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ABSTRACT

The article adopts an exploratory lens to unravel the nature and construction of diagnostic labels associated with challenging behaviours while discussing their ideological underpinnings, politicized character, effects and policy implications. The non-normative nature of categories related to challenging behaviours calls for adopting a critical and cross-cultural perspective in exposing the intricately complex web of context-specific ideological and institutional dynamics that underpin the genesis, legitimation and subsequent management of these behaviours. The analytical edge also involves unravelling the political and socio-culturally mediated processes of constructing categories of 'need' based on deviant and disruptive behaviours while exploring how these normative discourses 'travel' globally are indigenised and pathologize human behaviours by, inter alia, prescribing clinical-orientated identification and behaviour management strategies. A cross-cultural lens is not only instrumental in bringing to the fore points of cross-national convergence/divergence and identifying examples of good practice but also in revealing the politically driven nature of categorical ascriptions and associated nomenclature of challenging behaviours, and understanding how they are constructed, disseminated and managed in contemporary schooling. As an action-oriented response to these critical considerations, the article makes a case for the imperative of adopting an interdisciplinary and intersectional approach to preventing and managing students' behaviours in inclusive education.

Introduction

Cross-cultural insights into the construction of disability categories related to challenging behaviours are essential for understanding how these categories and their associated nomenclature are constructed, disseminated and managed across different sociopolitical contexts. Initial sociological analyses of the complex and politicized nature of special educational needs and disabilities brought to the fore the contextual, socio-culturally

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mediated, fluid and evolving nature of disability categories that transcend reductionist perspectives on disability (Barton and Tomlinson, 1981, 1984). As Barton (1986, p. 274) pointed out, 'Sociologists are interested in the social construction of categories, how they are created, ascribed, received and changed'. The internationalisation of the 'sociological imagination' – concerned with dismantling binaries between 'personal troubles' and 'public issues' (Mills, 1970) – through cross-cultural research has been instrumental in highlighting the plethora of sociopolitical dynamics that impact constructions of and educational responses to corporeal, intellectual and psycho-emotional dualisms of normality/abnormality (Armstrong & Barton, 1999; Barton and Armstrong, 2007).

Building upon and expanding upon this sociological tradition is an imperative endeavour given the terminological messiness and inconsistencies surrounding constructions and understandings of 'challenging' behaviors (Aas et al., 2024; Lanas & Brunila, 2019); a thematic focus of analysis that was rightly projected to be 'a major cross-national issue in the field of [of emotional and behavioural difficulties] EBD for years' (Lopes, 2014, p. 13). Context-specific constellations of socio-political, fiscal, educational, developmental and scientific dynamics influence how challenging behaviors are conceptualised cross-nationally, shaping varied and diverse understandings and prevalence rates of EBD and the vicissitudes of their diagnostic procedures and intervention strategies. As suggested by Hallworth (2024, p. 314), 'The categorisation and problematisation of challenging behaviour encompass different contextual features such as environment and social and cultural expectations'. Consequently, examining how these politicized processes manifest across different sociopolitical contexts is imperative for understanding ideological undercurrents, how educational systems function, what ideological dispositions undergird their operation and policy frameworks, and ways of constituting, assessing and identifying students with 'challenging behaviours'. These behaviours and their management represent, quoting Armstrong (2018) a '"wicked problem" for educational policy and practice: complex and highly resistant to resolution', necessitating a critical reconsideration of current schooling and how its dysfunctional operation has been obscured and metamorphosed into students' deficits and individual pathology dispositions (Graham, 2008; Thomas & Loxley, 2022a, 2022b).

This critical reconsideration should underpin every educational reform effort inevitably entangled in the 'politics of discourse', highlighting how policy discourses shape understandings and management of these behaviors, mirroring Fairclough's (2000) metaphor of the 'discourse-driven' dimensions of change towards inclusion and social justice. Language possesses ontological power; it is a discursive by-product and a reified manifestation of deep-seated beliefs and attitudes towards normality and norm-referenced assumptions of human existence and behaviour (Graham et al., 2024; Stanbridge & Mercer, 2022). As suggested by Stanbridge and Mercer (2022, p. 263), 'the language used to describe behaviours causing concern can have an important impact on how the behaviours are framed and therefore responded to'.

For example, it is suggested that the utilization of the term social and emotional disorders in the US signifies a more clinical perspective than the revised term social, emotional and mental health difficulties (SEMH) (as opposed to mental health disorders) adopted in the UK (Armstrong, 2018). The term SEMH expands the focus on challenging externalising behaviour to underlying difficulties linked to mental health difficulties and internalised behaviours, such as anxiety and depression. Although it is acknowledged

that these challenging behaviours do not always relate to SEND (Frederickson & Cline, 2015), the revised Special Educational Needs and Disabilities (SEND) Code of Practice does not distinguish between SEND and SEMH. The latter can intersect with the generic category of SEND and its more specific categories of need, namely communication and interaction, cognition and learning, sensory and/or physical needs, as well as linked to disorders such as attention deficit hyperactivity disorders, dyslexia, autistic spectrum disorders, recognising that students with SEMH may also have a disability (Bianco-Bayo & Reraki, 2025; Johnson, 2023).

Using and interpreting these definitions and their interrelationships is not a straightforward process, as there are significant overlaps among many categories of need, underscoring the complexity of categorical concepts and ascriptions (Bianco-Bayo & Reraki, 2025; Norwich & Eaton, 2015) and giving rise to 'an over-reliance on SEND labels' and individual pathology explanations (Bianco-Bayo & Reraki, 2025, p. 90). Deviant or challenging behaviours lie across a continuum of varying degrees of severity, exhibited in multifaceted configurations and manifestations despite being clustered into the 'portmanteau labels' of SEMH in the UK and Social and Emotional Disorders (SED) in the US, respectively (Armstrong, 2018).

This article contributes to critical sociological theory by problematizing and destabilizing diagnostic labels linked to challenging behaviours through the exposition of their politicized, fluid and subjective nature. Simultaneously, the analysis reveals how the 'deficits' of current schooling and structural inequities are subtly reconfigured and disguised as students' pathologies to be 'contained' and 'managed' through clinical-oriented educational governance regimes. The complexity of categorical concepts becomes even more pronounced when using, interpreting and applying them across cultures. Therefore, the article also contributes to advancing international conversations and debates about the socio-politically driven and culturally grounded nature of these categorical ascriptions and associated nomenclature, as well as understanding how they are constructed, disseminated and managed within contemporary schooling across diverse socio-political contexts. These international conversations are crucial not only for 'understanding variations in symptoms, diagnoses, and treatments' (Adebayo et al., 2024, p. 432) and eliciting the existence of professional vested interests, conflicting professional concerns, pressure and perverse incentives in assigning students to these categories (Tellings, 2020; Thompson et al., 2021; Tomlinson, 2012), but also for understanding how these diagnostic labels and clinical-oriented theories travel globally, are mediated and indigenized. These hegemonic discursive processes of knowledge production and transfer perpetuate social hierarchies of knowledge and transhistorical colonial power structures, whereby relations of subordination and colonial control are subtly sustained through cross-border knowledge transfer and imposition (Puszka et al., 2022; Sultana, 2019). These analyses are even more imperative when focusing on countries of the Global North that adopt 'standardized, Western criteria', which, without 'cultural consideration', can lead to misdiagnoses or over/underdiagnoses and misinform responses to and policies regarding the management of these categorical concepts. A cross-cultural perspective is also instrumental in informing behavioral management policies and strategies in view of the exponential increase of 'global migration' (Adebayo et al., 2024, p. 433). In this respect, the South/North dichotomy is more symbolic than geopolitical, as

discursive spaces of privilege/underprivilege, shaped by students' intersectional racial/ethnic, social class, gender, cultural, and so on identities, have now transcended national borders, determining students' positions of privilege/underprivilege in schools (Kalyanpur, 2020). These considerations underscore further the necessity of 'understanding these cross-cultural perspectives' (Adebayo et al., 2024, p. 432) and uncovering 'subjugated knowledges' (Tremain, 2005), thereby creating a counter-narrative that offers intersectional and interdisciplinary alternatives for inclusive education.

The following section focuses on how categorical ascriptions linked to challenging behaviours are constructed and addressed across dominant socio-political contexts, with notable examples the USA and UK contexts, while exploring their ideological undercurrents and implications. The global dominance of these countries in the field of Emotional and Behavioural Difficulties (EBD) is because they are among a small, yet highly influential, group of countries that have produced a substantial body of published research on EBD and developed an advanced legislative framework (Frederickson & Cline, 2015; Lopes, 2014), further consolidating their hegemonic roles in 'education biopolitics' (Bourassa, 2018). The latter embody and constitute the power/knowledge interplays, reifications and dissemination of 'psychological and psychiatric discourses [that] speak with authority about the vital character of human beings' (Runswick-Cole & Goodley, 2022, p. 221)

This analysis is followed by a discussion of some points of convergence/divergence between these countries within their respective ideological and institutional milieus while exploring their broader implications for constructing, interpreting and managing challenging behaviours. The third section provides an overview of examples of good practice as part of efforts to transcend conceptual orthodoxies and paradigmatic monopolies, promoting an interdisciplinary and intersectional action-oriented approach to understanding and addressing behaviours that are considered concerning. Early sociological analyses of disability categories in education highlighted the necessity of not only 'demonstrating different forms of discrimination and under what conditions they develop, but also doing something about this' (Barton, 1996, p. 5), thereby declaring the imperative of articulating the applicability of sociological analyses in informing, improving and making educational practice more equitable and inclusive.

Constructions of 'challenging' behavioural categories

The dominance of Western (American and European) ideologies of mental health and ill-health that have been globalized, represent an example of how education has become a neocolonial apparatus for 'commodifying' and ultimately 'exporting' and 'imposing' dualisms of 'ability/disability', 'sanity/insanity', 'good/bad behaviours' to cultures where these constructs have been alien and discordant with Indigenous ideologies, local mores as well as social norms against which deviant and disordered ontologies have been constructed (Lopes, 2014; Smith, 2022; Thomas & Loxley, 2022a). Westernised binary discourses of mental health and illness have given rise to 'psychiatrization' processes well-aligned with the 'dominance of psychologism, ableism, and normativity in education theory and practice' (Corcoran, 2024, p. 439). This ideological triptych and its complex intersections and mediations with global and local dynamics are constituent

elements of dominant discourses underpinning understandings and responses to mental health/ill-health and their manifestations in human behaviour.

Leviste (2024) documents the omnipresence and legitimization of the 'therapeutic turn' underpinned by 'psychologization' and 'therapization' discourses conspicuously manifested in western-centric, developed countries. These discourses have travelled and domesticated globally, resulting in the exponential increase of diagnosable mental illnesses in Asia and the monopolization of education policy in countries such as Indonesia, Thailand, Vietnam and Cambodia with psycho-discipline perspectives and practices, leading to 'the increasing medication and psychologisation of children and childhood' (Øen & Johan Krumsvik, 2022, p. 420). As pointed out by Thomas and Loxley (2022a, p. 70):

> there has been an export of Western vocabulary, categorization and definition of mental illness and health, accompanied by the sale of new mental health treatments and psycho-pharmaceuticals. This is of special concern in countries of the Global South, where the apparent 'science' behind commercialized treatments of this kind gives them a false credibility and kudos, a face validity that enables them to displace indigenous.

Dominant categorical ascriptions and their linguistic iterations and implications constitute the embodiments of deficit-oriented and pathologizing ideological predispositions perpetuated and sanctified through the resurrection of the 'industry of special education' (Tomlinson, 2012). The latter has not only abated, given the propagation of inclusive rhetoric, but paradoxically expanded further, jeopardising the axioms of inclusion and its social-relational orientations enshrined in binding international disability rights declarations and conventions (e.g. UN 2006; Malaquias et al., 2024). Tomlinson (2018, p. xiii) provides a lucid account of how 'over the years the exclusionists developed a cunning plan! They would . . . arrange an education system that excluded as far as possible the disabled, disruptive, those with learning problems . . . But all this would take place in the name of a benevolent inclusion'.

The ever-expanding dominance of the therapeutic paradigm and its psycho-disciplinary processes that give rise to psychiatric diagnoses (Tegtmejer et al., 2023) and legitimise exclusionary practices is rooted in neoliberal constructions of the humanist subject, against which ontological deviations based on psycho-emotional functioning are calibrated and established (Corcoran, 2024; Leviste, 2024; Liasidou, 2015). Nunkoosing and Haydon-Laurelut (2012) draw insights from Goffman's theorizations of stigma and Foucault's concepts of disciplinary power and the power – knowledge grid to parallel responses to challenging behaviour to

> the exercise of bio-power over the non-docile body, and that through the application of the pathological gaze people with challenging behaviour are constructed as in need of surveillance as a result of their defective biology or/and mind rather than the disabling social arrangements (p. 204).

The psychopathologization processes are legitimised and popularised through the widespread use of categorisation systems to identify and calibrate individuals' deviations from arbitrarily and inaccurately constructed 'norms' that have no objective, evidence-based and unequivocal biological and scientific basis. The validity and objectivity of these clinical decision-making processes in identifying and assessing non-normative categories of disability have been justifiably widely questioned. For example, ADHD has not only

been characterised as an arbitrarily fabricated educational construct carefully crafted and insitutionalised to ptotect the equilibrium of current schooling and to justify school exclusions by convincingly and skillfully obfuscating the failure of schools and teachers to meet the needs of learner diversity (Graham, 2008; Slee, 2018), but it has also been constructed as a clinical syndrome in need of medication to control symptoms (Smith, 2022). Claims of presumed 'chemical imbalances' linked to the brains of students diagnosed with ADHD lack evidence of the existence of neurobiological markers to validate such a diagnosis. Yet the 'chemical imbalances' are prioritised over 'power imbalances' implicated in the identification, assessment and management of this group of students (Nilsson Sjöberg, 2021, p. 241).

A testament to the well-documented ambiguity and inaccuracy in conceptualising and assessing ADHD, is the existence of variations and discrepancies in identifying and prescribing medication to students with ADHD to control their alleged challenging behaviours (Honkasilta & Koutsoklenis, 2022; Nilsson Sjöberg, 2021). For example, while 7% of American children are medicated with psychostimulant medicines for ADHD, the same is true for only 0.2% of French students (Thomas & Loxley, 2022a). Cultural variations are also evident in the identification rates of ADHD. While rates of ADHD in the USA were estimated to be between 4% and 5% some years ago, these rates ranged from 1% to over 20% in Western Europe, China, India, Great Britain, Canada, Japan, Puerto Rico and New Zealand (Wilmshurst, 2017). These variations document the fact that 'the conditions that constitute a disorder are by no means universal or geoculturally transferable' (Slee, 2014, p. 8).

An explanation for these discrepancies is provided by Prosser and Graham (2018) and Wilmshurst (2017), who highlighted the use of different identification and assessment criteria in America and Europe, based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental disorders (DSSM) (APA, 2013) and the World Health Organization's International Classification of Deseases (ICD-10) (WHO, 1992), respectively. While in the latter categorisation system, the three symptoms of Impulsivity, Inattention, and Hyperactivity must coexist to warrant a diagnosis of ADHD, in the former, there are three sub-types, predominantly inattentive, predominantly hyperactive and the combined type, warranting a diagnosis only when some of the symptoms are present. Moreover, the criteria used to determine the existence of ADHD are subjectively and equivocally established and modified according to the personal biases, views and preferences of those involved in the decision-making processes to inform the development of DSSM. These criteria are, in turn, contingent upon highly subjective interpretations by psychiatrists and other professionals whose 'shared cognition' in interpreting these criteria is shaped by cultural, social, political and institutional dynamics embedded in and informed by Western-centric discourses of psychopathologization (Honkasilta & Koutsoklenis, 2022; Smith, 2022). At the same time, there is the problem of 'false positives' in identifying students with ADHD due to the pressure exerted on professionals by parents, schools and others to make a formal diagnosis to warrant disability-related support, as well as professionals' own desire to assign a diagnostic label to enable students and their parents to access this support, including financial support (Tellings, 2020).

In parallel to formal categorical ascriptions, eligible students are negatively constructed through deficit-oriented nomenclature, characterizing them as being

'disruptive', 'disadvantaged', 'disabled, "disturbed" and "impaired" as well as labelled as "difficult", "anti-social" and "uncooperative", "troubled" and "troubling". These linguistic ammunitions further reinforce the "weaponising effects of stigma" (Scambler, 2019) experienced by these students, denoting the "role of language in stigma formation" but also in "destigmatization" by recognising how language can be either "devaluing" or "empowering" (Mousavi et al., 2020, pp. 426–427). The latter highlights the emancipatory potential of language that can be unleashed by problematizing the legacy of "bad-mouthing" inherent in the language of "special needs" (Corbett, 2013) and, subsequently, by reforming "language" alongside "policy" and "education" to address students' experiences of 'discrimination, exclusion and stigmatisation' (Algraigray & Boyle, 2017, p. 76)

Even though terms such as problematic and challenging behaviours allegedly shift the focus from a child-centred pathologizing perspective to a pathological behaviour, this terminology still underscores the necessity to 'manage' the latter rather than investigating the root causes and the unmet needs of the child exhibiting this behaviour (Hibbin & Warin, 2019) by adopting a person-in-the-environment perspective. According to Thomas and Loxley (2022a, p. 80)

> By retaining and using labels such as EBD and SEMH, sight is often lost of the fact that schools, for many children, present an environment with which it is difficult to come to terms. By packaging this difficulty as a problem of the children, we divert our attention from ways in which schools can become more congenial and inclusive places.

Students with challenging behaviour and their management in Western-centric schooling

Despite the reported lower rates of US special school placements for students with EBD compared to other countries (Lopes, 2014), suspension and exclusion practices linked to students' challenging behaviours across the US have accelerated. Less than half of these students spend at least 80% of their school day in a mainstream classroom. At the same time, they are significantly over-represented in exclusions in comparison to their disabled peers. Including this group of students in mainstream schools is also hindered by the way the relevant legislation (IDEA, 2006 cited in Gagnon, 2022) uses the vague and generic term 'Least Restrictive Environment' instead of explicitly referring to inclusive education. These exclusionary trends have been increasingly associated with criminalising discourses. Consequently, challenging behaviours traditionally dealt with by educational practitioners have been transferred to police and force-enforcement professionals (Flyn et al., 2016), while it is estimated that 47% of incarcerated youth are individuals with EBD (Gagnon, 2022).

Medicalised and criminalised discourses, which disproportionately affect vulnerable students and students with disabilities, co-exist in the management of student behaviour, raising questions about the compatibility of these approaches with a human rights approach to disability promoted by the UN Convention on the Rights of Persons with Disabilities. A burning, yet unexplored issue is how students who are ascribed labels linked to challenging behaviours are penalised, incarcerated, marginalised and excluded without having the legal safety nets that adults who infringe the law have. This is an unprecedented legal anomaly and an oxymoron featuring in a system that purports to

place children's rights at the core of its legislative, policy and organisational arrangements (Thomas & Loxley, 2022a)

Exclusions from schools have also been reported at exceedingly high rates across the UK, in contrast to other European countries, disproportionately affecting students with SEMH. These percentages are five times higher when the number of students placed in alternative settings is also factored in (Stanbridge & Mercer, 2022; Thompson et al., 2021). These estimates do not include students who were off-rolled by the schools without following formal expulsion and suspension procedures (Mills & Thomson, 2022). The propagation of exclusionary practices is, to a great extent, the outcome of neoliberal education policies; an endemic characteristic of the UK context, which, alongside New Zealand, has been described as '"political laboratories" for neoliberal reforms in education' (Stanbridge & Mercer, 2022, p. 266). The dramatic increase of legal and illegal exclusions in the UK is also the result of 'perverse incentives' that pressure schools to exclude students who are considered burdensome, especially if their budgetary arrangements and human resource capacity have not been ring-fenced for providing SEND support while also lacking accountability regimes to reduce exclusions (Thompson et al., 2021)

Internal as opposed to external exclusions are also a prominent feature of UK schools, which are either used as a sanction mechanism or reconfigured as a quiet space for young people to calm down and to meet their needs (Jones et al., 2023), often euphemistically and deceptively characterised as 'inclusive units' (Tomlinson, 2018). The plural interpretation and enactment of internal exclusions stem from an ambiguous and nebulous legislation that does not provide specific and clear guidelines on how this approach can be applied (Jones et al., 2023). There have been reports of a child with ADHD who was sanctioned by being placed in an 'isolation booth' for 60 days, and more recently, of another child with mental health problems and ASD whose placement in an isolation booth for more than a month led to her suicide (Hibbin & Warin, 2019).

The unfettered stigmatising and punitive approaches adopted in the two contexts and globally have dire effects on students' learning and mental health. This is particularly true if we consider that students who exhibit challenging behaviours are more likely to have experienced traumatic events and punitive approaches, thereby creating a vicious circle of re-traumatisation for these students (Jones et al., 2023). Despite these considerations, practices favouring students' 'dispositions', 'defects' and 'deviance' for their challenging behaviours are still evident in recent UK policy developments, which promote a 'harsher' approach to behaviour management. Mills and Thomson (2022) have been candid about how Ministry for Education officials in the UK were systematically trying to deliberately steer them away from 'producing evidence that exclusion might be to do with both societal and institutional processes' to avoid critical scrutiny of how exclusion 'is profoundly tangled in the various intersections of . . . gender, socioeconomic background, race/ethnicity and physical and intellectual abilities' (p. 195). This policy landscape and its discursive antecedents and processes are at odds with efforts to shift the focus from punitive and reactive approaches to preventative and proactive strategies, which have empirically validated credentials in countering the emergence of challenging or disordered behavioural difficulties (Jones et al., 2023). At the same time, while the US legal framework explicitly mandates the implementation of evidence-based strategies, including positive behavioural interventions and supports and functional behaviour

assessments to create the least restrictive environment for students with social and emotional difficulties (Gagnon, 2022; Harrison et al., 2019), the UK legislation does not feature binding stipulations for using empirically validated practices to prevent, reduce and identify the root causes of challenging behaviours even though there is an explicit concern about the latter (e.g. Department for Education, 2024).

Towards an interdisciplinary and intersectional approach

Sociological critiques in education can be futile unless accompanied by tentative action-oriented solutions and recommendations to rectify the 'social wrongs' (Fairclough, 2016, p. 94) endemic in schools and communities while offering alternative 'social imaginaries' (Taylor, 2003) in understanding students' behaviours, as well as being vigilant about how human variations can be subject to abritrary 'othering' and disciplinary processes. 'Social imaginaries' capture how people imagine their collective social life and existence, forming 'a collective cognition' based on implicit understandings, beliefs and norms which in turn undergird institutions, social relations, and legitimise social practices. The pervasiveness of 'social imaginaries' rests upon their opacity, their seemingly innocuous nature and their implicit, yet insidious, effects on shaping our perceptions of what is considered normal, fair, desirable or feasible, acquiring a reified and sanctified status through the operation and legitimisation of institutional and social practices across different domains, including education. The tacit and unconscious nature of 'social imaginaries' makes them impervious to problematization and critique, even by those who are committed to the values of inclusion, equity and human rights.

Fostering alternative 'social imaginaries' in education can address educational inequities and social injustices that remain intact and legitimised through the surreptitious machinations of the 'complex and hybrid political imaginary' of neoliberalism, amongst others, whose 'hegemony' depends on its ideological ambiguity and conceptual incoherence (Maiese, 2022, p. 69). Neoliberalism prescribes and rationalises a market-oriented, individual pathology and normative 'gaze' (Fulcher, 2015), giving rise to depoliciised understandings of students' behaviours and mental health problems (Maiese, 2022). Re-imagining education dictates the necessity, quoting Nilsson Sjöberg (2021, p. 244), 'to seek out a less violent educational model other than the one facing an (ever-increasing) group of diagnosed individuals'. This process mainly requires adopting a reflective stance 'for critical and conceptual examination of the nature of education, of mental health, and the narratives through which we understand these concepts and their relationship' (Williams, 2022, p. 7)

Emerging research on mental health in education increasingly advocates the cross-fertilization of interdiscilpinarity and intersectionality 'as a more affordable- and in many cases, more effective – way forward to further respond to the current global health crisis beyond the medical "norms" of diagnosis, treatment and intervention' (Koh et al., 2024, p. 321). An interdisciplinary approach aligns with an interactive factors (IF) framework, which eclectically deploys insights, interventions, and management strategies from behavioural, cognitive, psychodynamic and systemic approaches, while considering the interactions of environmental/contextual and biological-level factors and their impact on behaviour (Frederickson & Cline, 2015). The biological level dimension should not distract attention from the fact that even in cases of severe psychopathology, biological

factors and predispositions are rarely a trigger (Wilmshurst, 2017). The IF framework and its various configurations and combinations can inform individual, whole-school and community-based approaches to behaviour management while also integrating and cross-pollinating insights from process-oriented, solution-focused and relational approaches (Hieneman, 2015; Krause et al., 2018; Purvis et al., 2013). The synergistic use of various approaches employing an eclectic and cross-disciplinary approach necessitates critical and action-oriented strategies to problematize taken-for-granted individual pathology discourses endemic to current schooling, hindering its radical overhaul. This is particularly important considering the axioms of an inclusive discourse predicated on a rights-based and equity-oriented approach to addressing students' needs.

The following are just some examples of the myriad approaches that schools can adopt to move beyond reductionist and categorical approaches and identify the contextual discourses underpinning students' challenging behaviours and the ways the latter constitute reified responses to their unmet needs. The different approaches can be eclectically deployed and synergistically used to maximise the effectiveness of varying behaviour management approaches and strategies across diverse contexts. Given the vast array of approaches and their cross-fertilisation possibilities, the following examples are by no means exhaustive.

Positive Behavior Support (PBS) is a process-oriented approach that employs evidence-based practices and interventions from applied behavior analysis (ABA) and other scientific domains to prevent and address challenging behaviours that emerge as a result of complex contextual dynamics (Bal, 2018; Hieneman, 2015). The aim is to enhance a person's autonomy as part of a solution-focused process in enabling individuals to devise their own solutions (Krause et al., 2018) and increase their participation and quality of life by fostering positive relationships and interactions that are culturally responsive (Bal, 2018). The effectiveness of the strategies and interventions adopted is monitored as part of data-driven decision-making processes (Hieneman, 2015).

PBS has been widely popularised and implemented since the 1990s in the USA and increasingly in other countries and is firmly grounded in a robust evidence base demonstrating its efficacy in reducing the suspension rates of students who exhibit deviant behaviours and their office discipline referrals. This is achieved by systematically and meticulously manipulating environmental factors and stimuli that trigger challenging behaviours while reinforcing positive ones. PBS can be enacted at both individual and institutional levels; the latter is manifested in implementing School-Wide Positive Behaviour Support (SWPBS), which constitutes a school-wide version of PBS to create a whole-school culture conducive to promoting positive behaviours backed by a strong leadership team and staff, who are well versed and committed to being educated about and actively involved in the process of change prescribed by the values, prerequisites and institutional requirements of SWPBS (de Bruin et al., 2024; Mitchell et al., 2018; Park et al., 2019; Simonsen et al., 2012).

This promising, empirically validated and progressively popular approach is heavily based on behaviourism, focusing on manipulating external stimuli and consequences that trigger and reinforce challenging behaviours, sometimes necessitating the sanctioning of students to address problematic behaviours through zero-tolerance policies. Acknowledging emerging criticism directed at behavioural approaches (Armstrong, 2018; Liasidou, 2024) coupled with an increased recognition of the insidious effects of

cultural traumas – linked to, inter alia, social injustice and human rights violations – on students' lives, learning and social behaviours, there has been a shift from behaviourism towards humanism and relational approaches. The latter advance understandings of behaviour 'as communication' to create more compassionate, relationship-focused schools that are more responsive to students' need to experience positive, safe and empathetic relations in their schools. This approach moves beyond individualised dimensions of trauma that risk framing the 'trauma' experienced 'in discourses of pathology and criminality' (Clark, 2012, p. 143), emphasising its 'collective' and 'chronic' dimensions (Smallwood et al., 2021) in 'specific cultural, political and historical contexts' (Visser, 2015, p. 263). Hence, rather than merely considering students' behaviour as the outcome of reinforcements, humanism perceives their behaviour as the result of their active response to their environment and social relationship, shaped by their thought processes, lived experiences and feelings (Jones et al., 2023; Thompson et al., 2021), thereby highlighting the need to enrich and diversify SWPBS and APA by incorporating insights from trauma (e.g. Liasidou, 2024; Rajaraman et al., 2022).

The empirically validated link between trauma and problems in learning and social behaviours, which the medical community has also endorsed, has long been used in social work, unlike education in the USA and elsewhere where this link has been hardly recognized and taken into consideration (Tuchinda, 2020). The repercussions of the silencing of trauma in education are, inter alia, manifested in the lack of (proactive) mental health services and support in schools to counteract a 'wait-to-fail' and a reactive approach to addressing students' needs. Another related problem, is the fact that, despite an explicit focus on implementing evidence-based interventions and supports, teachers, reportedly, feel ill-equipped to implement them (Gagnon, 2022) especially in segregated and alternative settings where students with SEBD are more likely to be taught by less qualified teachers in both the UK and USA (Gagnon, 2022; Stanbridge & Mercer, 2022).

Given the empirically validated complex and reciprocal relationship between learning and socio-emotional difficulties, research and policy development in the USA have highlighted the need for SWPBS to be used in tandem with Response to Intervention (RTI) Models, also originating in the USA, that focus specifically on providing academic support in a disjointed, however, way. Integrating both approaches through Multi-tiered Systems of Support (MTSS) has become imperative to ensure proactive, preventive, universal and targeted holistic student support across behavioural, learning and socio-emotional development domains (de Bruin et al., 2024). Recent policy trends in the USA also advocate for the implementation of culturally responsive and trauma-informed MMST, which adopts a broader, needs-based approach, rendering MMST 'a roadmap for achieving inclusive education' (de Bruin, 2022). This perspective focuses on exploring the disabling effects of traumagenic social dynamics on learning and behaviour.

It needs to be noted, however, that by no means does trauma-informed paradigm ascribe to an epidemiological approach (Thomas & Loxley, 2022a) to understanding students' challenging behaviours by placing the blame on toxic, traumatogenic social and family conditions while silencing the role of schools in (re) producing and sustaining the discursive and material processes and conditions (Lanas & Brunila, 2019) within which the (re)traumatization of these children is manufactured and performed. As Thomas and Loxley (2022a, p. 77) eloquently point out, 'the origins of misbehaviour lie less in children's emotions or even their disadvantage and lie more in the character of an

organisation which we ask them to inhabit for a large part of their lives'. This view is empirically validated by Tegtmejer et al's (2023) study in Denmark, locating the progressively increasing number of students with a psychopathology diagnosis, such as ADHD and ASD 'in the school system and in the institutional referral processes' (p. 375). Schools have long been a site of power inequities and disciplinary regimes aimed at protecting broader social interests and maintaining social hierarchies by attributing problems of learning and social behaviours to individual pathology (Tomlinson, 2013).

A trauma-sensitive perspective shares similarities with solution-focused behaviour management approaches (Krause et al, 2018), highlighting the emancipatory potential of creating trauma-sensitive, inclusive education policies, practices, and services to empower students to overcome contextual challenges and adversities (Morgan et al., 2015; Thomas et al., 2019). Trauma-informed practices are the antidote to reactive practices and zero-tolerance policies, aiming to render redundant punitive and exclusionary approaches by understanding the root causes of challenging behaviours in children and creating safe, empathetic and inclusive school spaces for all. Trust-Based Relational Intervention (TBRI) can strengthen the relational dimensions of trauma-informed practice by nurturing connecting principles and healthier behaviours for the caregiver/teacher and child to more effectively address the child's relational and attachment needs (Purvis et al., 2013). The 'behaviour as communication' caveat underpins these approaches that emphasise the importance of language and communication in nurturing positive and secure social relations and meeting students' emotional needs (Hibbin & Warin, 2019). These considerations are closely aligned with approaches such as Nurture Groups and Restorative Practices, used in the UK, which can further facilitate the development of secure and trusting relationships in schools, thereby enabling children to articulate their emotional needs that trigger challenging behaviours. A related approach is Marshall Rosenberg's Nonviolent Communication (NVC), which aims to build positive interactions and understanding through non-judgmental and collegial relations, prioritising and recognising people's feelings, perspectives, and needs, with a view to meeting these needs. NVC offers a values-based and practical framework to develop non-violent, empathetic and collaborative interpersonal relations and communications, promoting prosocial behaviours (Batūraitė-Bunka et al., 2024).

In addition to deploying an interdisciplinary approach to understanding and managing challenging behaviours and mental health difficulties, the latter should also be viewed through an intersectional lens. Understanding how students' negative social identities are constructed and legitimised in education necessitates transcending epistemological ghettos to take cognisance of the overlapping, cumulative effects that minoritised social identities have on individuals in the context of power asymmetries and hierarchical social relations. By incorporating an intersectional approach, challenging behaviours and mental health difficulties are depathologized (Liasidou, 2015) and examined through an intricate web of 'multiple social forces, social identities and ideological instruments through which power and disadvantage are expressed and legitimized' (Leviste, 2024, p. 2).

Intersectional forms of oppression and subordination are a common denominator of the lived experiences of students whose learning and behaviour have been adversely affected by traumatic events and social adversities linked to social inequalities, human rights violations, bigotry, colonial structures of power, health disparities, racism and

extreme poverty, amongst others. Intersectionality is instrumental in exposing how these various vectors of power and structural inequities coalesce and impact students' socio-emotional development and functioning, triggering manifestations of challenging behaviours and mental health difficulties that are hastily and superficially ascribed to students' pathology in need of disciplinary and therapeutic interventions (Liasidou, 2022).

Examples of enacting intersectionality in the broader context of behaviour management and mental health provision include Adebayo et al's (2024) analysis of the importance of cultural competence in mental health provision and the employment of bilingual mental health professionals while raising awareness of how cultural factors and bias influence diagnostic and assessment processes. Their analysis also highlights the provision of 'joined up' services from interdisciplinary teams to provide a holistic approach to mental health provision while also recognizing the role of intergenerational and historic trauma, as well as systemic racism in producing and sustaining mental health disparities and disproportionality in the identification rates of students from indigenous and minoritized populations. As a response to the persistent and progressively aggravated racial and ethnic disproportionality in school discipline is concerned (Gion et al., 2022; Gregory et al., 2021), several court cases in the United States have long raised 'questions about whether certain groups of children (behaviourally disordered . . . learning disabled) are being appropriately identified' (Rothstein & Johnson, 2010, p. 90).

Adebayo et al. (2024) also emphasise the importance of future work to expand their biaxial analysis by examining how culture intersects with other factors such as gender, sexuality, socio-economic status and other sources of social disadvantage. These considerations echo Tellings (2020, p. 98) view that children with mental health problems will benefit 'from an approach that emphasizes labels less and looks at their problems from different angles' while recognising how some mental health difficulties can be temporary and situational. These considerations highlight the imperative of introducing intersectionality-based care services (Bowen et al., 2019; Williamson & Qureshi, 2015) to prevent and mitigate the traumatising effects of the multiple forms of systemic inequalities, discrimination, marginalisation, and oppression, experienced by students who are at risk or exhibit mental health difficulties and challenging behaviours. The involvement of various professionals, such as clinical psychologists, social workers, and mental health nurses, facilitates the implementation of community-based and family-focused interventions and supports. The latter involves visits to students' homes and providing support and counselling to parents to prevent and address their children's trauma-induced needs, mental health difficulties and challenging behaviours (Tuchinda, 2020; Winder, 2015). These interventions should not, however, divert attention from how the 'structural violence' of neoliberalism and its 'cult of individualism' is a major contributory factor to mental health problems experienced by economically disadvantaged families and their children, calling for broader interventions at societal and economic levels (Maiese, 2022).

Conclusions

The analysis provided some insights into the ways challenging behaviours and their associated nomenculture have come into being and been variously constructed against dominant globalized discourses of health/ill-health, normalcy/abnormalcy at the cross-roads of dis(ablism), normativity and neoliberalism. Challenging behaviours

have increasingly been subject to medicalizing and psychopathologizing processes grounded in arbitrary and context-specific, subjective diagnostic and behaviour management processes. These processes operate at the policy and school levels. They are popularised and legitimised through quasi-scientific identification, assessment and categorisation strategies commissioned and executed by those with psycho-disciplinary expertise.

The complex and politically driven nature of 'challenging behaviours' necessitates a reflective approach to bringing together critical and action-oriented approaches drawn from an interdisciplinary and intersectional theoretical framework. A critical approach involves problematizing and dismantling psychopathologization discourses that have become global orthodoxies in education policy and practice while seeking action-oriented approaches to depathologize schools and foster more inclusive policies and practices.

The cross-fertilization and eclectic use of different approaches warrants a more worthwhile and equitable approach to understanding, preventing and dealing with behaviours that are concerning, resulting from normativity discourses and an apparent mismatch between students' needs and society's and schools' responses to these needs. This ideological and structural mismatch is concealed and metamorphosed into students' pathology, skillfully masked under the guise of scientific knowledge in psycho-disciplines and their sophisticated, yet arbitrary and highly subjective, identification, assessment, and categorisation systems. These systems are endorsed by and firmly embedded in the alarming resurgence and expansion of the 'special education industry', which has paradoxically (re)gained prominence, professional kudos and discreetly articulated legal backing, albeit in the face of global rhetorical and legislative proclamations of inclusion.

Disclosure statement

Notes on contributor

Anastasia Liasidou is a senior lecturer at St Mary's University, London, UK. Her research interests are focused on critical disability studies, inclusive/special education policy and practice, disability rights, cross-cultural and cross-disciplinary research on disability and inclusion, and critical discourse analysis. Since 2021, she has published in a wide range of journals, including *Journal of Interpersonal Violence, Disability and Society, International Journal of Inclusive Education, Scandinavian Journal of Disability Research, British Journal of Sociology of Education and Teaching in Higher Education.*

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