

Chapter 10

The Relational Dimension of Care at the Foundation of the Rights of Pupils With SEN: Between Inclusiveness and Substantive Equality

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ABSTRACT

The relational dimension of care becomes the foundation of the rights of pupils with SEN when considering the asymmetry that may exist in the relationship between the teacher and the pupil with special educational needs. This asymmetry can, in fact, find the pupil with vulnerability in an inferior position compared to the teacher. This, by analogy, is the same asymmetry that can also be found in the relationship between doctor and patient. From the awareness of this derives the need for an ethical approach to care (of the pupil with SEN, as well as of the patient), which is identified with that moral attitude of the individual who tries to meet the needs of those with a vulnerability. An ethical approach cannot stop, however, in considering only the medical-biological dimension of the subject with vulnerability. It must also address all the dimensions that make up the nature of the human person.

INTRODUCTION

In a recent volume, the pedagogist Nicola Paparella clarified that: “The expression SEN applies to all those cases for which the request for special attention, however determined and in any case configured, can be assumed. Whether it is a question of social disadvantage or cultural hardship, specific learning disorders or specific developmental disorders, or even just difficulties related to the condition of an immigrant lacking sufficient knowledge of Italian culture and language or whether it refers to a temporary disorientation due to a sudden change in some life patterns, in all these cases and in many others one

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can speak of special educational needs for which educational intervention must be able to offer an effective response.

For these reasons, the definition suggested by D. Ianes still seems useful. The Special Educational Need - he said - is « any developmental difficulty, in the educational learning field, expressed in an operation (in the various areas of health, according to the ICF model of the World Health Organization), problematic also for the subject, in terms of harm, obstacle or social stigma, regardless of etiology, and needing a special individualized education »”. (Paparella, 2020, p. 3).

If we start from this definition by Ianes (2005, p. 33, cited in Paparella, 2020, p. 3), in some respects more reductive than the picture drawn by Paparella, one cannot fail to refer to a more general concept than that of the need for an individualized education: that is, to the concept of care for the other person (to care in the Anglo-Saxon context, understood not only as treating someone’s pathology, but also and above all, in a broad sense, taking care of the other person), which can form the basis of the above definition. This is the aspect on which the reflections in this paper will mainly focus.

To explain more clearly what has only been briefly mentioned so far, it can be said that within the general concept of care, the position expressed by Ianes, precisely because broadly speaking the reference made to the ICF model, by analogy, finds greater acceptance within the functionalist theory of medicine which places less importance on the need for an ethical approach by the physician to patient care, and which is consequently opposed to another model, equally present in the general concept of care, which is the model of traditional / hippocratic care. According to the functionalistic model the best doctor will be the good clinician, the good therapist who is best able to treat the biological dimension of man and not, instead, the doctors who, hippocratically, will love their patients, who will use a supportive approach with them and who alongside the biological component of the individual, will also take care of all the other ontologically constitutive components, such as: psychological, relational, affective, family, religious, etc.

Consequently, as will be seen better later, it could be said that, if the outcome of the functionalist model were accepted, ethics could remain outside the door of the doctor’s training.

ETHICS OF THE RELATIONAL DIMENSION OF CARE AND NEW TECHNOLOGIES

Therefore, starting from what has just been said, by analogy, if we start from the idea that ethics could remain outside the doctor’s training, we could ask ourselves whether the function of a specialized support teacher for pupils with disabilities (who in the writer’s opinion is called on to take care of the vulnerable pupil continuously) can be compared in a certain sense to that of doctors, and therefore, as for doctors, we must ask how much ethics such teachers need in their training.

Certainly there is no simple answer to that because, while there are numerous positions in favor of one model of care rather than the other, there are also numerous positions that attempt a mediation between the extremes constituted by the two models, that is, the hippocratic and the functionalistic. For example, D’Agostino points out that, on the one hand, there are many doctrinal positions that attempt to mediate between ethics and scientific competence. On the other hand, he also recognizes that the mediation between the two extreme positions mentioned above is often rejected in favor of the choice of a permanent conflict between the two. And this contrast, unreasonably, makes us lose sight of the authentic relevance of the issue at stake. This is because, according to D’Agostino: “The point is that the real question we have posed must be grasped exactly in its exact extent, which is exactly *epistemological*.”

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