



Cap sur l'école inclusive
en Europe



Resource Sheet

Praxis, clinic and reflexivity

Section of the module / D



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1 – Thematic

The theme discussed in this sheet concerns the different modalities of knowledge for a professional in his / her relationship to practice. We propose here three modalities of this relationship that can be considered as three complementary ways of clarifying the diversity and especially the complexity of the situations experienced by the child with Special Educational Needs. These three modalities are: praxis, clinic and reflexivity.

2 – **Eléments for a general definition:**

- **Praxis¹** : In this module, we also speak of a praxeological approach to designate the process by which knowledge emerges from the practice developed by the professional in the singularity of a relationship with a child with Special Educational Needs. The useful knowledge for an effective accompaniment is not based on the academic knowledge of a child and his / her problem. Knowing the child means first of all recognizing him / her, educating him / her and nourishing the relationship with him / her. Which implies taking a risk, that of not conforming the child, at a forced march, to the standard of academic knowledge of which one is a bearer. This implies a certain plasticity of one's interiority, an ability to deconstruct and question knowledge and the representations that inspire professional practices.
- **Clinic²** : Clinic is originally a medical method that consisted of examining the patient in his / her bed. The observation of the bed-lying patient's symptoms offers a knowledge of the patient and of the origins of his / her illness. But observing the symptom from a distance in order to know is not enough because the observer is always involved in his / her observation. Therefore, starting from the heritage of the Greek doctors and of Hippocrates in particular, it is advisable to retrace the words' origin: "teknè kliniké", the clinical technique, consisting of leaning (same origin as "incline") on the bed (klinè) where the disease, the handicap lie ... Therefore, we describe there a movement inciting the knowing person to leave his / her knowledge to go and meet a knowledge at the side of the person, of his / her symptom and his / her singularity. The symptom offers me a knowledge because I can feel it within an empathic relationship with the other, the child with SEN.

¹ A. Lhotellier et Y. St-Arnaud. « Pour une démarche praxéologique ». La recherche sociale et le renouvellement des pratiques. Vol. 7, numéro 2, 1994.

² Joseph ROUZEL. « De la clinique avant toute chose ». Journée « La clinique, l'avenir des institutions », organisée à Pau par l'ITS, l'Association AGREGATS, le CREAHI d'Aquitaine et la Maison d'Enfants Saint Vincent de Paul de Biarritz, le 6 mars 2009.

- **Reflexivity:** this third and last modality of knowledge insists on the critical analysis of the practitioner (the researcher, the knowing person or more simply a professional of teaching) on his / her own practice and on the very processes of knowledge that are linked to it. What operations, steps, methods, assumptions ... are undertaken by the practitioner to enable him / her to state knowledge about the situation of a SEN child based upon which he will then deploy his / her practice. What critical analysis can be carried out then to delimit a legitimacy of this knowledge? At a second level, what are the subjective conditions of production of such a knowledge? To paraphrase Bourdieu³: the practitioner can't produce a rigorous knowledge of the other and of the social world in which both are immersed, without engaging in an undertaking of self-knowledge (of his / her work, of his / her social position, of his / her life ...). Finally, with reflexivity, the practitioner puts his / her knowledge to the test of a critical analysis from the point of view of another knowledge and based on a questioning turned towards his / her interiority.

2/ Context

We are in a class (primary or secondary school) where a pupil is psychologically disabled. This pupil has learning difficulties.

Difficulties are observed in the dynamics of the class group where differences divide and create misunderstandings. This can create inclusion difficulties for children with SEN. Especially in the case of a child who comes to class with an object each day.

Faced with such a situation, the teacher can make an analysis from three points of view:

- He takes the risk, within the relationship, to let the child express himself with his singularity. By letting the child come with his object, he will offer to meet him according to the singularity he gives to see. From this meeting will emerge a knowledge about the child with SEN, about the link he has with the object to experience the world.
- The relation to the object can be seen as the manifestation of a symptom highlighting problems like attachment, separation, break-up etc. A triangulation by trial and error between the teacher, the object and the child can be tempted to accompany him along the path toward self-knowledge.
- What the teacher knows about theories of attachment, relationship disorders, psycho-emotional development of the child of clinical practice and praxeology themselves, all this must be considered from a critical and reflexive angle. Critical analysis based on other knowledge, reflexive analysis based on the conditions (social, cultural, psychological and existential) in which the one who knows builds his knowledge.

3/ Limits and prospects

The limit to be considered here is that this triple modality of considering the production of knowledge and its connection with practice is demanding in terms of analysis and conceptualization. It may require the third-party support of supervision tools or practice analysis.

³Pierre Bourdieu, Loïc Wacquant, *Réponses*, Paris, Seuil, 1992.