it emerged that the Child with 'intellectual disability' was marginalised by some of the practices supported by the State policy of 'social inclusion'. Examples of some of these were medical labelling and the allocation of resource time. Medical labelling used terminology that alienated the Child from themselves; it created separation within the identity of the Child as it objectified the Child's disability. The practice of resource time took the Child with 'intellectual disabilities' out from class time and away from their 'normal' peers. This consolidated and amplified the social sense of their being 'different', a deviation from a norm.

This thesis has made clear that the power relations that existed within the field of education has created and maintained the 'marginalisation' of children with

143

mental disabilities. However, it can be asserted with impunity that not one of the aforementioned institutions acted with malign intent: the exclusion of the Child with intellectual disabilities was in all cases an unintended policy consequence rather than an identified objective. The practices of 'segregation', 'integration' and 'social inclusion' were created to try and do 'what was best' for the Child with intellectual disabilities, as dictated by epistémè-governed and legitimated institutional principles.   And while there are demonstrably lower levels of marginalisation in the contemporary epistémè, it nonetheless still exists: the goal of creating a more inclusive and egalitarian society with educational provision made for every child in accordance with their needs and abilities is a very laudable one, but without the proper funding of resources it will remain a utopian ideal.

<u>Recommendations for further study</u>

Two developments have emerged from this thesis that should be explored in the future. This is the empowerment of the Family and the institution of the Child. Both these developments were uncovered by the Foucauldian Discourse analysis performed herein. The Family only really exerted its power and the Child only found its voice in the epistémè of 'The Birth of Social Inclusion'; both institutions are legitimised by legislation and yet their power is different. The rights of the Family are enshrined in the constitution of the State, yet until recently the Family did not challenge the State to recognise those rights. It will be interesting to see how far this empowerment can go: will the Family ever have the dominant power within the discourse of Education?

The institution of the Child, on the other hand, has only just begun to emerge. It was initiated with identification, formalisation and discussion of the rights of the Child. As identified in the period 'The Birth of Social Inclusion', these rights seem to however only apply to certain areas within the State - the example given was the exclusion of the NCSE from the Ombudsman for Children's remit - and on a case by case basis. There needs to be further work in this area in order for the Child's voice to become relevant. Some of the main questions that could be asked are: Will the rights of the Child supersede the rights of the Family and the rights of the State? Will the institution of the Child prevent marginalisation and give a voice to the Child with 'intellectual disabilities? Will this create a power

struggle between the 'normal' Child and the Child with disabilities? Or will all children be treated equally? There also could be work on the concept of the Child using Foucault's idea of the 'technologies of the Self' and perhaps a discourse analysis of this concept. What this thesis has shown is that where knowledge will emerge is not predictable. Being in possession of knowledge does not guarantee change, nor indeed does it necessarily provide solutions.

Foucault's Discourse analysis does not offer any solutions to the issues raised in this thesis. As stated in the Introduction, solutions are only relevant for a limited time. This thesis is an illustrated of this very point. There is no guarantee that any solution offered will not cause or contribute to marginalisation in the future. This does not mean that the exercise of trying is futile; the only way to prevent marginalisation is to acknowledge it, work hard and to do better next time. As Foucault puts it:

> The problems that I try to pose – those tangled things that crime, madness, and sex are, and that concern everyday life – cannot be easily resolved. Years, decades, of work and political imagination, will be necessary, work at the grass roots with the people directly affected, restoring their right to speak. Only then will we succeed.[475]

---

[475] *Michel Foucault Essential Works of Foucault 1954-1984 Volume 3*, *Power*, James D. Faubion (ed.), (London, 1994), p. 288.

Bibliography

About the Ombudsman for Children, Ombudsman for Children Website, http://www.oco.ie (accessed 17/03/11).

'About Inclusion Ireland, Our Name Change', Inclusion Ireland Website, http://www.inclusionireland.ie/about_namechange.html (accessed 01/03/10).

'A Catholic State', The Pursuit of Sovereignty and the Impact of Partition, Multitext Project in Irish History, Multitext University College Cork Website, http://multitext.ucc.ie/d/Ireland_culture__religion_1912-49#15ACatholicState (accessed 01/05/12).

Acts 1992 – 2012 (PDF), Houses of the Oireachtas Webpage, http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/acts/2004/A3004.pdf (accessed 20/06/12).

Akenson, Donald H., *The Irish Education Experiment, The National System of Education in the Nineteenth Century*, (New York, 2012).

Allinton-Smith, Pru, 'Psychiatric and Behaviour Disorders in Children and Adolescents with Intellectual Disabilities', *The Psychiatry of Intellectual Disability*, Roy Ashok Roy, Meera Roy and David Clarke (eds.), (Abington, 2006).

Andersen, Karen, 'Irish Secularization and Religious Identities: Evidence of an Emerging New Catholic Habitus', Vol. 57 (1), 15 *Social Compass*.

Annual Report of the National Intellectual Disability Database Committee 2010, Publications, Health Research Board Website, http://www.hrb.ie/publications/hrb-publication/publications//562/ (accessed 10/01/13).

'Appendix: Functions of the NDA under Section 8 of the National Disability Authority Act 1999', National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/ADAEC989A4DCA8C1802576E20033EB52/$File/strategicplan2010_06.htm (accessed 05/03/11).

'Appendix 18: Legislation relevant to the Education of Persons with Disabilities and Special Educational Needs, including ASDs', Appendices, Autism Task Force (2001) Appendices, Special Education Support Service Website, http://www.sess.ie/sites/default/files/Autism%20Task%20Force%20Appendices.pdf (accessed 01/04/09).

'Appointment of Peace Commissioners', The Courts of Justice Act 1924, Irish Statute Book Website, http://www.irishstatutebook.ie/1924/en/act/pub/0010/sec0088.html (accessed 10/01/12).

'Appropriate Terms to Use with Disability', Attitudes Webpage, National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/2294f7824465d7c580256c7b005a4986?ope ndocument (accessed 01/05/12).

Article 42 Education, Constitution of Ireland, *Constitution of the Irish Free State* (1937), The All Party Oireachtas Committee on the Constitution Website, http://www.constitution.ie/constitution-of-ireland/default.asp?UserLang=EN (accessed 24/05/12).

Atkinson, Norman, *Irish Education, A History of Educational Institutions*, (Dublin, 1969).

Banks, Marion, 'Modern Ireland: multinationals and multiculturalism', *Information, Society and Justice*, Vol. 2.1, (December, 2008), pp. 63-93.

Barlow, Jim, 'Creating a Universal Medical Language for WHO', (May 2009), Mayo Clinic Website, http://discoverysedge.mayo.edu/de09-2-chute/index.cfm (accessed 24/07/11). This article is no longer on this site.

Barnes, Colin and Geof Mercer, 'Breaking the Mould? An introduction to doing disability research', *Doing Disability Research*, Colin Barnes and Geof Mercer (eds.), (Leeds, 1997).

Barnes, Colin and Geof Mercer, *Disability*, (Cambridge, 2007).

Barnes, Colin, *Disabled People in Britain and Discrimination: A case for anti-discrimination legislation*, (1991). Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/Barnes/disabled%20people%20and%20discrim%20ch3.pdf (accessed 20/11/10).

'Beyond normalization and impairment: theorizing subjectivity in learning difficulties' – theory and practice**,** Scott Yates', Simon Dyson and Dave Hiles, *Disability & Society,* Vol. 23, No. 3, May 2008.

Borsay, Anne, *Disability and Social Policy in Britain since 1750*, (London, 2005).

Breen et al, Richard, *Understanding Contemporary Ireland*, (London, 1990).

'Brief History of Special Education (SEN)', *Select Committee on Education and Skills Third Report*, All Select Committee Publications, Committee Publications, Publications and Records, Parliamentary Business, British Parliament Home Page, http://www.publications.parliament.uk/pa/cm200506/cmselect/cmeduski/478/478 05.htm (accessed 12/05/10).

Brosco, Jeffrey P., 'The Limits of the Medical Model: Historical Epidemiology of Intellectual Disability in the United States', in: Eva Feder Kittay and Licia

Carlson (eds.), *Cognitive Disability and it's Challenges to Moral Philosophy*, (Oxford, 2010).

Brown, Christy, *My Left Foot*, (London, 1990).
Browne, Dr., Committee on Finance – Vote 68 Health, Tuesday, 6th of July 1948, Dáil Éireann Debate, Vol. 111 No. 16, http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail1948070600028?opendocument (accessed 05/03/11)

Budget Submission 2008, OPEN (One Parent Family) Webpage, http://onefamily.ie/wp-content/uploads/One-Family-pre-budget-submission-October-2007.pdf (accessed 20/11/10).

Butler, C., 'Politics and Identity', in: *Postmodernism: A Very Short Introduction*, (Oxford, 2002) p. 46.

Callias, Maria, 'Teaching Parents, Teachers and Nurses', *Behaviour Modification for People with Mental Handicaps* second edition, William Yule and Janet Carr (eds.), (London, 1980).

Carlson, Licia, 'Docile Minds, Docile Bodies', in: Shelley Tremain, (ed.), *Foucault and the Government of Disability*, (Michigan, 2009).

Carlson, Licia, 'Philosophers of Intellectual Disability: A Taxonomy', in: Eva Feder Kittay and Licia Carlson (eds.), *Cognitive Disability and it's Challenges to Moral Philosophy*, (Oxford, 2010).

Carlson, Licia, *The Faces of Intellectual Disability Philosophical Reflections*, (Indiana, 2010).

Carroll, Deirdre, 'The Organisational Impact of Change on a Voluntary Association', Dissertation Submission, Inclusion Ireland Archive, (1998) (kindly forwarded by Inclusion Ireland's CEO Deirdre Carroll).

Chapter two the Demographics of Disability in Ireland, In: *How far towards equality? Measuring how equally people with disabilities are included in Irish Society*, National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/5419C80ECE72C05D802570C8003E1D36/$File/02_equality.htm (accessed 01/05/12).

'Children's Referendum Set for Autumn', In: the News, Childs Rights Alliance Ireland Website. http://www.campaignforchildren.ie/updates/inthenews/2012/06/21/childrens-referendum-set-for-autumn/ (accessed 22/06/12).

Clarke, David, 'Common Syndromes and Genetic Disorders', *The Psychiatry of Intellectual Disability*, Roy Ashok Roy, Meera Roy and David Clarke (eds.), (Abington, 2006).

Cohen, Robert I., and Jerome J. Hart, 'Mental Retardation', *Student Psychiatry Today*, (London, 1992).

Coimisiún flosrúcháin um míchumas meabhrach: Tuarascáil, Commission of Inquiry on Mental Handicap: Report Review by: M. F. McHugh, The Irish Journal of Education/Iris Eireannach an Oideachais, Vol. 1, No. 1 (Summer, 1967).

Compart, Pamela, 'DSM-V: What change may mean?' Autism Research Institute Webpage,
http://www.autism.com/index.php/news_dsmV (accessed 10/01/13).

Constitution of the Irish Free State (1937), The All Party Oireachtas Committee on the Constitution Website,
https://www.constitution.ie/Constitution.aspx, (accessed 24/05/12).

'Constitutional Referendum on Children's Rights', Current Issues, Ombudsman for Children Website,
http://www.oco.ie/issues/current-issues/constitutional-referendum-on-childrens-rights.html (accessed 01/10/11).

'Constitutional Reform', Childs Rights Alliance Ireland Website,
http://www.childrensrights.ie/ (accessed 01/10/11).

Coolahan, John, *Irish Education: History and Structure*, (Dublin: 1981).

Coolahan, John, 'The Consultative Approach to Educational Policy Formulation in Ireland', Spring Mary Immaculate College Structured PhD (Education) Master Class, 7pm 23rd of March 2012.

Cooney, J. G., 'A Sub normality Service in Eire, Journal of Mental Sub normality' (20), 1961, The British Journal of Developmental Disabilities website,
http://www.bjdd.org/new/index.htm (accessed 27/01/12).

Costello, D., Private Members' Business. - Mentally Handicapped Children: Motion, Wednesday, 9 November 1960, Dáil Éireann Debate, Vol. 184 No. 5,
http://debates.oireachtas.ie/dail/1960/11/09/00057.asp (accessed 05/03/11).

Dáil Éireann and Seanad Historical Debates, Parliamentary Debates Online Webpage,
http://historical-debates.oireachtas.ie/ (accessed 11/05/2011).

Davidson, Arnold I., 'Foucault and the Analysis of Concepts', *The Emergence of Sexuality Historical Epistemology and the Formation of Concepts*, (Harvard, 2001), pp. 178 – 192.

Deegan, Professor Jim, 'Diversity in Early Years Education Research Project Report', Crossborder Research, The Centre for Cross Border Studies Website,
http://www.crossborder.ie/pubs/diversityreport.pdf (accessed 05/03/12).

Deegan, Professor Jim, 'Intentionally or otherwise: children and diversity in statutory and policy discourses in Ireland', *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools*, Jim Deegan, Dympna Devine and Anne Lodge (eds.), (Dublin, 2004).

'Definition of Intellectual Disability', Children's Right to a Family Life, Mental Health, Health Topics, What do we do?, World Health Organisation Europe Webpage,
http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/news/news/2010/15/childrens-right-to-family-life/definition-intellectual-disability (accessed 10/01/13).

Dillon, Committee on Finance. - Vote 58—Health (Resumed), Thursday, 30 June 1960, Dáil Eireann Debate, *Vol. 183 No. 6*,
http://debates.oireachtas.ie/dail/1960/06/30/00019.asp (accessed 05/03/11).

Disability Act 2005, Disability Legislation, Association for Higher Education and Disability Website,
http://www.ahead.ie/inclusiveeducation_legislation_2005act.php (accessed 01/02/11).

'Disability Allowance', Department of Social Protection Website,
http://www.welfare.ie/en/Pages/da.aspx (accessed 10/01/13).

'Disability Awareness', Sheffield University Homepage,
http://www.shef.ac.uk/disability/nm_helper/3_awareness.html (accessed 28/11/08). This page has since been removed 2010.

Discourse, Compact Oxford Dictionary of Current English third Edition, Eds. Catherine Soanes and Sara Hawker, (Oxford, 2002).

Doherty, Ursula, et. al., *Strands, Strategies for Teachers to respond actively to the Needs of children with Down Syndrome*, (Limerick, 2011).

'Don't dis me with that language —The Disability Language A – Z guide', Northcott Disability Services Website, p. 12,
http://www.northcott.com.au/uploaded/File/The%20Disability%20Language%20A-Z%20Guide.pdf (accessed 01/05/12).

Down Syndrome Ireland, http://downsyndrome.ie/, (accessed 20/11/10).

'DSM-5: The Future of Psychiatric Diagnosis', Psychiatric Association Webpage,
http://www.dsm5.org/Pages/Default.aspx (accessed 10/01/13).

Education, Information Centre, Downs Syndrome Ireland Website,
http://www.downsyndrome.ie/index.php/information-centre/education (accessed 01/12/11).

EPSEN Act 2004, Act No. 30 of 2004, Acts 1992 – 2012 (PDF), Houses of the Oireachtas Website, http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/acts/2004/A3004.pdf (accessed 20/06/12).

European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe, Justice, European Commission Webpage, http://ec.europa.eu/justice/discrimination/disabilities/disability-strategy/index_en.htm (accessed 01/02/13).

Fahey, Professor Tony, 'Household and Family Structures in Ireland', Latest News, Economic and Social Research Institute Webpage, http://www.esri.ie/news_events/latest_press_releases/households_and_family_str/index.xml?__xsl=cms-print.xsl, accessed 17/08/09 (accessed 01/02/12).

Fahey, Tony and Helen Russell, *Family Formation in Ireland – Trends, Data, Needs and Implications*, Report to the Family Affairs Unit, Department of Social, Community and Family Affairs, Policy Research Series No. 43, (Dublin, 2001).

Fahey, Tony and Richard Layte, 'Family and Sexuality', Quality of Life in Ireland Social Indicators Research Series, Volume 32, 2008, pp. 155 - 174, http://link.springer.com/chapter/10.1007%2F978-1-4020-6981-9_10?LI=true#page-1, accessed 01/03/13 (accessed 01/03/13).

Finkelstein, V., 'Modelling Disability', Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/models/models.htm, 1996 (accessed 17/08/09).

Foucault, Michel, *The Archaeology of Knowledge*, (Suffolk, 2007).

Foucault, Michel, *Discipline and Punish, The Birth of the Prison*, (London, 1977).

Foucault, Michel, *The Birth of the Clinic*, (Suffolk, 1973).

Foucault, Michel, *The History of Sexuality Part 1, The Will to Knowledge*, (London, 1998).

Foucault, Michel, *The History of Sexuality Part 2, The Use of Pleasure*, (London, 1992).

Foucault, Michel, *The History of Sexuality Part 3, The Care of the Self*, (London, 1990).

Foucault, Michel, *The Order of Things*, (Abington, 2008).

Foucault, Michel, *Power/Knowledge: Selected Interviews and other Writings 1972-1977*, C. Gordon (ed.), C. Gordon L. Marshal J. Mepham and K. Sober (trans.), (New York, 1980).

Foucault, Michel, 'Prisons et asiles dans le mécanisme du pouvoir' (1974), in *Dits et Ecrits vol. 11* (1994), Clare O'Farrell (trans.).

Foucault, Michel, *Madness and Civilisation, A History of Madness of Insanity in the Age of Reason*, (New York, 1965).

Freedom of Information Act 1997, Autism Task Force (2001) Appendices, Special Education Support Service Website, http://www.sess.ie/sites/default/files/Autism%20Task%20Force%20Appendices.pdf (accessed 01/04/09).

Fine Davis, Margret, *Attitudes to Family Formation in Ireland – Findings from the Nationwide Study*, Social Attitude and Policy Research Group, School of Social Sciences and Philosophy, (Dublin, 2011),

Goodley, Dan, 'Education: Inclusive Disability Studies', *Disability Studies: An Interdisciplinary Introduction*, (London, 2011).

Goodley, Dan, 'Learning Difficulties', the Social Model of Disability and Impairment: challenging epistemologies', *Disability & Society,* Vol. 16, No. 2, 2001, pp. 207–231.'

Goodley, Dan, 'Towards Socially Just Pedagogies: Deleuzoguattarian Critical Disability Studies', *International Journal of Inclusive Education*, Archive UK, Disability Studies, Leeds University Website. http://www.leeds.ac.uk/disability-studies/archiveuk/goodley/Dan%20Goodley%20revised%20submission%20for%20IJIE%20special%20issue.pdf (accessed 01/05/12).

Goodley, Dan and Mark Rapley, 'How Do You Understand ''Learning Difficulties''? Towards a Social Theory of Impairment', *Mental Retardation*, Volume 39, Number 3, (June, 2001), pp. 229 – 232.

Greene, Sheila and Geraldine Moane, 'Growing up Irish: Changing children in a changing society', *The Irish Journal of Psychology*, Vol. 21, (2000), pp. 122-137.

Hanrahan, Gabriella M., 'A Social Model of Disability and the Restructuring of Ireland's Disability Employment Services through the Service of Supported Employment', National Disability Authority Research Conference 2005, National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability_research_conference_18.htm (accessed 01/05/12).

Henley, M., R.S. Ramsey, R.F. Algozzine, 'labelling and the Disadvantages of Labelling', Article, Education.com Website, http://www.education.com/reference/article/advantages-disadvantages-labeling/?page=2 (accessed 01/06/12).

'History of the National Parents Council', National Parents Council Primary Website, http://www.npc.ie/npc/page.aspx?pageid=94 (accessed 05/07/12).

'History of the National Parents Council Post Primary', National Parents Council Primary Website, http://www.npcpp.ie/history.html (accessed 05/07/12).

Hollen Lees, Lynn, *Exiles of Erin: Irish Migrants on Victorian London*, (Manchester, 1979).

Houghton, Frank and Kevin Kelleher, Smallpox in Ireland an Historical Note with possible (and unwelcome) relevance for the future, Geographical Society of Ireland Webpage, UCD Website, http://www.ucd.ie/gsi/pdf/35-1/smallpox.pdf (accessed 21/05/12).

Hughes, Bill, 'What can a Foucauldian Analysis Contribute to Disability Theory', in: Shelley Tremain (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), p. 80.

Hunt, Seán, 'Educational Provision for the Physically Handicapped', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981).

'Inclusive education: knowing what we mean', Open University Website, http://www.open.edu/openlearn/education/educational-technology-and-practice/educational-practice/inclusive-education-knowing-what-we-mean/content-section-0 (accessed 21/03/11).

'Intellectual Disability, Causes & Prevention: Your Questions Answered', Inclusion Ireland Webpage, http://www.inclusionireland.ie/news_qa.asp#Q1 (accessed 01/03/11).

'Inter-Departmental Committee to establish the facts of State involvement with the Magdalene Laundries', Department of Justice and Equality Website, http://www.justice.ie/en/JELR/Pages/MagdalenRpt2013 (accessed 06/02/13).

International Classification of Diseases (ICD), Programmes and Projects, World Health Organisation Webpage, http://www.who.int/classifications/icd/en/ (accessed 01/02/12).

Ireland - Provisions of the EPSEN Act 2004, National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/A345F22FF11E44C6802570660053BE27 (accessed 20/12/12).

Irish Autism Action, http://www.autismireland.ie/, (accessed 20/11/10).

Irish Educational Documents Volume 2, Áine Hyland and Kenneth Milne (eds.), (Dublin, 1992).

Jeffers, James, Dead or Alive? The Fate of Natural Law in Irish Constitutional Jurisprudence, NUI Galway Law Archive Webpage. http://web.archive.org/web/20110609214938/http://www.nuigalway.ie/law/GSLR/2003/Natural%20Law%20and%20the%20Irish%20Constitution.pdf (accessed 30/05/12).

Kelly, Brendan D., 'Mental Health Law in Ireland, 1821 to 1902: Building the Asylums', Medico-Legal Society UK Website, http://www.medico-legalsociety.org.uk/articles/mental_health_ireland_1.pdf, (accessed 12/01/2012).

Kenny, Anthony J., *The Wittgenstein Reader*, (Oxford, 1994).

Kinsella, William, 'Are inclusive schools possible? Students with disabilities and special educational needs in second-level schools', *Education in Ireland Challenge and Change*, Shellagh Drudy (ed.), (Dublin, 2009), p. 75.

Koch, T., *Foucault and the Government of Disability*, Review by Tom Koch PhD.', in: Metapsychology Online Reviews, Vol. 11, No. 20, (2007), http://content.bhg.org/books/books.php?type=de&id=3636 (accessed 03/04/08).

Liggett, H., 'Stars are not Born: an Interpretive Approach to the Politics of Disability', in: L. Barton and M. Oliver, (eds.), *Disability Studies: Past Present and Future*, Disability Archive, Leeds University Webpage, http://www.leeds.ac.uk/disability-studies/archiveuk/liggett/chapter11.pdf (accessed 30/03/08).

Lynch, Kathleen and Anne Lodge, 'Young People's Equality Concerns: The invisibility of Diversity', Diversity in School, Institute of Public Administration, (Dublin, 2004).

Lynch, Kathleen, 'Research Projects', Kathleen Lynch Staff page, UCD School of Social Justice Website. http://www.ucd.ie/socialjustice/staff/kathleenlynch/ (accessed 05/03/12).

MacEntee, Committee on Finance. - Vote 54—Health (Resumed), Thursday, 15 June 1961, Dáil Eireann Debate, *Vol.* 190 No. 3. http://historical-debates.oireachtas.ie/D/0190/D.0190.196106150016.html (accessed 05/03/11).

Martin, Rux, 'Truth, Power, Self: An Interview with Michel Foucault October 25, 1982', Luther Martin et al (eds.), *Technologies of the Self – A Seminar with Michel Foucault*, University of Massachusetts Press, United States (1988).

McMahon, Timothy, 'Religion and Popular Culture in Nineteenth-Century Ireland', *History Compass* 5/3 (2007), pp. 845-864.

McConkey, Roy and Patrick McGinley, 'Concepts and Controversies', *Concepts and Controversies in Services for People with Mental Handicap*, Roy McConkey and Patrick McGinley (eds.), (Dublin, 1988).

McHugh, M. F., Education Coimisiún flosrúcháin um míchumas meabhrach: Tuarascáil. Commission of Inquiry on Mental Handicap, The Irish Journal of Education / Iris Eireannach an Oideachais, Vol. 1, No. 1 (Summer, 1967), pp. 83-85.

McKee, Eamonn, 'Church-State Relations and the Development of Irish Health Policy: The Mother-and-Child Scheme1944-53', *Irish Historical Studies*, Vol. 25, No. 98 (Nov., 1986), pp. 159-194.

McKenzie, Judith Anne and Catriona Ida MacLeod, 'The deployment of the medico‑psychological gaze and disability expertise in relation to children with intellectual disability', International Journal of Inclusive Education, 15th of July 2011.

Michel Foucault Essential Works of Foucault 1954 - 1984 Volume 1, Ethics, Paul Rabinow (ed.), (London, 1994).

Michel Foucault Essential works of Foucault 1954-1984 Volume 2, Aesthetics, James D. Faubion (ed.), (London, 1998).

Michel Foucault Essential Works of Foucault 1954-1984 Volume 3, *Power*, James D. Faubion (ed.), (London, 2000).

Minister for Education and Skills (Deputy Ruairí Quinn), Written Answers - School Patronage, Wednesday, 22 February 2012 Dáil Éireann Debate Vol. 756 No. 3, http://debates.oireachtas.ie/dail/2012/02/22/00107.asp (accessed 20/06/12).

National Council for Curriculum and Assessment (NCCA) Website, www.ncca.ie/ (accessed 01/03/11).

National Council for the Blind Ireland, http://www.ncbi.ie/, (accessed 20/11/10).

National Council for Special Education Website, www.ncse.ie (accessed 01/03/11).

National Educational Psychological Service website, http://www.education.ie/home/home.jsp?pcategory=33437&ecategory=33446&language=EN (accessed 01/03/11).

National Educational Welfare Board Website, http://www.newb.ie/, (accessed 01/03/11).

Needs and Abilities, a Policy for the Intellectually Disabled Report of the Review Group on Mental Handicap Services, (Dublin, 1991).

Obituary for Dr. Benjamin Spock, On This Day, The New York Times on the Web Learning Network Website. http://www.nytimes.com/learning/general/onthisday/bday/0502.html (accessed 15/01/12).

Oliver, Mike, *The Individual and Social Models of Disability*, Disability Archive, Leeds University Webpage, http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf (accessed 01/06/08).
Oliver, Mike, *Social Work with Disabled People*, (Basingstoke, 1983).

O'Moore, Mona, 'Integrated Education for the Disabled Child', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981).

Ombudsman for Children Website, http://www.oco.ie/ (accessed 17/03/11).

Ombudsman for Children ACT (2002), Ombudsman for Children Website, http://www.oco.ie/assets/files/OmbudsmanforChildrenAct2002.pdf (accessed 17/03/11).

Other Questions – Special Educational Needs, Thursday, 7th of July, 2011, Dáil Eireann Debate, Vol. 738 No. 1, http://debates.oireachtas.ie/dail/2011/07/07/00019.asp, (accessed, 17/03/13).

'Part III.—*Reports of Charity Organisation Committee.*(i) On the Legal Provisions in Ireland for the care and instruction of Imbeciles, Idiots, Deaf and Dumb, and Blind, with suggestions for amended Legislation', Trinity College Access Research Archive Webpage, *www.tara.tcd.ie/bitstream/2262/5760/1/jssisiVolVIIPartL_2938.pdf*, (accessed 15/03/13)

'People with Intellectual Disability in the Member States', Pomona Project – Health Indicators of People with Intellectual Disability Website, http://www.pomonaproject.org/1_people_member_states.pdf (accessed 01/06/12).

Progress Report on Ireland, End all Corporal Punishment of Children Website, http://www.endcorporalpunishment.org/pages/progress/reports/ireland.html (accessed 15/05/12).

'*Rerum Novarum*, Encyclical of Pope Leo XIII On Capital and Labor', Pope Leo XIII Encyclicals, Vatican Website, http://www.vatican.va/holy_father/leo_xiii/encyclicals/documents/hf_l-xiii_enc_15051891_rerum-novarum_en.html (accessed 10/01/13).

Ryan, Annie, *Walls of Silence*, (Kilkenny, 1999).

Ryan, Dr., Committee on Finance – Vote 68 Health, Tuesday, 6th of July 1948, Dáil Éireann Debate, Vol. 111 No. 16, http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail1948070600028?opendocument (accessed 05/03/11).

Ryan, Dr., Committee on Finance. - Vote 63—Health (Resumed), 11 April, 1956, Dáil Éireann Debate, Volume 156, http://historical-debates.oireachtas.ie/D/0156/D.0156.195604110022.html, (accessed 05/03/11)

Ryan Report Commission to Inquire into Child Abuse, the Child Abuse Commission Website, http://www.childabusecommission.com/rpt/pdfs/ (accessed 01/01/2010).

Schalock, Robert L., et al., **'**The Renaming of Mental Retardation: Understanding the Change to the Term Intellectual Disability', in: *Intellectual and Developmental Disabilities*, Vol. 45, No. 2, (2007), p. 116.

Shakespeare, Tom, 'The Social Model of Disability', *The Disability Studies Reader*, Lennard J. Davis (ed.), (New York, 2006), pp. 197-204.

Sheridan, Alan, *The Will to Truth*, (Abington, 1997).

Sherlock**,** Seán, EPSEN Act 2004, Thursday, 7 March 2013, Dáil Eireann Debate, http://www.kildarestreet.com/debates/?id=2013-03-07a.488, (accessed, 17/03/13).

Shoemaker, P., et al., *How to Build Social Science Theories*, (London, 2004), pp. 15-29.

Simmons, Harvey G., 'Explaining Social Policy: The English Mental Deficiency Act of 1913', Journal of Social History, Vol. 11, No. 3 (Spring, 1978), pp. 387-403.

'Special Needs Allocation', Information for Parents/Guardians, Complaints, Ombudsman for Children Ireland, http://www.oco.ie/complaints/information-for-parents/special-needs-allocation.html (accessed 01/02/12).

Special Educational Needs: Curriculum Issues Discussion Paper, National Council for Curriculum and Assessment Website, http://www.ncca.ie/uploadedfiles/nccaeng.pdf (accessed 01/01/12).

Special Education Needs - Volume 489 - 02 April, 1998, Adjournment Debate, Dáil Éireann, http://historical-debates.oireachtas.ie/D/0489/D.0489.199804020019.html (accessed 16/07/2009).

Special Education Support Service Website, http://www.sess.ie/ (accessed 01/03/11).

Spicker, P., 'Normalisation', An Introduction to Social Policy, Robert Gordon University Homepage, http://www2.rgu.ac.uk/publicpolicy/introduction/needf.htm (accessed 01/12/10).

Spock, Dr. Benjamin, *Dr. Spock's Baby and Child Care*, Revised Seventh Edition, Pocket Books, 1998, Parents website, http://www.parents.com/parenting/better-parenting/advice/trust-yourself-as-a-parent/ (accessed 10/01/13).

'Submission of the Ombudsman for Children to the Joint Committee on the Constitutional amendment on Children - February 2008', Constitutional Referendum on Children's Rights, Current Issues, Ombudsman for Children Website, http://www.oco.ie/assets/files/publications/submissions/Updated%20Submissions/SubmissiononconstitutionalamendmentonchildrenFeb2008.pdf (accessed 01/10/11).

'Summary of the Report of the Commission on the Status of People with Disabilities', The National Federation of Voluntary Bodies Website, http://www.fedvol.ie/_fileupload/Next%20Steps/strategy_for_equality.pdf (accessed 01/03/11).

Swan, Desmond, 'Special Education in Ireland, the concept and the reality', *From School...To Work, Issues in Education and Employment for the Disabled*, Association of Secondary School Teachers, Ireland, the Irish National Teacher's Organisation and the Teachers Union of Ireland, (Dublin, 1981).

Sweeney, J. F., 'The Role of the Irish Division of the Royal Medico-Psychological Association in the Development of Intellectual Disability Nursing in Ireland', Canadian Bulletin of Medical History Page, Volume 28:1, 2011, Canadian Society for the History of Medicine Webpage. http://www.cbmh.ca/index.php/cbmh/article/viewFile/1386/1353 (accessed 01/03/12).

Sweeney, John, 'Attitudes of Catholic religious orders towards children and adults with an intellectual disability in postcolonial Ireland', *Nursing Inquiry* 2010 17(2), pp. 95-110.

The Development of Education for Children with Special Educational Needs (Ireland), SCoTENS, Standing Conference on Education North and South Webpage. http://scotens.org/sen/articles/develofspecialedroi.pdf (accessed 10/04/11).

The International Classification for Diseases (ICD), World Health Organisation Webpage, http://www.who.int/classifications/icd/en/ (accessed 01/02/12).

The International Classification of Functioning, Disability and Health (ICF), World Health Organisation Website, http://www.who.int/classifications/icf/en/, (accessed 10/01/13).

The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland, Report of the Working Party to the Minister for Education and the Minster for Health and Social Welfare, (Dublin, 1983).

Tracey, Geraldine and Julie Long, 'Multi-Cultural Ireland – Weaving Fabric of Diversity', *Facing Death - Palliative Care in Ireland,* Julie Ling and Liam O'Síoráin, (England, 2005), pp. 163-164.

The Forum on Patronage and Pluralism in the Primary Sector - Report of the Forum's Advisory Group (April 2012), Publications, Department of Education and Skills Website, http://www.education.ie/en/Publications/Education-Reports/fpp_report_advisory_group.pdf (accessed 21/03/13).

The Report of the Special Education Review Committee (1993), Publications, National Council for Curriculum and Assessment Website, http://www.ncca.ie/uploadedfiles/nccaeng.pdf (accessed 15/12/11).

'The WHO Family of International Classifications', Classifications, Programmes and Projects', World Health Organisation Website, http://www.who.int/classifications/en/ (accessed 01/02/12).

Tremain, Shelley, 'Foucault, Governmentality, and Critical Theory: An Introduction', in: Shelley Tremain (ed.), *Foucault and the Government of Disability*, (Michigan, 2009).

'Union of the Physically Impaired against Segregation and The Disability Alliance', *Fundamental Principles of Disability*, (London, 1975), Disability Archive, Leeds University Homepage, http://www.leeds.ac.uk/disability-studies/archiveuk/UPIAS/fundamental%20principles.pdf (accessed 01/06/08).

'What is an Educate Together School?' Educate Together website. http://www.educatetogether.ie/schools-start-up-groups/main-publications/ (accessed 01/01/2012).

'What is Poverty?' Social Inclusion Office (Irish Government Body) Website, http://www.socialinclusion.ie/poverty.html#whatis (accessed 01/12/11).

1911 Census, National Archives of Ireland website, http://www.census.nationalarchives.ie/ (accessed 06/02/12).

'20 June, 2012 - Minister Quinn outlines his Action Plan in response to the report of the Advisory Group to the Forum on Patronage and Pluralism in the Primary Sector', Current Press Release, Press Room, Department of Education and Skills Website, http://www.education.ie/home/home.jsp?pcategory=10861&language=EN&ecategory=10876&sectionpage=12251&page=1 (accessed 20/06/12).

Thomas, Gary and Mark Vaughan, *Inclusive Education Readings and Reflections*, Gary Thomas and Christine O'Hanlon (Series Eds.), (Berkshire, 2004).
'UN Convention on the Rights of Persons with Disabilities**,** Disabilities, United Nations Webpage, http://www.un.org/disabilities/default.asp?navid=13&pid=150 (accessed 11/02/13).

Understanding Disability: a good Practice Guide, Models of Disability, Disability Guide, ETTAD (Enabling Teachers and Trainers to Improve the Accessibility of Adult Education) website, http://uk.ettad.eu/understanding-disability (accessed 01/03/11).

Walsh, Thomas, 'A Historical overview of our Conceptualisation Of Childhood in Ireland in The Twentieth Century', 'Voices and Images of Childhood and Adolescence: Rethinking Young People's Identities' Human Development Conference, Centre for Early Childhood and Development Education (CECDE) Website, http://www.cecde.ie/gaeilge/pdf/conference_papers/Our%20Conceptualisation%20Of%20Childhood%20In%20Ireland.pdf (accessed 16/10/11).

Ward, Dr., Ceisteanna—Questions. Oral Answers. - Defective Children, Thursday, 6 February 1936, *Dáil Éireann Debate Vol. 60 No*. 2, Dáil Éireann Debates Online, http://debates.oireachtas.ie/dail/1936/02/06/00006.asp (accessed 27/01/2012).

Ward, Eilis, 'Security and Asylum: The Case of Hanna Greally', Studies: An Irish Quarterly Review, Vol. 95, No. 377 (Spring, 2006).

Warnock, Baroness Mary, 'History of Special Education', in: Lorella Terzi (ed.), *Special Educational Needs: A New Look*, (London, 2010).

Watson, Sheelah Flatman, 'Barriers to inclusive education in Ireland: the case for pupils with a diagnosis of intellectual and/or pervasive developmental disabilities', in: *British Journal of Learning Disabilities*, Volume 37, Issue 4, pp. 277-284.

Wittgenstein, Ludwig, *Preliminary studies for the 'Philosophical investigations' - generally known as 'The blue and brown books*, (Oxford, 1972).

Yule, William and Janet Carr, 'Introduction and Overview of Behaviour Modification for People with Mental Handicaps', *Behaviour Modification for People with Mental Handicaps* (second edition), William Yule and Janet Carr (eds.), (Kent, 1980), pp. 1-7.

Appendix A

A List of Current Research in the Area of Disability and Education
Research on Disability

Liggett in her article 'Disability Studies: Past Present and Future',[476] states that a Foucauldian historical method can 'contribute to the politics of interpretation' of disability which in turn can cause debate that could change political policy. She does not critically evaluate the method however and this could be a flaw in her argument. Without a full understanding of the method, Liggett cannot be sure that such an analysis of 'disability' will make any difference to political policy.

Tremain's *Foucault and the Government of Disability*[477] is a comprehensive recent collection of philosophical works by different authors that has applied different Foucauldian methods to concepts of disability. In the introduction Tremain argues that Foucault's work could and should have had more impact on questions of marginalization, ethics and what is natural with regard to disability. She identifies how Foucault did not perceive himself as writing a method but in fact a history. She also asserts that there is a need to return to philosophy as the primary discipline to answer the questions that surround disablement. What Tremain is offering is just a preamble to the work of Foucault. Therefore her aim in the rest of the book was to show how Foucault's work offers very useful tools to tackle many multidisciplinary issues with disability. Tremain gives a good overview of her understanding of Foucault's work.

Koch, in his review of the Tremain's book,[478] criticises the use of Foucault's methods in the different chapters. He raises some valid general issues with regard to Foucault's work. He initially praises Tremain for offering an excellent introduction to Foucault's approach. The problem he asserts with her book is that Tremain is being selective in her application of Foucault's methods. For Koch,

---

[476] Helen Liggett, 'Disability Studies: Past Present and Future', Disability Archive, Leeds University Homepage (accessed 30/03/08).

[477] Shelley Tremain (ed.), 'Foucault, Governmentality, and Critical Theory: An Introduction', *Foucault and the Government of Disability*, (Michigan, 2009).

[478] T. Koch, 'Foucault and the Government of Disability', Review by Tom Koch PhD.', in: Metapsychology Online Reviews, Vol. 11, No. 20, (2007). Tom Koch PhD, is a medical ethicist, medical historian, and gerontologist.

Tremain has neglected the whole of the history of 'socio-political conceptions of disability' and only addresses Foucault's interest in legitimization and power. In opposition to Koch's viewpoint Foucault has stated that his work should be utilised as a 'toolbox' and therefore it can be applied in a whole host of ways. For Foucault stated

> I would like my books to be a kind of tool-box which others can rummage through to find a tool which they can use however they wish in their own area... I would like [my work] to be useful to an educator, a warden, a magistrate, a conscientious objector. I don't write for an audience, I write for users, not readers.[479]

As there seems to be no standard or systematic way of applying Foucault any criticism and praise that Koch makes could be viewed as valid or invalid respectively. It could also be stated that Koch misses the whole point of Foucault's work, as he states that 'historians and scholars of specific conditions and writings make clear how rich but also varied history is'. While this point is valid he also articulates the very issue that Foucault's work was trying to address; that history is varied. More of a Foucauldian point is that different historians can write very different versions of history, therefore this is one of the reasons why Foucault came up with his unique approach. He wanted to offer an array of flexible methods that changed dependent on the context and the concept under analysis.

Where Tremain assessed the concept disability, Carlson tackled the issues surrounding the concept that preceded 'intellectual disability', 'mental retardation'. Carlson's chapter: 'Docile bodies, Docile minds: Foucauldian reflections on Mental Retardation', relies on a more diverse selection from Foucault's approach.[480] In this first piece of Carlson's, she discusses the concept 'mental retardation', from a distinctly American perspective. In this chapter she outlines, through Foucault's method of Archaeology, what led to the emergence of a 'new kind' of people who are classed as 'mentally retarded'.[481] Carlson questions why there has been little to say about the historical development and

---

[479] Michel Foucault, 'Prisons et asiles dans le mécanisme du pouvoir' (1974), in *Dits et Ecrits vol. 11* (1994), pp. 523-4. (This passage trans. Clare O'Farrell).
[480] Licia Carlson, 'Docile Minds, Docile Bodies', in: Shelley Tremain, (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), pp 133-153.
[481] Ibid., p. 133.

status of 'mental retardation' as a classification. She argues that it is as a result of it being a self-evident category and to-date, an unchallenged one. She outlines the difficulties with this classification. She states that 'mental retardation' has become ingrained in professional and institutional discourse. This is an issue for Carlson, as these discourses create 'new' kinds of individuals. This 'new' person affects the practices and the definitions that have become synonymous with the category. The aim of the chapter is 'to challenge the self-evident nature of 'mental retardation' as a problem to be solved'.[482] Carlson outlines that the current approaches to this concept are not satisfactory, as they rely on a mistaken definition.

Carlson employs an archaeological with a genealogical analysis, which offers a philosophical critique in order to present an opportunity for political change. This type of approach informs her historical investigation of the history of 'mental retardation'. Carlson wants to offer an alternative view to the many historical texts and assumptions that exist about 'mental retardation'. In particular she stresses that Foucault's archaeological method is invaluable. It is capable, according to Carlson, of assessing the multiple dimensions and oppositions that exist within a concept in history. This she asserts is what is needed when assessing a concept like 'mental retardation', as according to Carlson it is a highly problematic and contested category.[483] She wants to reconsider the 'success and persistence' of a category that contains so many contradictions. If society is still using this category, even though it has inconsistencies, then Carlson contends that it deserves more scrutiny.[484] Carlson's approach is similar to a Discourse Analysis and this will be the approach that will be taken in this thesis.

Goodley has completed a lot of research in the area of disability studies and education.[485] Goodley, in his chapter 'Learning Difficulties, the Social Model of

---

[482] Licia Carlson, 'Docile Minds, Docile Bodies', in: Shelley Tremain, (ed.), *Foucault and the Government of Disability*, (Michigan, 2009), p. 134.
[483] Ibid., pp. 134-135.
[484] Ibid.
[485] Dan Goodley, 'Towards socially just pedagogies: Deleuzoguattarian critical disability studies, *International Journal of Inclusive Education*, Archive UK, Disability Studies, Leeds University Website (accessed 01/05/12).
Dan Goodley and Mark Rapley, 'How Do You Understand ''Learning Difficulties''? Towards a

Disability and Impairment: challenging epistemologies',[486] he highlights the wide and varied multidisciplinary approaches to the concept 'intellectual disability'. While this piece looks at the educational system in Britain it also has relevancy to an Irish context. The chapter begins by comparing inclusive education to special education.[487] Goodley uses a Foucauldian styled Discourse Analysis to examine the historical relations that surround the theories of special education, integration in education and inclusive education. This is similar to the approach that will be taken in this thesis.

Some of Goodley's findings are interesting. He states that there is a need for more critical evaluation. This includes a radical change in critical pedagogy. Where being 'poor, black and less advantaged' was the core of the discussion.[488] Disability should be included here, according to Goodley. This would allow for a better view of the current issues with inclusion in schools. He highlights the fact that social inclusion has become a negotiation due to neoliberal ideals, where education is a means to an end and not about enrichment of the student. There needs to be more discussion, according to Goodley, about changing the meaning of education, better training for teachers, a more communitarian approach and then a new more enlightened view of disability will emerge. This will include a more open discussion of disability in the classroom which will allow the child to be critical about disability issues. [489]   All this for Goodley will lead to an alternative to the social model and 're-energise such changes in schools'.[490]

On the other hand, McKenzie and MacLeod, in their piece 'The Deployment of the Medico-Psychological gaze and Disability expertise in relation to children

---

Social Theory of Impairment', *Mental Retardation*, Volume 39, Number 3, (June, 2001), pp. 229-232.
Dan Goodley, 'Learning Difficulties', the Social Model of Disability and Impairment: challenging epistemologies', *Disability & Society,* Vol. 16, No. 2, 2001, pp. 207-231.'
[486] Dan Goodley, 'Education: Inclusive Disability Studies', Disability Studies: An Interdisciplinary Introduction, (London, 2011), pp. 138-157.
[487] Ibid., pp. 138-139.
[488] Dan Goodley, 'Towards socially just pedagogies: Deleuzoguattarian critical disability studies, *International Journal of Inclusive Education*, Archive UK, Disability Studies, Leeds University Website, http://www.leeds.ac.uk/disability-studies/archiveuk/goodley/Dan%20Goodley%20revised%20submission%20for%20IJIE%20special%20issue.pdf, (accessed 01/05/12), p. 2.
[489] Ibid., pp. 149-155.
[490] Ibid., p. 155.

with intellectual disability',[491] use Foucauldian tools such as the 'medical gaze' and Nikolas Rose's concept of the 'psychological expertise' in a Discourse Analysis of 'intellectual disability'. This was carried out on a study of the educational practices within a South African School. They mainly assess the debates that surround the specialised skills that exist within the policy of 'inclusive education'. This involved their comparison of the differences between the two extremes employed in this type of education. These extremes are the traditional medical model versus the social model view of education. According to McKenzie and MacLeod the medical model's position is that inclusive education should use specially trained teachers and practices in segregated environments or in between these and mainstream schools. In contrast the social model view is that there is no need for specialised skills but instead there should be more up-skilling of current personnel. Also this social type of education is in more of an inclusive environment. What is particularly interesting with this study is how the issues of the domains of authority are discussed.

Their division of the two domains of authority into; the 'psycho-medical' (focused on impairment)' and the 'disability expertise' (focused on disability)' offers an interesting view of the dynamics of the current debates in 'inclusive' education.[492] For the purpose of their argument they assess the advent of 'special schooling' for children with disabilities through a brief historical analysis of the 'psycho-medical view. According to McKenzie and MacLeod there is a heavy reliance within psychological discourse on the use of scientific truths to diagnose and manage disability. This leaves the lesser authority of the teacher to have to accept the truths provided by these experts. In contrast to the 'psycho-medical' viewpoint McKenzie and MacLeod also discuss the approach adopted by the 'disability' expert. This is where there is a much more multi-disciplinary approach with an emphasis on 'pedagogy than by unifying theory'.[493] Both of these views have different practices and truths. Of these views the psycho-medical is still the

---

[491] Judith Anne McKenzie and Catriona Ida MacLeod, 'The deployment of the medico‐psychological gaze and disability expertise in relation to children with intellectual disability', International Journal of Inclusive Education, 15th of July, 2011, pp. 1-16.
[492] Ibid., pp. 2-13.
[493] Ibid., p. 4.

predominant authoritative type of power.[494]   McKenzie and MacLeod through their analysis have exposed the over reliance on the 'expert' within education of children with intellectual disability. By using the tools that Foucault offers in his seminal works they have highlighted the fact that the social model of disability should not be accepted in 'an uncritical manner'.[495]

As highlighted in McKenzie and MacLeod's work there are other ways to assess the concept 'intellectual disability'. This is due fact that there has been an increase in research in the area of 'mental disabilities' since the late nineteen sixties. According to Schalock et al., traditionally mental disabilities or related disabilities were studied as constructs of the concept disability.[496] In the past a lot of the research has been carried out under the general term 'disability'. This research is also applicable to the concept 'intellectual disability', as its subject matter relates to all disabilities. Schalock et al's work also illustrated the high importance attached to terminology within society and stressed a need for further refinement and discussion on the term 'intellectual disability'. This for Schalock et al. is fundamental to improving diagnosis, to better understand human functionality and to encourage further study into terminology. Recently research in the area of disability has been dominated by the rise of disability studies.

Dunne and McLoone in 'The Client, Terminology Cycles',[497] claim that the term 'mental handicapped' could marginalize the people (the clients) that are labelled with it.[498]   Their research focused on how the social construction of the term 'mental handicap' can marginalise. This type of exclusion, according to them, creates identity crisis and feelings of marginalisation by the client. They assessed how the terms 'mental handicap' and 'mental retardation' affected the self-image of people labelled with these medical terms. They related the stigma to racism or

---

[494] Judith Anne McKenzie and Catriona Ida MacLeod, 'The deployment of the medico‑psychological gaze and disability expertise in relation to children with intellectual disability', International Journal of Inclusive Education, 15th of July, 2011, p. 11.
[495] Ibid., p. 14.
[496] R. L. Schalock et al., 'The Renaming of Mental Retardation: Understanding the Change to the Term Intellectual Disability', in: *Intellectual and Developmental Disabilities*, Vol. 45, No. 2, (2007), pp. 116-124.
[497] John Dunne and James McLoone, 'The Client, Terminology Cycles', in: *Concepts and Controversies in Services for People with Mental Handicap*, Roy McConkey and Patrick McGinley (eds.), (Dublin, 1988).
[498] Ibid., pp. 41-51.

sexism. They explored the alternatives to the term 'mental handicap'. Dunne and McLoone also offer an example of positive labelling; where the person was labelled as 'special' or 'exceptional' instead of being labelled 'mental handicapped'.[499] They concluded that by just changing a term though will not change public perception.

They suggested that in order to alter the perception of 'mental handicap' there needed to be transformation of attitudes. In order to achieve this they suggested that there must be a more communitarian approach to people with mental handicap. This would involve a better education of the public about the misconceptions of disability and people with disabilities. The people with disabilities needed to be offered a more valued role in society. Then they would not be perceived as a burden on society but instead people of value.[500] This type of research did raise valuable issues. One of these was that the issue of marginalisation is not simply about a term or its definition but more about the knowledge that is created by the use of this term. Also by the knowledge that underpins it. It did not however explore how relationships that existed within society influenced the creation of the term 'mental handicap'. This research raises the issue of the importance of formulation of a concept and its relationship to the issue of marginalisation.

Research on Disability in Irish Education

In McConkey and McGinley's edited book, *Concepts and Controversies in Services for People with Mental Handicap*, [501] they stated that while there were great strides in the services for people with mental handicap, there was no text book or work on the Irish perspective of this concept of 'mental handicap' until the late 1980s.[502] They also highlighted the fact that people with mental disabilities were marginalised by society and not treated as 'people first'.[503] This

---

[499] John Dunne and James McLoone, 'The Client, Terminology Cycles', in: *Concepts and Controversies in Services for People with Mental Handicap*, Roy McConkey and Patrick McGinley (eds.), (Dublin, 1988), pp. 53-56.
[500] Ibid., pp 59-60..
[501] Roy McConkey and Patrick McGinley, 'Concepts and Controversies', *Concepts and Controversies in Services for People with Mental Handicap*, Roy McConkey and Patrick McGinley (eds.), (Dublin, 1988), pp. 9-19.
[502] Ibid., p. 13.
[503] Ibid., p. 14.

book highlighted the fact that while there were major changes in the 1980s for people with disabilities there was a distinct lack of published research from an Irish perspective in this area.

More recently Deegan, Devine and Lodge,[504] in their edited collection of works, *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools.* They focus on primary education in Ireland and begin with the 'overview of the structure, ownership and control of the primary system'.[505] This is becoming a fundamental issue in research relating to the concepts of marginalisation and 'intellectual disability'. The work in this book raises the issue of the dominance of the institution of the Roman Catholic Church in Irish primary education which they assert is becoming increasingly problematic. The perception given is that whoever controls the delivery of education decides the truths and approaches within education. This leads Deegan, Devine and Lodge to explore the fact that while contemporary Irish society is very diverse; the primary curriculum predominantly caters more for the pupils who are 'able', white, middle-class and Christian. The book is principally about discussing marginalised groups within Irish primary schools.[506]

Shevlin, Kenny and Loxley's, in 'A Time of Transition: exploring special education provision in the Republic of Ireland',[507] do not address marginalisation directly. Instead they looked at the whole area of special education in the Irish educational system. Their findings were that many issues remained unresolved in the application of the policy of social inclusion to the Irish system. In fact, they assert that there were considerable difficulties. According to Shevlin, Keeny and Loxley these difficulties were due to the fact that there was an overly fast transition from the mainly traditional segregated system to a legislatively mandated inclusive style of education. This piece provides evidence that mainstream schools are struggling 'to cope with increased diversity'. Particularly,

---

[504] *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools*, Jim Deegan, Dympna Devine and Anne Lodge (eds.), (Dublin, 2004).
[505] Ibid., p. 1.
[506] Ibid., p. 9.
[507] Kenny Shevlin, Mairin Kenny and Andrew Loxley, ' A Time of Transition: exploring special education provision in the Republic of Ireland', Journal of Research in Special Educational Needs, Volume 8, Number 3 (2008), pp. 141-152.

children with intellectual disability/developmental delay found resistance to their inclusion in mainstream schools. They discovered that this was due to a serious lack of adequate training for teachers (classroom and support) and special needs assistants. Also the schools that the research covered did not provide suitable education for certain disabilities or adequate resources for children with special educational needs. There was also an inadequate amount of the correct type of educational specialist knowledge available in schools.

They concluded that special needs assistants and parents felt isolated within the school environment. The role of the special needs assistant was unclear, as it had not moved on from the psycho-medical care role, which was not adequate for the educational setting. Relationships in schools which were vital to inclusion were breaking down or non existent. The role of the 'special school' was now becoming unclear, as there was an increasing emphasis on inclusion into mainstream settings. Schools did not accept that special education was a whole school issue and not just that of the specialist staff.[508] While the research could not for ethical reasons get feedback from the primary school special educational children, it is evident from this study that marginalisation within inclusion has become a reality. The fast roll out of 'inclusion' without the back up of adequate resources or proper education of the educators or even forethought to the issues that might arise, is the direct fault of forward thinking without proper preparation. They could have concluded that their findings identified marginalisation but they did not come to this deduction.

Lynch and Deegan have both become prolific writers in the area of marginalisation and exclusion in Irish education. Between them their written works cover many diverse pieces on inequality and diversity in the Irish Education system. They have also both contributed to national surveys and official studies on education for the Irish Government.[509] Their work in the area of disability

---

[508] Kenny Shevlin, Mairin Kenny and Andrew Loxley, ' A Time of Transition: exploring special education provision in the Republic of Ireland', Journal of Research in Special Educational Needs, Volume 8, Number 3 (2008), p. 148-149.

[509] Kathleen Lynch, 'Research Projects', Kathleen Lynch Staff page, UCD School of Social Justice Website, http://www.ucd.ie/socialjustice/staff/kathleenlynch/ (accessed 05/03/12).

centres on the issue of inequality.[510] Where Lynch uses a variety of sociological methods; Deegan uses a combination of sociological and Foucauldian tools and ideas.

Lynch's works cover many diverse areas of social injustice. Her main area is in the study of inequality within education. One of her works with Lodge, 'Young People's Equality Concerns: The invisibility of Diversity',[511] assessed the perceptions of diversity and equality within Irish schools from the perspective of the children themselves. The focus in the piece was on how children engaged with and experienced the concepts that surrounded equality and diversity. The children were more aware of the issues that affected themselves directly over the issues of equality that faced other children. The interesting point that the research raised was the fact that the children's attitudes to their peers with disability was positive, in comparison to other issues such as sexuality for example. The policy of 'social inclusion' from a peer socialisation point of view seemed to be working. Marginalisation of certain groups seemed to stem from the schools, the community and the educational system. This was mainly due to the lack or support of an inclusive environment. This issue is not new to this system and it can be seen throughout Irish educational history. This last issue will be further discussed in this thesis.

In 'Intentionally or otherwise: Children and Diversity in Statutory and Policy Discourses in Ireland', Deegan looks at the issue of diversity and policy discourses.[512] This piece uses a lot of Foucauldian tools and ideas such as: 'discourse', 'epistémè' and the idea of power relations in policy formation.

Professor Jim Deegan, 'Diversity in Early Years Education Research Project Report', Cross-border Research, The Centre for Cross Border Studies Website, http://www.crossborder.ie/pubs/diversityreport.pdf (accessed 05/03/12).

[510] Gabriella M. Hanrahan, 'A Social Model of Disability and the Restructuring of Ireland's Disability Employment Services through the Service of Supported Employment', National Disability Authority Annual Disability Research Conference 2005, National Disability Authority Website, http://www.nda.ie/cntmgmtnew.nsf/0/A3CFE76BE6EE5B7080257117005B2A1B/$File/disability _research_conference_18.htm (accessed 01/05/12).

[511] Kathleen Lynch and Anne Lodge, 'Young People's Equality Concerns: The invisibility of Diversity', Diversity in School, Institute of Public Administration, (Dublin, 2004).

[512] Professor Jim Deegan, 'Intentionally or otherwise: children and diversity in statutory and policy discourses in Ireland', *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools*, Jim Deegan, Dympna Devine and Anne Lodge (eds.), (Dublin, 2004).

Deegan maintains that his aim was to uncover the hidden conceptual frameworks in the formation of government educational policies and strategies. In these policies and strategies, he asserts that the child has become an invisible addendum to educational policy. In his conclusion, Deegan calls for more research into this area. He especially mentions the need to further expose the hidden frameworks of knowledge that underpin Irish Educational policy.[513] He also states that there should be a more multidisciplinary approach to these issues. Educational policy forms a fundamental part of the power relations that will be discussed in this thesis.

---

[513] Professor Jim Deegan, 'Intentionally or otherwise: children and diversity in statutory and policy discourses in Ireland', *Primary Voices Equality, Diversity and Childhood in Irish Primary Schools*, Jim Deegan, Dympna Devine and Anne Lodge (eds.), (Dublin, 2004), pp. 239-240.

Appendix B

A List of Relevant Government Legislation and Documents

This list includes all the government legislation, policies and departmental documents/reports that have relevancy to children with mental disabilities.

Bunreacht na hÉireann / Constitution of Ireland 1937

Commission of Inquiry on Mental Handicap (1965)

Primary School Curriculum, Teachers' Handbook, 1971

Curriculum for Guidelines for Schools for the Moderately Mentally Handicapped 1972

The White Paper on Educational Development, 1980 (Special Provision)

Ombudsman's Act 1980

Report of a Working Party on the Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland, January 1983

Programme for Action in Education, 1984-87

Guidelines on Remedial Education, 1987

Data Protection Acts (1988, 1998 and 2003)

Needs and Abilities: A Policy for the Intellectually Disabled, Report of the Review Group on Mental Handicap Services July 1990

Department of Education (1993b) Guidelines on Countering Bullying Behaviour in Schools

Report of the Special Education Review Committee 1993

Commission of the Status of People with Disabilities 1996

Freedom of Information Act, 1997 and 2003

Employment Equality Act, 1998

Education Act, 1998

Qualifications (Education and Training) Act, 1999

National Disability Authority Act, 1999

Primary Curriculum 1999

Equal Status Act, 2000

Education (Welfare) Act, 2000

Learning Support Guidelines 2000

Teaching Council Act, 2001

Department of Education and Science - The Report of the Task Force on Autism 2001

Ombudsman for Children Act 2002

Department of Education and Science - Advisory Notice for School of Obligations Under the Acts 2003

Department of Education and Science - Understanding Dyslexia: Challenges and Opportunities and Overcoming Dyslexia: A Guide for Schools 2004

Equality Act 2004

Educational for Persons with Special Educational Needs Act 2004

Equality Act 2004

National Council for Curriculum and Assessment - Assessment for Learning 2004

National Council for Curriculum and Assessment - Moving Up: The Experiences of First-Year Students in Post-Primary Education - Information for schools, teachers and parents 2004

National Council for Curriculum and Assessment - NCCA Commentary on ESRI Research into Curriculum Provision and School Integration among First-Year Students 2004

National Educational Psychological Service - Working Together to Make a Difference for Children 2004

Department of Education and Science: Delivering Equality of Educational - Opportunity in Schools: An Action Plan for Educational Inclusion 2005

Disabilities Act 2005

Department of Education and Science - Statement of Strategy 2005 – 2007

National Council for Special Education - Guidelines on the Individual Education Plan Process 2006

National Council for Technology in Education - Engaging Learners: Mobile Technology, Literacy and Inclusion 2006

Department of Education and Science - School Matters: The Report of the Task Force on Student Behaviour in Second-Level Schools 2006

Inclusion of Students with Special Educational Needs Post Primary 2007
National Council for Special Education Report: The Future role of Special Schools and Classes in Ireland 2011