Article

Education, Immunity and Autoimmunity—A Study of Medicalized Philosophy of Education

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Abstract: Education has been described as and considered as a remedy or a treatment for the insecurity experienced by many young people today. To recognize mental health problems and to seek treatment is the subject of many of today's research, analyses and academic debates on education. In this article, however, we will analyze, clarify and discuss how medicalized metaphors contribute to both an understanding and a reinforcing of what we call an "autoimmune reaction". We explore how the meaning and use of the concepts of "immunity" and "autoimmunity" in the field of philosophy of education present a new understanding of medicalized metaphors, as well as a philosophy of autoimmunity, partly based on Derrida and his analysis of "inflammatory" democracies. We will nuance and offer new perspectives and concepts with which to think, in order to understand the existing dichotomy between normality and abnormal/pathology, health and illness in educational philosophy today.

Keywords: philosophy of education; metaphors; immunity; autoimmunity; Derrida; medicalization; resilience

1. Introduction

"Conceptual metaphorical speech is indeed adequate to the activity of thinking, the operations of our mind, but the life of our soul in its very intensity is much more adequately expressed in a glance, a sound, a gesture, than in speech". [1]

There is an ever-present possibility that democracy wants to protect itself, to preserve itself, and therefore might trigger attacks on its own fundamental values and institutions. The school, like Western democracies, can be understood as an institution that directs its social mandate and measures toward something that is perceived as sick or unhealthy—that life skills can and should be taught because so many young people suffer from mental health disorders. "Schools can help tackle the problem of the substantial number of children and young people who experience mental health problems. Around 25% of children and young people (...) have an identifiable mental health problem [2] of whom 10% fulfil criteria for a mental health disorder" [3]. School mental health interventions in the Western world are, for instance, labeled "social and emotional learning" (SEL), "emotional literacy", "emotional intelligence", "resilience", "life skills", and "character education" [3]. Abundant research presents statistics that conclude with a concept such as "Mental illness is a worldwide public health concern. In the United Kingdom, there is a high prevalence of mental illness and poor mental well-being among young people" [4], or demonstrate the continued increase of young people with mental health problems in the United States [5]. However, the study of mental illness in education can also be investigated in the traditions of hermeneutic-literary analysis, and in this field of research the study of immunity as metaphor has a long history (see for instance Campbell on Esposito et al., (2006) [6]).

In this article, we will analyze, clarify and discuss how medicalized metaphors contribute to both understanding and reinforcing what we call an "autoimmune reaction".

We explore how the meaning and use of the concepts of "immunity" and "autoimmunity" in the field of philosophy of education present a new understanding of medicalized metaphors, as well as a philosophy of autoimmunity—partly based on Derrida and his analysis of autoimmune democracies (see for instance Campbell (2006) [6]; Miller (2008) [7]; Timar (2015) [8]; Evans (2016) [9] and Bojesen (2016) [10]). As Mieke Bal, Rebecca Horlacher and Cora Diamond remind us, this traveling—or migration, displacement—of concepts from one field to another is a cultural transformation that affects our understanding and influences our communication (Diamond (1998) [11]; Bal (2002) [12]; Horlacher (2015) [13] and Farrell & Mahon (2021) [14]). We further develop a critical analysis of medicalized metaphors in use today within a pedagogical philosophical context.

2. Two Hypotheses on Education and Immunity

Our first hypothesis is that educational philosophy today rests on a tradition of the school as representing both a healthy immunity and an unhealthy autoimmunity, and that this is expressed through a discourse on medicalized metaphors related to life skills and mental health disorders.

Our second hypothesis is that medicalized metaphors can both open and close our understanding of education: namely, that Papastephanou and Drousioti's (2023) [15] criticism that we need a non-medical language to describe the times in which we live can also be understood to mean that, through medicalized metaphors, we see something more/different/more human and thus expand our notion of the normal and non-normal (cf. the Arendt quote above).

The metaphors of immunity and autoimmunity comprise the lens through which we see this. Furthermore, we will nuance and offer new perspectives and concepts with which to think, in order to understand the existing dichotomy between normality and abnormality/pathology, and health and illness in educational philosophy today—a dichotomy the French philosopher and physician George Canguilhem especially explores and problematizes in his well-known *Le normal et la pathologique* [16].

If education lacks an immune system fostering some sort of resilience and trust in dignity and basic human rights, then it will not be able to fulfil the overall purpose given in, for example, the Universal Declaration of Human Rights and the Convention on the Rights of the Child (to name just two supra-national legal documents and conventions). At the same time, this immune system can attack the very thing it is supposed to protect and thus destroy itself: for example, through the Algerian wars that are Derrida's example, so-called enemies of democracy were prohibited through laws and measures that in turn limited the rights and participation of the population [17].

3. Autoimmunity and Democracy

So, what is autoimmunity? "Autoimmune" is a medical concept and consists of the Greek word autos from "self" and "same", "auto" which refers to "oneself" or "of oneself", and "immune", "free", "exempt" (from the Latin, "exempt from public service"), "unburdened" or "untaxed", which is often connected to "system", as in "immune system". Any healthy body produces a variety of antibodies and proteins in the blood whose job is to protect the body from unwanted bacteria, viruses, and cancer cells. The cells and organs that deal with such infections comprise the immune system. The *Harvard Medical Dictionary* (2011) defines "autoimmune [...] " as "Autoantibodies: Proteins created by the immune system that mistakenly target healthy cells, tissues, or organs" [18]. An autoimmune response thus means that the body's immune system mistakenly views the body's own tissues and organs as foreign invaders and attacks them. According to the *Merriam-Webster's Medical Dictionary*, more than 80 autoimmune diseases have been identified [19]. The best known are type 1 diabetes, multiple sclerosis, lupus, and rheumatoid arthritis.

Derrida develops his concept of democracy as an autoimmune institution, in the wake of the 9/11 terrorist attack in New York: "As we know, an autoimmunitary process is that

strange behavior where a living being, in quasi-*suicidal* fashion, 'itself' works to destroy its own protection, to immunize itself *against* its 'own' immunity" [20].

It is also "inflammatory" (from the Latin, inflammare—"lit on fire"), according to Derrida: i.e., a metaphor for democracy as an institution that is easily inflamed or has the capacity to produce a protective reaction to pathogens, where the goal is to remove the harmful stimulus. Democracy is therefore fragile, unstable, unresolved, and hard to discover, according to Derrida. In addition, it is worth noting that while Derrida sees immunity and autoimmunity as a metaphor that expresses and illuminates the essence of a community, all communities are at risk and always attempting to fail because of their inherent character of drawing lines between "us and them", who and what are common, or who or what are outside [21]. Much like the auto-immunitary processes of the protective system of the body that destroys itself (i.e., the immune system), the community destroys itself when "it fails to distinguish between what it protects and what it protects against, so too do democracies sometimes deploy their own systems of self-protection against those who purport to represent democracy or, in what amounts to the same thing, against those that democracy purports to represent" [21].

Alternatives to democracy, on the other hand, may appear as if they are real alternatives but this is often due to democracy's built-in autoimmune response: "(D)emocracy is never stable or "safe", (...), democracy is something that is pursued rather than achieved, and this structural deferral of any final evaluable meaning, implicit in the very concept of democracy, that both frustrates it and pushes it forward [21]. What we find particularly interesting in Derrida's account of immunity and autoimmunity is the relationship between the school or educational institution as a place where both students can acquire and develop an immunity to exclusion and loneliness, and one in which the community thus becomes (or can become) a form of resilience against negative social influences. At the same time, we see that a form of autoimmunity, i.e., this mechanism of protecting and producing resistance substances to maintain a form of immunity, also occurs in the face of apparent threats. We also find a similar view in Esposito [6], where the very sense of community in society is presented as part of immunity. In our argumentation, however, there is also a tension related to young people's mental health, where the community can also be stigmatizing and contribute to exclusion and loneliness. In our view, this is precisely the role of schools today: to create a form of immunity that can protect against mental health problems and help create safe and, not least, open institutions with room for critical and ethically reflective communities.

By extension, we also see similarities between Derrida's depiction of the autoimmune as an overreaction to external attacks, and Esposito's ambition to describe an autoimmunity that protects against self-protection [6]. In other words, there is a tendency in our time to see ourselves as immune to the demands of a community such as a school, to the responsibilities and obligations such a community requires. At the same time, immunity is also about developing a form of resistance, where belief in own's own abilities is decisive, i.e., believing that one can contribute to society and have a certain power to be able to change and influence your surroundings.

Civil disobedience and various forms of resistance movements are thus features of healthy democracies: vibrant and "resilient" democracies that are open enough to accept different forms of resistance. At the same time, it is necessary to protect and safeguard codetermination, freedom of expression, and fundamental rights which can be suppressed and overridden by extreme and violent civil disobedience.

4. The Autoimmune School

If we now turn to education, there are reasons to envisage schools as institutions protecting and defending their position by limiting and threatening themselves. However, creating and fostering a certain kind of resilience as well as a genuine trust in basic human rights expresses a kind of healthy immune system in education. This immune system has historically played an important part in education; in Norway, the union with Denmark

(1380–1814) and the fight for independence, as well as sustaining the old Norwegian language, were essential for strengthening the nation-state [22,23]. On the personal level, fostering so-called resilience in children—self-esteem, subjectivity, mastery of life, and a sense of belonging—would be another aspect of seeing schools as institutions of resistance and counter-culturality [24–26]. At the same time, as in certain current situations of confronting the socio-political challenges of mental health disorders among young people, education seems to develop some unhealthy autoimmune responses.

Bojesen [10] has, for instance, shown how auto-immunity in Rousseau's texts has a positive function as it opens up a less self-certain, a more flexible and ethical space in schools and in the subject itself, primarily because it protects the body against self-protection. As we see it, this autoimmunity in Rousseau, as described by Bojesen, stands out as opposed to the way we claim that the school can be said to function. The autoimmune will, in Bojesens interpretation of Rousseau, is the result of reason and thus protects institutions, and the subject itself, against what is unreasonable. We follow Bojesen here in the sense that the pedagogical space is about how ethical reflections must have a certain primacy, so that learning, change, development, and understanding can take place, but we question whether autoimmunity refers to being immune to a fixed conception of oneself. Instead, we will argue that the autoimmune, in Derrida's sense, has a negative sign; it is about protecting oneself (the state or the individual) from that which is apparently threatening, but then turns out to attack the very thing that could maintain a healthy state. One example could be the intentional ambition of strengthening explicit learning outcomes and learning goals as a way of protecting the school (i.e., providing immunity) against claims that its outcomes are not measurable. While doing this as an intended immune response, it winds up as an autoimmune attack.

If, in Rosseau's view, reason is a way of being immune, that is, immune to empathy, compassion and pity, and that reason is, as it were, immunized against external influences, then we can say that, in our context, diagnosis functions as immunizing against a greater human diversity.

At the same time, we find it difficult to understand how reason also functions in an autoimmune manner; one factor is that it produces antibodies to protect the body against external dangers, according to Bojesen, but another factor, and more unclear, is that this is something that in turn leads the body to protect itself against self-protection. One possibility is that it is reason that, in Rousseau, is able to reflect on how it works and thus "lifts" its own rational deadlock by thinking about and analyzing itself. In any case, there are clear similarities between Bojesen's Rousseau interpretation of the autoimmune and our argument that we need some form of resistance, resilience or immunity in education in order for children and young people to experience mastery of their lives.

We can classify and distinguish between three different modes of appearance of this autoimmune response in education.

1. An individual autoimmunity: that is, education where a form of learning as repetition, memorization, and imitation takes over from reflective understanding, and the individual student adopts an understanding of normality that creates insecurity, anxiety, and the fear of being abnormal.
2. An autoimmune internal system where categories of "normal/abnormal" and "healthy/unhealthy" create goal achievement and indicators of certain formal pre-set target requirements, and these measurement indicators tend to override variations and individual differences.
3. An autoimmune external system in which the political discourse that dominates curricula and school policy responds to public and political discourse on crises in education: for example, (a) that the young people of today suffer from mental health problems and that education is the cure for this, or (b) that school strikes against climate change are referred to as strikes against the school rather than strikes for the school's potential as a role model in climate and environmental issues.

The school strikes against the climate crisis initiated in Sweden by Greta Thunberg in 2018 are a well-known example of how schools can act as facilitators of actual civil disobedience and at the same time force and make visible a lack of healthy immunity, such as far-right hate speech against Thunberg and her followers.

Here, we will again return to Derrida's view of democracy as autoimmunity, arguing that the school is also vulnerable because it attacks its own immune system: namely, that (1) the values and the social mandate on which education is based—such as "the strengthening of respect for human rights and fundamental freedom" [27], and as expressed in international human rights declarations and enshrined in legislation—are attacked by the school itself; and (2) that this is something that happens automatically, and therefore it is important to be aware of the mechanisms that counteract liberal values and rights. As elaborated in the previous sections, we need to be aware of why this happens in schools, as well as where we see this automaticity.

We must accept that democracy enables codetermination and freedom of expression and therefore must deal with this; democracy is always what it is not, and the school is also a democratic practice, regulated by legislation and democratic principles of codetermination and participation. In Norway, we see that student democracy is fundamental (and has had a strong position, historically [28]), and that gender equality and equal rights have been actively promoted over many years, but that these purposes disappear or fade when we move further down the legal framework—from general curricula to competence goals to be verified. Here, we look in particular at how medical metaphors work, and we see mental health as an example of how the classification of something as "ill health", "a mental disorder", "abnormal behavior", or "deviational behavior" is intended to strengthen young people's life skills, but that over-diagnosis of what is natural or a very common way of behaving leads to the opposite: The natural becomes unnatural, and mental distress becomes a mental illness. In other words, the autoimmune school is characterized by responding morally to its own immune system, for instance by adjusting, instrumentalizing, and mainstreaming the testing of children with different needs instead of defending flexible, generous, and appreciative communities. That is, conditions of the ethical are within (rather than beyond) the political [29].

This in turn requires education to have the capabilities of resisting the increasing medicalization, and not to attack or confront healthy young people for being ill. The diagnosis of "attention deficit hyperactivity disorder" (ADHD or AD/HD), or other forms of neurodiversity, is a striking example. From 1994 until today, we have seen an ever-increasing use of ADHD diagnosis among children. The American psychiatrist Allen Frances, who was one of the driving forces behind including the diagnosis in the DSM-IV, refers to it today as "an epidemic spread" of the diagnosis and leads to the dangerous development of medicinal treatment of children with Ritalin. In 2016, Frances referred to ADHD as one of the three most harmful diagnoses of young people in the past 20 years. Rates of ADHD have tripled, and rates of autism and childhood bipolar disorder have multiplied by an incredible 40 times.

There is little doubt that many children struggle with symptoms such as restlessness and poor concentration and are well supported by pills and other treatments. This is not our point. Rather, we are interested in what seems to happen when we understand some kind of behavior—behavior that is a common human experience—as undesirable. Could we, then, see this sort of reaction as an autoimmune response?

The Norwegian philosopher Bjørn Hofmann is among those who have problematized the expansion of diagnoses and warns against medicalization, overdiagnosis, and overtreatment [30,31], arguing that it can result in anxiety and stigma, as well as a diversion from more efficient measures and responsibilities.

This increasing diagnosis of children with various conditions naturally affects, both directly and indirectly, the school life of the children with the disorders, but also school life and education more generally.

As the Swedish philosopher Fredrik Sveaneus writes in his (2013) *Homo Patologicus*, suffering has always been there and will always be there, but not everything that is suffering is a disease. When we medicalize different kinds of suffering as diagnoses, we also change our essential living conditions. Likewise, when we talk about our own and others' feelings and responses in medical terms, we also suffer in a medical scientific way: Thus, we may talk about "homo patologicus" [32]. In other words, the autoimmune school attacks its own immune system by confronting and characterizing mental ill-health not as part of life but rather as a "weakness" of sorts, or a deficit that needs to be overcome or managed in some way.

As Brady (2022) [33] articulates it, a "belief in control" might be seen as a protective factor against something like anxiety. And yet, confronting the fundamental unpredictability of being human in the world seems, to me, to be something we must all face up to at some point. Not only will a "belief in certainty" fail to prepare us for those moments, but it also seems to be at best naïve, at worst a form of bad faith. I might add that, ironically, "avoidant behavior" is also seen as a sign of mental ill-health.

In our argumentation, this tendency towards, or belief in control, as Brady puts it, is yet another example of autoimmunity mechanisms, where the mechanisms of the educational institution are activated in the face of uncontrollable and deviant behavior in the youth, which in turn (ironically) leads to mental ill-health.

5. Autoimmunity and the Metaphorical Power of Mental Health Disorder

In the following, we will look more closely at autoimmunity in education as found in the often recognized "fear" of transcending metaphors of "sick/healthy", "normal/abnormal", and "reasons/emotions", in order to maintain a certain continuity of norms. Our argument rests on the premise that diagnoses reinforce this dichotomy and are thus an example of an autoimmune response in the way that, instead of a more autonomous and reflective response, it triggers a mechanical strengthening of the diagnosis—and furthermore, we argue that it seems "safer" to stick to the diagnoses (cf. evidence-based hegemony in public health medicine today).

According to Rooney (1992) [34]—and also described by feminist philosophers early in the feminist epistemology of the late 1980s, such as Code (1991) [35], Lloyd (1984) [36], and Keller (1985) [37]—metaphors used for describing reason, rationality, and knowledge have played a consequential role in producing a gendered and biased conception of the sexes. They have done so in such a way that it has distorted our conceptions of mind, reason, unreason, male, and female, and furthermore has led to a suppression of feelings, emotions, sensory experiences related to the body, and bodily sensations as inessential to the higher-order notion of reason and rationality.

According to Aristotle, a metaphor has a cognitive function in that it adds something new to our understanding and insight into a phenomenon (*Rhetoric*, 1410 bl 4f) [38], because we have to reflect and find out for ourselves the similarity between, for example, evening and old age (At the same time, it is important to emphasize that a number of philosophical, linguistic, and literary discussions on metaphor have been written over the years.). A metaphor is "the application of an alien name by an analogy, that is, proportion", writes Aristotle in *Poetics* 21, 1457b9–16 and 20–22; he gives as an example the expression of referring to old age as "the evening of the life" or "passenger of the night", meaning that old age is analogous to life, as an evening to a day [39].

Barthes (2009) [40] stresses the fact that any use of figures or metaphors rests on the conception of the existence of two languages, an authentic or real language and a figurative language, and that figurative (Gr. elocutio) forms of rhetoric are thus deviations. Here, we can see that the kind of strangeness or distance that the use of a medical metaphor may promote also creates admiration, as Barthes writes with reference to Aristotle's rhetoric [41] (p. 123). What comes from far away—like medical terms, diagnoses, and categorizations, we might add—conveys an outsider's view with a certain authority. Concerning the emphasis and exploration of the use of metaphors in medicine, Sontag's (1978) [41] *Illness and*

Metaphors is, of course, a main reference. Her pioneering work with metaphors related to cancer and tuberculosis, and later AIDS, has long inspired interesting research on the importance of language in medicine. However, Sontag stresses how the use of metaphors, especially those related to battle and military language, primarily have negative consequences for the ill person. They tend to cause stigmatization and increased challenges around handling the illness in everyday life. However, we cannot, as we and several other scholars argue, avoid metaphors—rather, we must have an awareness of how they work and a contextualized reflection on the use and meaning of language in different situations. Sontag's myth and cultural criticism have been important for our understanding of the meaning and role of language and metaphors, and can still be used as an analytical tool in studies of medicalized metaphors traveling to schools and educational philosophy.

Papastephanou and Drousioti (2023) [15] argues that there are medical metaphors that not only describe the crises of our time but describe the times in which we live as sick ("pandemic times", "era of global crises", "times of uncertainty")—and to which the educational-philosophical discourse responds uncritically, with various treatments ("cures") that are supposed to provide a democratic, inclusive, and equitable education. What is certain is what is uncertain. What is not criticized is the diagnosis itself and the metaphors used in the descriptions and prescriptions of the remedies, rather than the school reproducing them.

This can lead us to overlook other undemocratic tendencies (and undemocratic policies that rely on and argue for generalizations and categorization) that then fall outside a medicalized language of education. Therefore, according to Papastephanou and Drousioti (2023) [15], we need to de-medicalize the language surrounding the pandemic or, more concretely, talk about pandemic and pandemic times in a non-medical and more precise language.

One of the medicalized metaphors, according to Papastephanou and Drousioti (2023) [15], is that social changes and social conditions today are claimed to be politically "ill", politically "unhealthy" or "sick"—for example, in the polarization between the vaccinated and the non-vaccinated. She is concerned that this medical description overlooks and renders some invisible, because they are not included in the "we" that is part of the ongoing discourse in educational-philosophical research. Their "problems are not globally felt, let alone theorized, as global crises".

What we find particularly interesting in Papastephanou's article is that what is not symptomatic can easily be overlooked (see, e.g., gender perspectives on heart attacks), but also the tendency to include everyone with poor concentration who is forgetful and restless as having deviant behavior, such as ADHD, and that this can suffer a consequence when such behavior is modified with Ritalin [32].

The way forward, according to Papastephanou and Drousioti, is partly by following Mench's (2007) [42] argument that we need to enhance plurality or the pluralisation of voices in public life", (p. 45) and partly by creating other and innovative metaphors to critique and point to alternatives to the medicalized use of metaphor—and in this way show what makes a public discourse free and what characterizes totalitarian states and totalitarian perspectives. In other words, Papastephanou and Drousioti wants to show that metaphors such as epidemic and pandemic in this context are not primarily medical but political: that is, they function politically, and she is concerned with how these interact (the political and the medical).

Along the same lines, Timimi and Timimi (2022) [43] argue that the belief that mental disorders can be classified and investigated using the same tools as physical health has led to a system of knowledge producing alienation and creating—rather than preventing—mental health problems.

6. Metaphors of Vulnerability/Normality

As we have argued, metaphors explain abstract and not very concrete concepts [44], but can also hide something—the positive in metaphors may especially be overlooked, such as in metaphors of the "refugee wave" or the "elderly wave". Simultaneously, metaphors

influence our decisions and attitudes toward what we are presented with, and we may distinguish between metaphorical expressions, underlying metaphors, and metaphors as source judgments and target judgments [44]. In their study, Askeland and Agdestein (2019) show that the use of metaphors in academic texts was 17.5%, while conversations had 6.8%, newspaper texts 15.3%, and fiction 10.9%, according to a 2010 study.

Malkomsen et al. (2022) [45] write that there are five reasons why therapists should be aware of the role of metaphors in their own treatment of patients and should discuss how these affect patients with major depression:

> Therapists should be skilled in using metaphors because, first, metaphors appear to be common in therapy, and depressed patients both produce and understand metaphors in the same way as people who are not depressed. Second, neuroradiological research has shown that metaphors engage us emotionally in a way that literal language does not. Third, metaphors can help build a therapeutic relationship. Fourth, metaphors seem to motivate us in a way that literal language does not. And fifth, a change in patient metaphors may represent an important therapeutic change. [45]

Transferred to education, this will indicate that education is described and considered as a remedy or treatment for the insecurity experienced by many young people today. Returning to the start of our article: to recognize mental health problems in themselves and others, and to seek treatment, is the subject of much of today's educational philosophical research [34,46]. However, "with this also comes the onus on schools and teachers to diagnose mental health problems and to enact school-based interventions that help mitigate them" and, "as Brown and Carr (2019) [47] note, 'medicine has become part of the fabric of schooling'" [34] (p. 79).

In other words, if we return to the concept of autoimmunity in schools, we see how important it is to be highly aware of where metaphors originate, how they are used, and how they can both expand as well as narrow our understanding of the phenomena they are meant to illuminate. To illustrate how we see it, "healthy immunity" in education is about broadening the understanding of what it means to be human, as complex, emotional, and anxious individuals. To conceptualize "resilience" as the (only) rational treatment of mental disorders, where the ideal is to get rid of such complex life experiences, can make matters worse [34]. Simultaneously, concepts like resilience tend to end up as rather vague and empty. As Farrell and Mahon (2021) [14] underline (cited in Brady, 2022, p. 81, [34]), mental health is conceptualized in terms of "vocabularies of deficit", a language that serves to "pathologise or medicalise the individual". Instead, schools should provide a point of resonance that allows all children and young people to explore the complex anxiety and distress of human experiences more fully [34]. Resilience as a healthy immunity includes possibilities of exploring how complex and natural different variations of emotions are embedded in all people and the need to create good and safe relationships that can address different types of anxiety and distress (see for instance Bostad & Hanisch 2016 [48])—without overlooking that there are, of course, also serious mental health conditions that require professional treatment.

7. Philosophy of Education as a Cure

As we have discussed earlier, Derrida understands democracy as something we have not yet fully seen, and will likely never see, but something that is yet to come and be filled with content, "a meaning in waiting, still empty or vacant" [17] (p. 8). We do not yet know what democracy is or can be: neither the word nor the phenomenon of democracy has yet presented itself. It is becoming, a "becoming-democracy". The same may be said of education. To educate someone, or to be educated, is always simultaneously something to be seen in the past. A learning process is both open and ongoing and could be said to strive to strike the ideal balance between confidence in the reliability of the methods and a continued search for greater clarity, certainty, and depth of intention [49]. The concept of Bildung provides a degree of openness that can at the same time be understood

as an ethical requirement. It is impossible to fully determine how learning processes affect the individual, and this ought therefore to be taken into account in writings on pedagogical practices. Here we can see parallels to Julia Kristeva's philosophy. In her works, Kristeva has emphasized the unknown and alien in every human being and that we are also "strangers" to ourselves (for example, in her books *Strangers to Ourselves* (1991) and *Letter to the President of the Republic on Citizens with Disabilities* (2008); Bostad, 2017) [49–51]. Seeing oneself as a stranger also leads to an interpretation of oneself, either as more like or more unlike, as stronger or weaker, and we try to restore order by incorporating the unknown into what we know from before. Kristeva stresses how categorizing others as strangers or different protects us from the unknown in ourselves.

Both education and democracy are emergent and not static—and both can be said to be underpinned by an ideal to be realized. "By definition, the meaning of democracy is not a decision made by one, but by the many" [21]. Democracy, like education, must at the same time be given some kind of delimitation. We cannot wait, as Derrida says, for something to come—we must at least have some kind of utopia or idea of democratic practice.

A school could be recognized as a public place in the sense that it may create both belonging [52] and marginalization [42], which can promote autonomy, self-esteem, mastery, recognition, dignity, or the opposite. For Arendt, the public space is linked to the possibility of free expression [42,53], a freedom she defines based on her philosophy of pluralist action and the absence of the totalitarian state. This public space makes the very act of freedom possible. Arendt's argument presupposes a model of politics founded upon a clear distinction between public and private spheres of human life. "Power *springs up* between men when they act together and vanishes the moment they disperse" [54] (p. 200).

Although Arendt makes a clear distinction between children's right to protection and the responsibility of adults (teachers)—as a defense of children's right to be excluded from public and political discourse—she nevertheless argues for education that creates a form of resilience in students through general education and historical and cultural knowledge [55]. As we have already argued, the absence of belonging and the need for a place to belong and feel at home, are among the school's most vital challenges today (see also Bostad 2021 [52]).

8. Conclusions

We have shown that metaphors close and restrict our understanding of a phenomenon, but also expand and make us see something new, helping us in sorting and classifying, which is one of the most important tasks of educational philosophers. At the same time, all generalizations are just that; they fall short in concrete situations and they overlook "horizons of non-knowing" [56]. We have tried to argue for the importance of maintaining and strengthening academic preparedness and immune response in an increasingly detailed and target-driven system.

As stated in this article, we have investigated the use of medical metaphors in education: more precisely, we have tried to draw a picture of the problematic aspects of using such metaphors (such as "healthy/sick", "normal/abnormal", and "reasons/emotions") without reflecting on (a) their origin and inherent sense-shaping function, and (b) how these can reinforce, stigmatize, and lock in stereotypes of children and young people in the context of education. Also notable, and as Canguilhem has reminded us, the relationship between normality and abnormality is a continuum—not something like defined and unambiguous dichotomous categories.

At the same time, we have shown that other metaphors have an opening and fruitful effect, making us see new aspects of a phenomenon, such as immunity, autoimmunity, and a cure. It is not obvious that a medical metaphor such as autoimmunity can be used in educational philosophy, but as we see it, through the use of concepts like immunity and autoimmunity, we can understand mechanisms, politically controlled resources, and processes in new ways.

Perhaps we could say that a metaphor such as "cure" in our context has a double function. That education should act as a cure—a treatment and a medicine against mental

disorder—is a metaphor that is in use today, and that in political documents appears unreflective (see also Papasephanou [15]); at the same time, we use this very metaphor ourselves. Here, we see precisely how a metaphor in use is able to point beyond itself, creating the distance from the purpose of education that may be necessary to force or encourage us to see new possibilities and envisage the role of fundamental values as either promoted or hindered by education.

Following Deleuze and inspired by his understanding of "becoming", but also by Derrida, we address how immunities or a school's immunity response, like democracy, could be seen as a never-ending process. It is something that is always becoming, like "becoming-immunity" or "becoming-democracy". We argue that the metaphor "becoming-immunity" could be a fruitful tool with which to think, as it might allow for a more dynamic and relational philosophy of education.

As a tentative conclusion, we can argue that a healthy immunity in education is to face inequality, otherness, restless and impatient children, and nervous and restless young people with flexible and safe frameworks that, in practice, allow for belonging, a joy in reading and living, and critical reflection and creativity, while an autoimmune reaction is to respond by adjusting, categorizing, and individualizing students.

> "I finally believe that education must be conceived as a continuing reconstruction of experience; that the process and the goal of education are one and the same thing". [57]

> "You could call this selfhood many things. Transformation. Metamorphosis. Falsity. Betrayal. I call it education". [58]

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