"Two Opposite Ends of the World": The Management of Uncertainty in an Autism-Only School

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Abstract

How do individuals maintain a sense of efficacy and purpose in the face of high levels of ambiguity and uncertainty? In research on medical uncertainty, sociologists often discuss the strategies health practitioners employ to control uncertainties relating to diagnosis and treatment. Over six months of ethnographic fieldwork at an autism school, we observed 75 students and 47 instructors, and formally interviewed ten instructors and four parents. While other studies on medical uncertainty have focused on controls over external circumstances, we demonstrate that another management strategy is for individuals to perform ethical work on themselves in order to adjust how they conduct themselves in uncertain situations. Despite the ambiguity of both the autism diagnosis and the therapeutic method employed at the school, instructors are able to maintain a sense of efficacy and to recognize themselves as “doing floortime” by transforming themselves to become “child directed”.
“Two Opposite Ends of the World”: The Management of Uncertainty in an Autism-Only School

How do individuals maintain a sense of efficacy and purpose in the face of high levels of ambiguity and uncertainty? Sociological research on medical uncertainty focuses primarily on the efforts of patients and practitioners to control and manage ambiguity, as it relates to diagnosis and treatment. The rich literature on how patients deal with medical uncertainty has focused on their struggles to obtain a label for medically unexplained symptoms (MUS), such as Fibromyalgia or Gulf War Syndrome, to validate their experiences and gain social acknowledgement of their status as ill (Zavestoski et al 2004; Dumit 2006; Nettleton 2006; Madden and Sim 2006; Shriver and Waskul 2006). Similarly, the literature on how practitioners contend with uncertainty (Ringsberg and Krantz 2006), has highlighted the ways in which practitioners locate the sources of uncertainty in external circumstances over which they seek to exert control. The present study demonstrates that in addition to these strategies, practitioners often engage in a different set of procedures meant to cope with highly uncertain medical situations: instead of transforming their relation to external circumstances, they modify the relationship with their own selves.

Background

Research on the uncertainty experienced by medical students and practitioners was initiated by Renee C. Fox’s (1957) classic argument that medical education was “training for uncertainty”. Medical education inevitably generates high degrees of uncertainty because medical knowledge is by definition limited and full of gaps, yet also vast and continually changing so that students and residents necessarily have an “incomplete or imperfect mastery of available knowledge”. (see also Fox, 1980: 5). Medical training, therefore, seeks to socialize trainees so that they
manage the limitations of medicine and of their own knowledge by projecting an attitude of objective expertise and detached concern. In short, residents learn to live with uncertainty and to be skeptical about the promises of medicine. (Fox, 1957; Timmermans and Angell 2001: 347-348) Later authors challenged Fox’s argument and emphasized the extent to which medical training involved learning to control and reduce uncertainty, thereby developing the opposite attitude of dogmatism and over-confidence. (Atkinson 1984; Light 1979; Katz 1984) To cope with uncertainties relating to diagnosis, practitioners refer to previous experience, focus on techniques (Light 1979), and develop scripts and routines (Ringsberg and Krantz 2006).

The rise of standardization and evidence-based medicine (EBM) has put a new spin on this debate. While evidence-based treatment protocols could be seen as a way of controlling uncertainty, the injunction to always ask “what’s the evidence” is likely to increase uncertainty. Timmermans and Angell (2001: 348-352) demonstrated that medical residents differed in their styles of approaching EBM and managing uncertainty. While “librarian” residents are content to merely consult the literature and follow guidelines, “researcher” residents evaluate the literature critically and are willing to disregard guidelines on the basis of their own interpretation of the research. Consequently, the former manage uncertainty through dogmatism while the latter remain skeptical and emphasize that practicing real medicine requires understanding how uncertain and limited is medical knowledge. The consequences of standardization for the management of medical uncertainty are, therefore, complex and do not lead necessarily in one direction or the other.
Timmermans and Angell’s (2001) distinction between styles of managing uncertainty is especially useful because it directs analytical attention to the work that individuals may perform on themselves to modify their attitude towards uncertainty. Nonetheless, dogmatism and skepticism, librarian and researcher, identify the strategies that individuals adopt when they locate uncertainty in external circumstances (incomplete knowledge, an especially problematic patient). In this paper, we would like to contribute to the literature on medical uncertainty by proposing that in situations of high ambiguity and uncertainty, practitioners can maintain a sense of control and efficacy by locating the source of difficulty inside themselves and working to modify the relationship they have with themselves. In other words, if medical sociologists have emphasized the interpretive or bridging work (Timmermans and Buchbinder 2010) individuals perform to reduce/manage uncertainty, we emphasize the ethical work individuals perform on themselves to adjust to uncertain situations. Instead of resisting uncertainty or even accepting it as an irreducible limit (as in the skeptical attitude), ethical work is conducted to render the self compatible with a circumstance of pervasive uncertainty.

This argument is based on the findings of a six-month ethnography and interviews with instructors at an autism private school. The school we have chosen to study maximizes the degree of ambiguity and uncertainty associated with the treatment of emergent conditions. The job of instructors is to provide specialized therapeutic treatment and education to developmentally disabled students, using a “child-directed” approach. As we will show, instructors enter the school without prior training in the treatment program used at the school. Moreover, the students’ diagnoses of autism spectrum disorder (ASD) as well as the treatment program present the newcomers with multiple sources of uncertainty. We have found, however,
that the intolerable pain of uncertainty experienced by medical students, as described by Fox (1980), is absent at the school despite the pervasiveness of ambiguity. In their interviews with us, instructors emphasized the process of personal transformation they underwent to adapt to the child-directed pedagogy practiced at the school and to cultivate in themselves the requisite personal qualities of patience, openness to the unexpected, flexibility and willingness to be led. These qualities provide them with a “feel” for the right pedagogic action or a pedagogic “habitus” (Bourdieu 2000), and thus reduce the inextricable uncertainties that pervade their work environment. Moreover, instructors told “conversion narratives” (Greil and Rudy 1983) in which they reinterpreted their past experiences as leading up to this personal transformation, and in which they depicted a fundamental compatibility between their selves and the values emphasized by the treatment program. Instructors contrasted these values and qualities with the “forced” and “unnatural” practices of the behavioral approach for autism treatment prevalent outside the school. Their “feel” for the correct pedagogic action was thus enhanced by this opposition to a therapeutic model that approximates, in many respects, the format of standardized, evidence-based treatment.

In what follows, we first discuss our research methods. Second, we describe our field site and the three primary sources of uncertainty experienced by instructors—disorder diagnosis, treatment program, and instructors’ lack of experience. Third, we draw on our observations and interviews to analyze (1) the stories instructors tell about how they arrived at the school (2) case vignettes which exemplify how instructors account for their pedagogic choices, and (3) the contrast instructors draw between the relational and behavioral models. We conclude by
discussing the implications of our findings for research on how uncertainty is managed in complementary and alternative medicine.

Methods
During six months of fieldwork at the private school—henceforward “Uptown School” - one of the authors observed twelve classrooms, 75 students, and 47 instructors. Over this time, 6 head teachers, 3 teacher’s assistants, one transition facilitator, and 4 parents were formally interviewed off site. Classrooms were sampled to represent the full range of developmental stages and age groups. Visits to the field site involved unobtrusive/participant observation and informal instructor interviews. While a fully representative sample of Uptown’s staff was difficult to obtain for formal interviews, informal interviews during classroom observations supplemented and supported interview data. Interviewed instructors were recruited through word of mouth and a school-wide distribution of participation forms.

Setting and Sources of Uncertainty
Uptown School, established in 2006, is located in a dense metropolitan area and serves children with developmental disabilities between the ages of four and nineteen. In total, at the time of our observation, there were 14 classrooms, 14 head teachers, and 46 teacher’s assistants for 105 students.

At Uptown, instructors face multiple challenges due to uncertainties deriving from (1) the diagnoses given to the students, (2) the treatment program, and (3) the instructors’ lack of prior experience.
(1) The first source of uncertainty is the students’ diagnoses. All the students are diagnosed with some variety of Autism Spectrum Disorder (ASD)—including autism, Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) and Asperger’s Syndrome. ASD is a group of related neurological disorders of unknown etiology, encompassing a very broad diagnostic profile (American Psychiatric Association 2000; Centers for Disease Control and Prevention 2012; Waterhouse et al 2007). The DSM-IV diagnostic criteria require the presence of six symptoms out of a possible twelve in three broad areas of social interaction, communication, and stereotyped patterns of behavior (American Psychiatric Association, 2000). Consequently, disorder manifestation varies enormously from case to case. The population of children at the school was indeed highly heterogeneous. This means that the diagnostic label provided instructors and therapists with relatively little information about the specific problems, needs, and prognosis of any individual child.

(2) The second source of uncertainty stems from the unconventional treatment program which makes it hard to pinpoint instructors’ responsibilities. The Developmental Individual-difference Relationship-based/Floortime (DIR/Floortime), or as we will refer to it, the “relational model”, was developed by psychiatrists Stanley Greenspan and Serena Wieder (2006). In general, the model prescribes a child-directed approach to teaching, which embraces each student’s “unique” learning style (Greenspan and Wieder, 2006; ICDL, 2010). As instructors are expected to take cues from and be led by students, the model offers broad principles but does not give specific directions. Unsurprisingly, the lack of direction leaves instructors improvising on the basis of their own understanding of the model. While most of our interviewees did not express
themselves so forcefully, the quote below captures the general experience of confusion and paralysis most of the instructors had upon entering Uptown:

I had no idea… even going in, I mean, I—they tell us like, ‘read Engaging Autism by Greenspan.’ I remember, I picked up the book and I started reading it and I had no idea, I was just lost. I was like, ‘what is this?’ I closed the book, I put it away, …it was like pointless reading because I had no idea, and then I came here and like the same thing, I was lost, I was like, ‘I don’t know what to do, I don’t get it.’

(Interview with Carol,¹ Head Teacher 10/21/2010)

Although the relational model does not explicitly give instructions on how to work with students, there are three main components to the model that shape pedagogic action. The first is a nine-stage developmental scale, developed by Greenspan, on which students’ condition-related behaviors can be plotted to determine their developmental “stage” and, in theory, assess their progress. In practice, it is difficult to use the scale for evaluation since stages are differentiated by vague qualitative measures that lack clear achievement markers. The second component of the relational model is the idea that each child has a “unique” learning process (Greenspan and Wieder, 2006; ICDL 2010). This emphasis on individuality (which is of course true for all of special education in the US, but is especially pronounced at Uptown) makes it difficult to provide the staff with detailed descriptions on how to perform the model, as each child’s set of goals and academic programs are tailored case-by-case:

__________________________________________________________
¹ All the names used in the quotes and vignettes are pseudonyms.
[The relational method] really makes you consider the other individual that you are interacting with and consider them on a really deep level, … ‘why is this student not paying attention? Is there a different approach that I can take to help them pay attention?’. (Interview with Monique, Head Teacher 10/07/2010)

As Monique’s comment illustrates, the individualized program require instructors to be highly cognizant of each student’s needs—whether such needs are overtly communicated or not—through every aspect of education. In this radically “child-directed” pedagogy, one learns a general attitude, an ethos, a “feel” for how to engage with the child’s uniqueness:

I think it’s almost an innate thing—you have to, I guess, pick up on it, but you need to learn and do it, I don’t know, simultaneously to really grasp it? (Interview with Carol, 10/21/2011)

The third component of the model is its “relational” character, which means that the teacher is working to foster the capacity for interpersonal relationship in the student, and that this is done by being “related” herself, i.e. by example, prompting, and by taking cues from the student in interaction. It is something that the instructor must embody to eventually demand of the child as well. Obviously, it is very hard to evaluate or measure relatedness. The only way to get a handle on what it may mean in a practical setting is precisely by learning painfully, through ad hominem criticism, what it is not, when one’s errors are pointed out by peers.
I’ve seen some bad [child-directed interaction] and I can pick it out. …Sometimes I’ve seen some things that had some video footage and I was like, ‘wow, that was bad,’ and I can be like, ‘you know what? we definitely shouldn’t have done that,’ maybe not like, ‘we should have done this,’ but like, ‘we could have done this, this, or this,’ and like not to say that that would be the right thing but it would definitely be a better thing. (Interview with Carol, 10/21/2010)

Thus, Uptown’s pedagogy presents multiple layers of uncertainty: how to evaluate effectiveness and progress, how to tailor each intervention to the individual child, and what it means to be child-directed.

(3) The third source of uncertainty is attributable to Uptown instructors’ lack of exposure to the relational model prior to joining the school. As can be seen in Table 1, none of the interviewed instructors had been trained in the relational model before employment. All received on-site training mainly in the form of hands-on coaching from a relational model specialist and videos of Greenspan at work with children (Interview with Monique, 10/07/2010). Coming to the school without much knowledge about the relational model no doubt increased the uncertainty faced by the instructors.

Table 1 about here
In the face of a difficult and ambiguous condition such as autism, equipped with a fairly loose approach learned on the job, how were instructors able to maintain a sense of the rationality and efficacy of programming necessary for daily pedagogic and therapeutic work? We argue that despite being vague and ill-defined, the relational model did require instructors – if they were to adapt – to modify the relationship they have with themselves, to perform ethical work on themselves, to turn into instruments that gauge and foster relatedness in their students. It was this sense of personal transformation, the capacity to feel inwardly its effects that provided instructors with a feel for the right action – bolstered by the contrast with the “wrong” attitude and action of the behavioral model – and made external uncertainty less relevant.

Managing uncertainty by learning to be “child directed”

In this section, we use our data to make three points. First, we analyze the stories instructors tell about how they arrived at Uptown and demonstrate that they are similar to religious conversion narratives, where the new converts reinterpret their past experiences in light of the new worldview they acquired. Second, we present a series of vignettes demonstrating that, despite the vagueness of the relational model, instructors are able to draw on the opposition between “child directed” and “adult directed” to derive a feel for the correct pedagogic action. This feel or pedagogic habitus, we argue, is anchored in the work that instructors perform on themselves to cultivate the qualities of patience, flexibility, openness and willingness to be led that are necessary for being child-directed. Finally, we demonstrate that instructors draw upon the opposition between the relational and behavioral models as a resource in explicating and justifying the pedagogic value of being “child directed”. Put differently, they manage the
uncertainty surrounding the relational model not by knowing that they are doing the right thing, but by knowing that they are not doing the “wrong” thing.

(1) Finding Uptown: narratives of arrival and conversion. As noted earlier, none of the instructors had worked with the relational model prior to arrival. Most were unaware of it before they were hired and did not embark on their job search intentionally seeking a school practicing this model. As shown in Table 1, most Uptown instructors found their way to the school serendipitously; a few teachers were originally contracted through the Board of Education, others discovered Uptown while searching for an Applied Behavior Analysis (ABA) position, and one head teacher responded to Uptowns’s need for a Russian speaker. Nonetheless, in interviews, instructors framed the story of their arrival as the result of natural compatibility with the relational model. They portrayed themselves as either possessing the requisite qualities of child-directedness prior to employment or having a latent desire to cultivate such qualities.

The apparent contradiction between this framing and the instructors’ lack of prior knowledge about the relational model can be resolved by examining more closely instructors’ trajectories before they arrived at Uptown. As Table 1 indicates, almost all interviewed instructors have been educated in disciplines—special education, psychology, behavior disorder, speech pathology—where they were likely to have acquired at least scholastic knowledge of the existing approaches to treating ASD and the differences between them.

Thus, while they may have not heard of the specific relational model practiced at the school before, instructors were likely aware of the wider space of available therapies/methods for
treatment autism, and the prevailing opposition in it between relational and behavioral methods. (Eyal et al 2010) This opposition served as an interpretative resource for instructors to make sense of their arrival at Uptown. Becoming child-directed is thus a process not unlike conversion, at least in the more secular and flexible sense of the concept elaborated by Greil and Rudy (1983). As in other conversion narratives, instructors reinterpret their past experiences in light of the worldview they acquired at the school. Whether they told a story of accidently stumbling upon it, or they depicted themselves as “seekers” for whom the school provided an answer to long-felt dissatisfaction, the instructors’ narrative was one of recognition: they recognized themselves, their self-image, in the mirror provided by the relational model\(^2\).

Typically, instructors’ first exposure to different autism therapies has happened in an academic setting – in a course or a practicum. While the instructors did not study the relational model specifically, some traced the trajectory that led them to Uptown to an initial negative experience with, or reaction to, behavioral approaches taught in college. The early discomfort they felt regarding behavioral model of educational intervention appears in the instructors’ accounts as a point of departure for their process of conversion to the relational model and is analogous to the narrative of the religious “seeker” who describes conversion to the new faith as finding the answer to a deeply felt existential tension (Lofland and Stark 1965). One teacher’s assistant recalled an event that was a turning point in her trajectory. While in college, she was observing a clinician working with a child with autism – presumably as part of practical training - and her uneasiness with what she saw prompted her to embark on a search that led her to Uptown:

\(^2\) On the role of recognition in the formation of habitus, see Bourdieu (2000).
But then there was a part of the session where he was sitting down and the therapist took a desk and locked him against a wall with the desk and I was just horrified. I’m like, ‘whoa, there has to be something or another way to help these kids; another therapeutic way instead of locking them behind a desk’, so I started Googling all different kinds of schools and Uptown came up. (Interview with Jaleh, Teacher Assistant 07/26/2010)

In another case, a head teacher described her experience going on job interviews at different schools and explains her decision to work at Uptown by contrasting it with a “behavioral” school:

…it seemed very natural. I had been on other job interviews at ABA schools and it just seemed very scary and cold. I was like: ‘I cannot work here’ and they offered me a job and I was like: ‘no, not going to happen’. But my first time observing in this woman’s [Teacher X’s] class on the 6th floor actually it was like bright and sunny and… it’s like a family... (Interview with Tina, Head Teacher 08/03/2010)

The opposition in the wider space of autism therapies, of which instructors become aware through their experiences navigating it, forms the background and basis for what they depict as a deeply personal choice. This opposition is articulated by means of various analogies, as we shall see below, but it is couched primarily at the level of the proper relationship between instructor and student, as well as the relationship to oneself.
And when I first went in the school what set it apart from all other schools was—the school had such energy. Everybody seemed young and full of energy and happy and the kids were running around and the teachers were running around with smiles and the kids had smiles and it just looked—and I was just drawn to it. It just looked like a really supportive, friendly, happy energetic environment. And like, I have a lot of energy…—I thought I would be a great fit there. (Interview with Helena, Head Teacher 09/07/2010)

Some instructors, therefore, narrated how they arrived at Uptown differently from the “seekers”. In their story, who they were – their self-image – dictated their preference for the relational model as a natural, uncomplicated choice, devoid of the drama of crisis and resolution. We must remain agnostic as to which came first, the instructor’s self-image or the choice to work at Uptown, yet we note, as can be seen in Table 1, that only two of the teaching assistants indicated in their answers that they actively researched and selected Uptown because of its approach, while for most instructors the opposite story is probably no less plausible: how they arrived at Uptown was fairly accidental, but they learned to identify with the relational model in the course of working there and as part of reinterpreting their past. Conversion, whether to religious cults or self-help groups, often entails this process whereby the convert reinterprets the past in light of the present worldview, creating a coherent self who was “destined” to arrive at the true faith (Greil and Rudy 1983: 6).
Finally, some instructors tell a slightly different story, somewhat analogous to the “sinner” conversion narrative. In this story, the convert describes an “eye opening moment” that made them realize the error of their past ways. Carol, who joined Uptown after working previously at a behavioral school, describes her gradual realization of the problems with the model. She did not leave her previous job or join Uptown because of unhappiness with the behavioral model, yet she learned to reassess her previous experiences and came to lament the ineffectiveness of her former work and depict herself as having been converted:

But I am not walking around with clickers all day! Yeah, it’s a big change, but I feel like...it’s just so much more natural, and the way I feel like it is here, it’s not so much about the kids learning the names of these things or whatever, it’s what they are going to do with it...—when I think back that was the biggest switch, and I think that’s one of the hardest things to realize, is like: ‘you know what? This kid can tell me it’s a goat, but when I take this kid to the zoo is he going to know that’s a goat?’ And that was the eye opener for me. (Interview with Carol, 10/21/2010)

What all these narratives have in common, regardless how they were sequenced and plotted, is that their core is a relation of recognition. As Greil and Rudy (1983: 245) put it, conversion always involves “coming to see oneself and the world as one’s reference group sees one”. The relational model is not simply a therapy that one can pick or drop at will. It is a mirror where the

3 A “clicker” is a hand tally counter. In behavioral therapy, clickers are often used to keep track of quantifiable behaviors, such as self-injury or verbal/physical stereotypy.
instructor’s self-image is reflected. The preference for the relational model is depicted as an existential choice between completely different worlds and radically divergent selves. It conjures an irreconcilable opposition between two pedagogical forms of life - behavioral and relational – without a middle ground. Thus, what may have originally been accidental preferences shaped by academic studies become understood as destinies, as profound confirmation of who one is as a person and educator. Because the relational model provides very little explicit instruction on how to conduct lessons, this self-image is perhaps the most important pedagogic tool at the disposal of instructors, a sense for the right pedagogic action because it comports with the previous choices that have brought them to this place and have shaped the story they tell about themselves.

(2) “Doing floortime”: Feeling for the Correct Pedagogic Action. Without a clear set of rules defining what it would mean to follow the relational model, how do instructors make everyday pedagogical decisions while maintaining a sense that their decisions conform to a general model? We found that instructors typically evaluate their actions as conforming to the relational model if they can account for them as being “child-directed” as opposed to “adult-directed”. This opposition serves as a practical “feel” for the correct pedagogic action. At this level, the relational model functions less as an explicit educational methodology or even developmental approach, and more as an ethical program that takes as its object, its “ethical substance” (Foucault 1984: 25-28), the relationship between instructors and students, as well as between instructors and themselves. To be “child-directed” means that instructors must cultivate in themselves qualities such as patience, flexibility, openness and willingness to be led. Instructors must overcome their natural tendency to direct the child, and instead shape themselves into this
exquisitely sensitive device that can capture, reflect and amplify the students’ feeble feelers so they become a genuine relationship.

Our method in making this argument will be to present a vignette, an everyday classroom scene we observed, and that we judge to be illustrative of the type of pedagogic actions and choices that characterize being “child directed”. We follow each vignette with what instructors told us in interviews to demonstrate the extent to which they account for their actions using the idiom of child-directedness.

Case 1: “dumpling or snack?”

*In a class composed of 7-11 years old kids, Student A’s (with a diagnosis of high-functioning ASD) parents had asked Head Instructor Holly to keep track of what he eats in school. During lunchtime, Holly encourages him to eat the dumplings that his parents had packed, but he evades her and wanders around the room. Holly uses a small dry erase board to write: “dumpling or snack?” She shows him the choices she wrote on the board and he fetches a picture book with anthropomorphized fruits and vegetables. Holly responds, “dumpling or snack? Do you want to read first?” She opens the book and the two of them look at the pictures and discuss images that pique Student A’s interests. After finishing the book, Holly redirects Student A to the board and asks again, “dumpling or snack?” He selects “snack” and they go prepare oatmeal for him to eat.*

This sequence of events gives the reader a good sense of the extent to which instructors feel obliged to follow students’ wishes. Even though Holly wanted her student to eat his lunch, she agreed to read the book with him and to return to the matter of lunch later (without much
success). We observed similar sequences throughout the school day. In being child-directed, instructors are expected to follow and facilitate the students’ preferred activities and interests, suspending their own lesson plans. This willingness to be led constitutes a core personal experience in the process by which teachers become socialized to Uptown and come to recognize themselves as practicing the relational model.

The first day I was there, a kid ran out of the classroom and the principal was following me… and I was like ‘oh my god, what do I do? I need to get this kid back to the classroom.’ And he was definitely just like ‘No, if he wants to be out there and he wants to play this game, you can play this game with him as long as you want…’ ‘Wow, like it really is all about the kid’. (Interview with Nicole, Head Teacher 07/20/2010)

What value do instructors see in the “child-directed” pedagogy? Educational interventions and therapies, however technically or scientifically justified, are typically infused with certain moral values and organized around a moral narrative. The relational model, as practiced by the Uptown instructors we observed, is guided by a moral narrative of “discovery”, of drawing the child outside the isolation represented by autism and into a world of relations with others. Instructors suggest that by following the child they discover what interests him or her, using it as a hook to engage the child in a joint activity, thereby practicing with the child how to form relationships with others around them:
…whatever their passion is, we want to identify it and engage in it with them, and then once we’re there we can show them our ideas in that passion, and they can join into this shared attention world with us, so we’re not just entering their world and staying there because then maybe that’s playing into their scripts all the time.
(Interview with Tina, 08/03/2010)

By no means do we want to argue that this moral narrative of discovery is unique to the relational model and/or to Uptown. To begin with, it is quite old and was characteristic of autism therapies in the 1950s and 1960s, before the rise of the behavioral model (Eyal et al 2010). Moreover, the image of a child hidden behind defenses who needs to be drawn out (Shore 2003: ix-x) is so well-entrenched in the autism world that one could easily find it among behavioral therapists as well. The relational model responds to this conceptualization of disorder as obstacle (that behind the disorder is a capable child), reasoning that instructors must delicately reach out to the barricaded students (Greenspan and Wieder 2006: 70). In accordance with this narrative, to heal the child, the child must want to be healed, and for that to happen the instructor needs to surrender control of the situation, follow the child, and discover not only where his passion lies, but also what he is capable of:

I find that if the child leads the play then you get to see more of the child’s development and you’re able to see what they’re capable of. If you’re constantly telling a student what to do you don’t know if they can do it independently or not.
(Interview with Brenda, Transition Facilitator 10/28/2010)
While the moral narrative of discovery is not unique to the relational model, when practiced systematically, as at Uptown, it entails a complete reorganization of scholastic space and time: witness how the key spatial opposition between inside and outside the classroom is erased in Nicole’s account of her first day at the school; or how the “dumplings or snack” vignette documents the marginalization of the schedule as a device of temporal organization. The conventional scholastic organization of time and space is a taken-for-granted and embodied practical sense, acquired very early on and reinforced throughout one’s schooling experiences. To change it entails unlearning engrained habits and acquiring new ones as embodied attitudes. Thus, without being hyperbolic we can say that instructors must undergo a certain personal transformation as they learn to be “child-directed”. They must distance themselves from previous notions of instructor-student relationships that were habitual and engrained, and they must share their authority with the students to cultivate a subtle balance between following and leading.

Case 2:

“Music time”

In a morning meeting of a class for 14 to 16 years old students, Student B (diagnosed with lower functioning ASD) makes an abrupt and adamant request for the “Hokey-Pokey” song. Teacher’s Assistant Lizza asks her if she could wait because it is not time for music. In response, she puts her arms over her face and whines, and the head teacher, Olivia, acquiesces, “Okay, guys, it looks like [Student B] really wants to do the Hokey Pokey now.” The class then participates in the song. Later in the day, a different student requests a song. Dissatisfied with her peer’s selection, Student B insists on a different song. Olivia tells them that the class can sing both
songs. To appease Student B who seems to be more emotionally affected, the class sings her song first.

The readers are perhaps shaking their heads now: *this is just bad teaching! The biggest whiner wins!* We ask them to suspend judgment for the moment. This we must do if we want to probe how pedagogic action is organized at the school by means of how instructors account for it (Garfinkel 1968). What is the pedagogic value ascribed to this attitude of appeasement and flexibility? We routinely observed that the staff did not force students to follow class schedule, but more often instructors/therapists changed their schedules to fit the needs and interests of students. Instructors felt that in so doing they were cultivating something that was sorely lacking in their students, indeed something that went to the core of their disorder, namely the faculty of choice:

I’m always asking him about ‘what do you want to do during this time? Which activity do you want to’—there’s a lot of choice making. It’s not: I say this is your schedule. He has a say in making his own schedule too, and deciding what he wants to do, and when he wants to do it. there is so much with like him getting to say what he wants, that is a big part of [the relational model] for me… (Interview with Margaret, Teacher Assistant 07/21/2010)

It is often the case that individuals with autism are perceived by those around them to be unable or uninterested in exercising free choice, and efforts are made to impose it on them (Schelly 2008). Exercising choice is key to the moral narrative of discovery, yet one could say that
instructors’ insistence on choice, to the point where they seem to be indulging mere whims, goes even deeper. The object of pedagogic action, the ethical substance upon which it works, is not the individual child per se, but the relationship between the child and others, a relationship practiced and honed in interaction with the instructors. For a relationship, however, to qualify as genuinely therapeutic it must be symmetrical. A whim, therefore, should not be frowned upon since it could be the first halting attempt to assert choice and to form a genuine relationship with others. Instructors routinely give up a piece of their authority to follow such whims. They explain their action by arguing that most students have had everything done for them, either at home or in previous educational environments. Consequently, instructors aim to nurture in students the capacity to exercise choice and communicate it in an appropriate manner to adults. To promote independence and communication, instructors refrain from imposing their will upon the student, allowing the students to initiate, lead, and take the time they need to accomplish tasks:

I’ll be like, ‘alright, so what do you want to do in this time?’ ‘Oh, I want to go to the gym and play basketball.’ ‘Okay, that’s great.’ And then I stand there and wait for him to initiate and do what he wants to do… after a while I say something like, ‘so where should we go play basketball?’ And he’ll be like ‘oh the gym,’ and then we’ll go down to [floor] five and then we’ll stand at five and he’ll look at me and he’ll look at the door: ‘oh how are we going to get to the gym?’ And he’ll be like: ‘oh, I need your key.’ ‘Oh, you need my key, okay.’ And then I’ll hand my key over and he’ll be like: ‘you do it.’ I’m like ‘no, you could do it, you could
open the door.’ Then he’ll use my key, he’ll open the door, and then I’ll let him
guide me and show me what he wants to do. (Interview with Brenda, 10/28/2010)

The injunction to follow the child’s lead requires instructors to maintain a delicate balance
between following and leading, in which they suspend their authority in order to discover
students’ interests. Ultimately, however, it is learning to interact and forming relationships which
are the direct or incidental target of all lessons:

... a lot of what they do is centered around their passions, because that’s what’s
interesting to them and that’s what they, you know, want to learn about—and
that’s how they’re going to learn to interact with one another… (Interview with
Vivian, Teacher Assistant 08/02/2010)

Creating opportunities for the student to develop initiative, capacity for choice and a “concept of
self”, the instructor must be patient, restraining the urge to assert her will and complete tasks for
students, and providing only minimal prompting. Patience and self-restraint are personal
qualities and a style of interaction that characterize what it means to be “doing floortime”\(^4\). Thus,
instructors know they are practicing the relational model because they embody this style of
interaction, and they can feel the emotional tension of self-restraint. The vignette below
illustrates the role of patience in “doing floortime”:

\(^4\)“Doing floortime” is the phrase used by teachers to describe the child-directed pedagogy in
practice.
Case 3:

“You say!”

Student D (with a diagnosis of average functioning autism) is new to Monique’s classroom (composed of students 11 to 14 years old). On the day of observation, she is concerned about the schedule of her cooking projects. On her desk is a cooking schedule written in large letters. Throughout the morning, she regularly seeks Monique to confirm that at 1:30 she will be making guacamole, and on Friday she will be making salsa with a different classroom. Having memorized the schedule, Student D repeats the information and insists, “you say.” Despite the annoyance of being asked multiple times, Monique complies and repeats the information each time Student D demands, “you say.”

The child-directed pedagogic ethics encourage instructors to be patient in allowing students to lead and following students’ cues. Obviously, instructors may arrive at Uptown endowed with different capacities for patience, but they all must learn to practice a particular kind of patience, mixed with self-restraint, that is characteristic of the relational model. Uptown instructors must improvise how long they wait, when and how they prompt, and ultimately that gives their practice of patience a more inward quality. It is subordinated not to an objective standard, but to the subjective struggle of self-restraint. For this reason, instructors recall their early experiences entering the school and learning to “do floortime” as incredibly hard, an exercise in personal transformation:

the first three months was really a struggle for me. I thought about quitting. The [relational] model is amazing but it’s really hard to catch on because you want to
do everything for the kid, but taking that step back and letting them lead was extremely hard. (Interview with Jaleh, 07/26/2010).

Whether or not an instructor arrives to the school with inherent patience, it is a quality that is acquired through practice, as Jaleh suggests. When asked to give an example of what it means to “do floortime”, instructors often recounted an episode where they demonstrated the valued qualities of patience and self-restraint thereby assisting a child to develop initiative and confidence:

We had streamers that we had to put up, and he just couldn’t figure out how to do it. So instead of saying ‘…you take the chair, stand on the chair, and hang it up’—allow him to figure it out piece by piece. …and then he’ll try everything, like take a book and stand on it, or then finally, find the chair but then forget the tape, …and instead of going to get it for him, like, allow him to think ‘okay, now I got to get down, get the tape, bring the tape, get back up on the chair, and get back up and do it. (Interview with Jaleh, 07/26/2010)

Patience is a temporal-emotional style and an embodied attitude. Once it is acquired, it can provide an anchor and reference point for instructors to recognize that they are “doing floortime,” contributing to their sense of efficacy.

Quotidian pedagogic choices made by instructors are recognized as “doing floortime” because they refer to an ethic of child-directedness. Underlying the notion of being “child-directed”, we
argued, is the fact that the subject matter upon which the relational model works, its “ethical substance” (Foucault 1984: 25-28), is the relationship between the child and others, a relationship practiced and fine-tuned through interaction with the instructor. This is why the instructors’ description of the relational pedagogy involved also stories of personal transformation, as they needed to work on themselves to conjointly work with the students on the relationship between them. This is also why they struggled to specify exactly their role vis-à-vis the students, and especially the vexed question of their position as figures of authority, preferring a “fluid” relational understanding of their position:

We’re not trying to be these kids’ friends, and we’re not trying to be their teacher either… I think there is sort of a synthesis of all of those things; like, you’re their safe person. You’re not necessarily a friend that they can just sort of boss around, and is going to give in to all their whims and demands, but you are also somebody that they can trust, that they can feel safe with, and somebody that respects them and shows them that respect. …I think it really depends on the individual child as to what kind of relationship you’re going to have. (Interview with Monique, 10/02/2010)

Just as the relational model seeks to foster “relatedness” in the student, i.e. an orientation to other people as partners to interaction, by the same token it requires the instructors to subordinate their authority to the imperative of “relatedness”, since what they are working on is not the child’s brain, or even “skills” or “development”, but the relationship between child and others. Herein
lies perhaps the source of the opposition between the relational and behavioral models, to which we turn now.

(3) Relational versus Behavioral. Up until now we have shown that given the uncertainty surrounding pedagogic decisions at the school, instructors seem to not be guided by an explicit model but by a sense or a “feel” for the appropriate ethical relation between instructor and student, as well as the relation the instructor is called upon to maintain with herself. Now we will demonstrate that this feel for the right pedagogic action is supported by an opposition between the relational and behavioral models, namely that instructors use this opposition as a resource in explicating and justifying the pedagogic value of being “child directed.”

Usually, instructors opposed the “naturalness” of the relational pedagogy to the “artificial” feel of behavioral pedagogy. This opposition between natural and artificial extended to a whole set of associated oppositions: between rote—learning by memorization—and “meaningful” learning; between external and internal; superficial and deep; between dependence and independence; and of course between adult-directed vis-à-vis child-directed. Instructors used the opposition to the “artificial” and adult-directed behavioral model to justify their preference for and comfort with the relational model. 

Really, I don’t like [behavioral therapy] anymore … [the behavioral model] looks pretty on the outside because the kids can tell you what you want to hear,…you know, a lot of parents are very concerned about them appearing normal and typical…but to me, I’d rather him solidly know actually what one thing really
means and really understand it, as opposed to be able to tell me ten different words of things—so, no [behavioral therapy]. I think I really like this model, I really, really do. It just seems like a natural kind of thing. I like the playfulness. 

(Interview with Carol, 10/21/2010)

Instructors identified, for example, the reinforcement system of the behavioral pedagogy as particularly “artificial” because it does not reflect how consequences follow actions in reality and does not instill self-motivation in students. They argued that students’ behaviors should be reciprocated with “natural” responses that are as close as possible to real world interaction, thereby cultivating self-motivation and independence:

…because I think a lot of the work with the teenagers is kind of almost undoing what other programs have damaged them to be [sic]… like a lot of them are just robots from [behavioral therapy] and what not—If they’re not wired for a question that was asked of them, they’re just screwed. So a lot of that work has to be undone and then they have to build these relationships and start filling in their developmental gaps. (Interview with Tina, 08/03/2010)

We note, in passing, that the behavioral method is mobilized here not only as part of an opposition meant to validate instructors’ pedagogic decisions, but also as a way of seeing efficacy in what they do, despite the often slow progress and meager results. If things are going slow, it is because instructors are unraveling all the bad habits instilled by the behavioral model.
While many instructors at the school did not have prior experience working with the behavioral model, they often drew on a contrast with how presumably behavioral methods would treat this or that situation to validate their own pedagogic decisions.

I’ve never seen it, so I don’t know how [behavioral therapy] is, but I would imagine that when they act out on staff, they don’t stay with them. We do. As long as we’re safe, we do. (Interview with Brenda, 10/28/2010)

Orientation toward data offers another point of contrast between the relational and behavioral models. The behavioral model is similar to other standardizing responses to uncertainty, such as EBM, (Timmermans and Angell 2001), in that it involves meticulous quantitative data collection meant to be used to monitor progress and effectiveness. Instructors, however, disparage quantitative assessment as reductionist, contrasting it with the qualitative and “human” strategies of data collection conducted at Uptown—video/audio recordings and narratives. Qualitative data is better, they argue, because it is sensitive to the uniqueness of each student, while the behavioral model’s quantitative measures cannot fully express the individuality of students:

[Behavioral therapy] is data driven to me. It’s a very well thought out methodology, in fact. It just cares almost more about filling in grids than it does about the child. The child becomes the paper. The child just becomes check offs and numbers and that’s not what children are ever … we still collect data by video, by narratives, because they’re not a check-off list. They learn differently
than typical children, so we cannot just expect them to fit into a check-off mold.

(Interview with Tina, 08/03/2010)

Some instructors, finally, find the two models to be altogether ideologically incongruent. They commend the relational model for being progressive, and dismiss the behavioral approach as “old school” in its approach toward autism, namely restrictive, judgmental, and requiring conformity—a producer of “robots”. The child-directed pedagogy, on the other hand, embraces differences and individuality:

They’re [at] two opposite ends of the world! [Behavioral therapy], I feel, is old school. …they don’t allow the children to kind of learn intentionally; …they kind of lay it out for them…they tell them what a normal person should be doing or saying in these moments and have them practice it and practice it and practice it to the point where they almost become robots. …the [relational model] is basically helping the child developmentally [to] build those milestones and… honoring who they are as individuals and building a relationship with that…

(Interview with Vivian, 08/02/2010)

Finally, the opposition between “progressive” and “old school” often seamlessly spills into a political analogy where the contrast is between democratic/liberal (that is, tolerant of diversity and individual differences) and conservative or even “Republican”:
I consider [the relational model] to be very democratic and liberal and… the more republican side to be [the behavioral model] because I feel like they don’t honor individualization. They just kind of have this one idea and that has to apply to every single child, but they don’t understand that every child is different, especially a child with autism, … (Interview with Vivian, 08/02/2010)

This political analogy, we believe, is neither accidental nor far-fetched. As George Lakoff (2002) has shown, the language of moral politics in the contemporary US is suffused with the metaphor of parenting (“tough love” vs. “care”), and to be “liberal” in the US is often associated with a particular image of tolerant child-rearing that is very close to “child-directedness”. We argued in earlier sections that the ethical substance upon which the relational model works is the relationship between self and others, as well as the relationship the instructor has with herself. So when instructors depicted the relational method as “natural” and “child-directed” they were also drawing on a political opposition between commanding/dictating to the students how to behave—which rightly or wrongly they identified with the behavioral model—and governing them, seeking to lead them towards self-control, maturity and engagement (“relatedness”) on the basis of their own interests and abilities. The government of the self and of children is an ancient metaphor upon which are articulated different conceptions of how the state should be governed (Foucault 2010). This relation to moral politics can explain, to a certain extent, the findings of this paper. It is not so much that autism therapies reflect pre-existing political values, or that instructors opt self-consciously to act on their political commitments. What is more likely is that the oppositions of moral politics, their metaphorical modeling upon the relation between parents and children, are a widespread pre-political idiom that structures multiple experiences in the
contemporary US. It is, if you will, a pre-political habitus, which predisposes new entrants into
the space of autism therapies to recognize its oppositions as significant and fundamental and
which, as they are converted to one or another side of this space, serves as the basis for
judgments of pedagogic taste and a feel for the correct pedagogic action.

**Discussion**

Sociological research on the medical profession analyzes the strategies that medical students and
practitioners employ to contend with uncertainty. While earlier researchers disagreed whether
medical education was “training for uncertainty” or “training for control” (Fox 1957; 1980; Eddy
1984; Katz 1984; Light 1979), Timmermans and Angell (2001) have argued that the opposition
is better grasped as two alternatives styles of coping with uncertainty: a skeptical style alert to
the irreducible limits presented by uncertainty; and a dogmatic style that reduces uncertainty by
hewing closely to treatment protocols, routines and scripts. What we found at Uptown, however,
confounds the distinction between dogmatism and skepticism. Instructors who were initially in
the same situation of uncertainty and self-doubt as medical interns, have learned to marginalize
this uncertainty by performing not “bridging work” meant to render situations more determinate,
but ethical work on the self, shaping it so it can thrive on the openness and ambiguity of
situations. In some respects, Uptown instructors were similar to the medical trainees studied by
Light (1979), who managed uncertainty by subscribing to a “school of thought”, it being in this
case the “relational model”. But in other respects, Uptown instructors were more similar to
Timmermans and Angell (2001) “researchers” because they did not draw on the “relational
model” so much to reduce uncertainty dogmatically, but to marginalize and then invert its
significance. They worked to modify themselves so they were comfortable with uncertainty, thus turning uncertainty into a resource (Shenhav 1999; Stark 2009) rather than an obstacle.

We suspect that our findings are relevant beyond the field of autism education and treatment, and that similar strategies would be found in the burgeoning field of Complementary and Alternative Medicine (CAM). The increased use of CAM (Eisenberg et al 1998) and its gradual inclusion within more conventional medical protocols (Winnick 2005) suggests that medical sociologists should pay attention to how uncertainties are managed in respect to unconventional treatments.

In many respects, the opposition between CAM and EBM is similar to the opposition our respondents drew between the relational and the behavioral models. As Kelner and Wellman (1997) note, one factor that influences consumers’ choice of CAM is identification with the philosophy of a given alternative treatment, a pattern reminiscent of the secular conversion undergone by Uptown instructors. Unlike EBM, it is typically not the case that the legitimacy of CAM would rely on quantitative data analysis. Yet, despite this apparent irrationality, CAM continues to thrive. In short, it is highly probable that the strategies for managing uncertainty in CAM are very different from EBM, and moreover – as was evident in our study – that practitioners and clients draw on the opposition between CAM and EBM to invert the significance of uncertainty. We hope that our study will open up a new discussion of how ambiguity and uncertainty are managed, marginalized and/or leveraged in CAM.
References


Table 1: Career trajectories of interviewed teachers and teacher’s assistants at the school

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Undergraduate major</th>
<th>Graduate studies</th>
<th>Job before joining school</th>
<th>How joined the school</th>
<th>Worked with autism before joining the school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole (HT)</td>
<td>General and Special Education</td>
<td>Special Education</td>
<td>Milieu therapist</td>
<td>Accidental. Was looking for an ABA school</td>
<td>No</td>
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<tr>
<td>Tina (HT)</td>
<td>Psychology</td>
<td>Psychology</td>
<td>Special education teacher</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Helena (HT)</td>
<td></td>
<td>Childhood and Special Education</td>
<td>Sales and customer service</td>
<td>First job offer after graduation</td>
<td>No</td>
</tr>
<tr>
<td>Monique (HT)</td>
<td>Elementary Education and English Language</td>
<td>Special Education</td>
<td>Obama campaign</td>
<td>School hired her because she spoke Russian</td>
<td>No</td>
</tr>
<tr>
<td>Carol (HT)</td>
<td>Psychology</td>
<td>Special and General Education</td>
<td>ABA Instructor</td>
<td>No longer wanted to work with 0-3 yrs children</td>
<td>Yes</td>
</tr>
<tr>
<td>Leslie (HT)</td>
<td>History and Secondary Education</td>
<td>Childhood and Special Education</td>
<td>N/A</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Brenda (TF)</td>
<td>Psychology and Secondary Education</td>
<td>School Counseling</td>
<td>Paraprofessional(^a)</td>
<td>Contracted through the Board of Education</td>
<td>Yes</td>
</tr>
<tr>
<td>Margaret (TA)</td>
<td>Religious Studies</td>
<td>Aide at a community home for people with special needs</td>
<td>Contracted through the Board of Education</td>
<td></td>
<td>No</td>
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<tr>
<td>Jaleh (TA)</td>
<td>Speech Pathology</td>
<td>Student</td>
<td>Researched schools for autism</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Vivian(^b) (TA)</td>
<td>History and Education</td>
<td>Behavior Disorder</td>
<td>General education teacher</td>
<td>Heard of school’s reputation</td>
<td>Yes</td>
</tr>
</tbody>
</table>

\(^{a}\) HT: Head Teacher; TF: Transition facilitator; TA: Teacher’s Assistant

\(^{b}\) Paraprofessionals are contracted through the Board of Education to provide students with instructional services under the general supervision of a certified teacher.

Promoted to head teacher in the second half of our observation