Labelling and self-esteem: does labelling exceptional students impact their self-esteem?

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The purpose of this investigation was to explore the existing relationships between main concepts associated with labelling exceptional students and impact on their self-esteem. The aim was to examine how these concepts are presented in the existing research literature, and what the implications are for educational practice of labelling exceptional students. This area of research is important for educators, researchers, practitioners, parents and advocates of exceptional students. By understanding the psychosocial and educational aspects of labelling and stigma, we can all contribute in different ways to address the unique particularities of exceptional students.

Key words: self-esteem, labelling, exceptional students, assessment.

Introduction and purpose

Throughout the history of special education, the use of categorical labels to describe and define a disability has stimulated debate and concern. On one hand, the use of such terminology serves to bring consistency to research and communication regarding disabilities. On the other hand, labelling is frequently associated with stigmatising, isolating and stereotyping individuals with learning, behavioural or physical differences; thus, labelling appears unrelated to instructional needs and current systems of classification are unreliable (Deutsch-Smith and Luckasson, 1992; Ormrod, 2008). Further complicating this debate are federal and state mandates that appear to tie funding and services to specific labels and classification systems. Other issues such as testing, evaluation, assessment and placement of students in special programmes are related to labelling, as well as students’ image and self-esteem (Kauffman, 2003; Ormrod, 2008).

The present study summarises the literature on labelling exceptional students and the implications for their self-esteem. More exactly, the aims of this study were: (1) to explore the existing literature and examine the existing relationships between the concepts of labelling, exceptional students and self-esteem; (2) to examine how these concepts are presented in the existing research; and (3) to explore the implications for educational practice. Studying this particular topic is extremely important for both practice and research, and mainly for considering changes to instruction of exceptional students. By understanding the psychosocial and educational aspects of this problem, educators, researchers and advocates of exceptional students can all contribute in different ways to address the unique particularities of these students.

Theoretical considerations

Special education in general is designed as individualised education for students with special needs. According to US federal regulations, special education means ‘specially designed instruction, to meet the unique needs of the exceptional child, including classroom instruction, instruction in physical education, home instruction, instruction in hospitals or other institutions’ (Code of Federal Regulation, C.F.R. 300.14, in IDEA, 2004). Special education is an integral part of the total educational enterprise and the purpose of it is to address the unique needs of students with disabilities and to help them achieve their maximum potential. When the special placement of a child is required, the aim of the placement should be to maximise the development and freedom of the child rather than to accommodate the regular classroom (CEC, 1993). The Council of Exceptional Children (CEC) believes that the goal of educating exceptional students is desirable if the individualised programme will enhance their educational, social, emotional and vocational development. Decisions about the delivery of special education to children with exceptionalities should be made after careful consideration of their home, school and community relationships, their personal preferences and effects on self-concept, in addition to other educational considerations.

Exceptional students

Who is the exceptional child? There have been many attempts to define the term. Some use it when referring to the particularly bright child or the child with unusual talent. Others use it when describing any atypical child. The term
generally has been accepted, however, to include both the child who has a disability and the child who is gifted. Kirk and Gallagher (1989, p. 5) define the exceptional child:

‘as a child who differs from the average or normal child in mental characteristics, sensory abilities, communication abilities, social behavior, or physical characteristics. These differences must be to such an extent that the child requires a modification of school practices, or special education services, to develop to maximum capacity’.

The same authors mention that this is a very general definition, and several questions are raised consequently: what is average, or what is normal? How extensive must the difference be to require special education? What role does the child’s environment play in the definition? What is special, atypical? However, children are considered educationally exceptional only when it is necessary to alter the educational programme, if their exceptionality leaves them unable to master learning in the traditional way, or places them so far ahead that they are bored by what is being taught. Additionally, the term ‘exceptional children’ may mean very different things in education, in psychology or in other disciplines (Kirk and Gallagher, 1989). Other literature sources (Smith and Luckasson, 1992; Kauffman, 2003) define exceptional students as ‘children and youth with unique needs’, ‘individuals with an unusual ability or inability to do certain things’ or ‘individuals having a special condition’ (Smith and Luckasson, 1992, p. 5).

Definition of exceptional students is closely related to classification of disabilities. Wolery and Wilburs (1994) describe the various classifications of children with special needs as being problematic as children with disabilities can be classified in a number of ways: ‘Perhaps the most relevant classification system deals with their eligibility for early intervention and special education service’ (Wolery and Wilburs, 1994, p. 4). To be eligible for such services under the US Individuals with Disabilities Education Act (IDEA, 2004), children can fit into any of the 13 defined categories that identify the type of disability: deafness, dual-sensory impairments, hearing impairments, intellectual disabilities, multiple handicaps, orthopaedic impairments, other health impairments, serious emotional disturbance, specific learning disabilities, speech (language) impairments, visual impairments and blindness, traumatic brain injury, and autism. Because of the detrimental effects of early labelling, IDEA allows the states in the United States to use the category ‘developmental delay’ for young children with special needs. Each US state has specific criteria and measurement procedures for determining children’s eligibility for early intervention and special education services, including what constitutes developmental delay. Literally hundreds of different conditions can result in disabilities and/or developmental delays.

**Labelling**

The term label is derived from social labelling theory. Gove (1980) outlines two stages in the labelling model: the process that results in labelling and the consequences of labelling. Related to the labelling process is the definition of deviance which, according to Gove (1980), can be used to analyse and explain the experiences of disabled persons. Here, labelling is defined as ‘the attachment of a deviant name to some action or attribute(s) of an individual’ (Gove, 1980, p. 7). When the individuals do not fit into what most societies consider normal, they are perceived as deviant (McGrew and Evans, 2003). Deviance, then, is largely socially constructed by the judgements of others. Once labelled as deviant, the individual suffers the often debilitating consequences of the label. Kuther (1994) observes that the label imposes a negative status on an individual and that labels entail that the identity assigned to a person is in some respect altered to his or her discredit. When an individual is publicly labelled, certain negative qualities are assigned to them; they are actually forced into the deviant role. The labelled individual is treated as if he or she possessed certain characteristics that are stigmatising (Kuther, 1994). The deviant’s social situation is changed as is one’s self image – the negative label has a destructive impact on the individual (Osterholm et al., 2007).

In the existing literature, classification and labelling are terms that inexorably go together. The idea that labelling is inevitable is often mentioned and the arguments brought in to support this view are that identification and classification of students with special needs consequently leads to affiliation of these students to a category of disabilities, and hence to labelling. IDEA (2004) states 13 categories of disability. However, these classifications/categories are made in an artificial way, for instructional purposes, because in fact individuals themselves cannot be precisely categorised. A particular student might have special needs for one or more of these categories; some students may have multiple or a combination of disabilities. Smith and Luckasson (1992) pointed out that recognition of a disability cannot dictate either a particular educational placement or a label into which the student’s individuality is forced. So, defining a disability consequently raises the issue of classification, educational placement and labelling. The literature in the special education field recognises and differentiates classification from labelling, but the idea that one variable (classification) is the cause of the other one (labelling) is constantly mentioned. Cromwell, Blashfield and Strauss (1975) talk about classification as a structured system which identifies and organises characteristics to establish order. Many disciplines, such as biology, chemistry and geology, have classification systems. For a classification system to be useful, it must meet four criteria: it must be reliable, cover all relevant aspects, be logically consistent and have clinical utility. Most classification systems mentioned in the special education literature organise special education into categories, such as communicative disorders, learning disabilities, behavioural disorders, etc. Each of these categories has its own internal classification system, or subcategorisation (Smith and Luckasson, 1992).

But what are the advantages of a system of classification in special education? First, a classification system enables
practitioners to name disabilities, to differentiate them from one another, and to communicate in a meaningful and efficient way about a specific disability. Second, a classification system is essential for researchers as well. It would be very difficult to conduct research about physical disabilities, for example, without a system of categorising the disability and the needs of those who have physical disabilities. Third, the system helps in forming special interest groups to lobby for improved services and promote enlightened attitudes. Finally, categories are helpful in developing particular treatments and therapies. The established categories make it easier to relate to a certain treatment or diagnosis for each category.

What are the disadvantages of using a system of classification? Many professionals support a non-categorical approach to educating students with disabilities. They argue that when categories are used, children with special needs are not treated as individuals, that classification places too much emphasis on the group and not enough emphasis on matching the services to individual needs (Hobbs, 1975). However, even when a non-categorical approach is used, it is sometimes necessary to classify according to levels of disability, for example mild, moderate and severe, in intellectual disability. Labelling, however, according to special education sources, 'identifies individuals or groups according to a category assigned to them' (Smith and Luckasson, 1992, p. 31). For example, a child who has been diagnosed with a behavioural disorder might subsequently be labelled emotionally disordered. Labelling can be formal, for instance imposed by an authority such as a psychologist or diagnostician, or can be informal, for instance imposed by other children in the playground. Early in the history of intellectual disability, people with such a disability were labelled ‘idiots’, ‘imbeciles’ or ‘cretins’ (Tharp, 1997; Osterholm et al., 2007). When first used, these labels may not have had strong negative connotations, but today we all recognise the devaluation they imply. Moreover, these names and informal labels can also affect how individuals with special needs perceive themselves. So, a clear distinction must be made between a formal and an informal labelling. Either way, many specialists (Mercer, 1973; Cohen, 1977; Soder, 1989; Osterholm et al., 2007) argue that when a label is imposed, the person so labelled is practically stereotyped, perceived as a group member rather than as an individual.

IDEA (2004) played a major role in changing the terminology in special education. Contemporary thinking was reflected in replacing all references to ‘handicapped children’, as they appeared in the previous laws and official documents, with ‘individuals with disabilities’. The term ‘handicapped’ was changed to ‘with disabilities’, signifying the difference between limitation imposed by society (handicap) and an inability to do certain things (disability). The term ‘with disabilities’ shows that the person, the individual, is considered first, and the disabling condition is only one characteristic of the individual, who has other characteristics as well (CEC, 1991). Hence, in many fields of special education, students are referred to as individuals first and with the disability second. They are not referred to as ‘the disabled’, or ‘the deaf’, or ‘the retarded’. Children, youth and adults are described as individuals who have a certain disability, for example ‘a child with visual impairments’, ‘a girl with mental retardation’ or ‘a student with a physical disability’. The disability is not the student, any more than any other single characteristic becomes the person. Each person is a complicated bundle of many characteristics, of which a certain disability may be one (Turnbull, 1990; Smith and Luckasson, 1992). Professionals must always use care in the language they use to describe their students and their students’ special needs. The language used by teachers or other professionals affects the students with special needs, other students in the school, other teachers, the families of the students and the community as well.

Self-esteem

The concepts of ‘self-esteem’ and ‘self’ have been viewed as significant constructs since the earliest period of development of psychology as a science. Carl Rogers (1995 [1961]) defines the self as one’s experience or image of oneself, developed through interaction with others. In the first psychology textbook, in 1890, William James used the term ‘empirical self’ to refer to all of the various ways in which people think about themselves (James, 1890). He suggested that self-esteem is the tendency to strive to feel good about oneself and that people seek to maintain their self-esteem because they possess an inherent need to feel good about themselves. Different branches of psychology analyse and interpret self-esteem from a particular angle. Humanistic psychologists see self-esteem as a congruency between a person’s real and ideal selves (Hothersall, 1995). Other authors (Bednar et al., 1989, cited in Leary and Downs, 1995, p. 124; Brooks, 2003; Gregory, 2007) have proposed that people seek high self-esteem because it facilitates goal achievement and self-esteem is a subjective feedback about the adequacy of the self. The ethological perspective (Barkow, 1980) suggests that self-esteem is an adaptation that evolved in the service of maintaining dominance in a social relationship. Because attention and favourable reactions from others were associated with being dominant, feelings of self-esteem became tied to social approval and deference. According to sociometer theory, self-esteem is essentially a psychological meter, or gauge, that monitors the quality of people’s relationships with others (Leary and Downs, 1995; Leary, 1999; Leary and Baumeister, 2000). This psychological mechanism – the sociometer – continuously monitors the social environment for cues regarding the degree to which the individual is being accepted rather than rejected by other people.

Another aspect pointed out by the researchers in defining self-esteem is the distinction between state self-esteem – momentary fluctuation in a person’s feelings about him or
herself – and trait self-esteem, the person’s general appraisal of his or her value. Both state and trait self-esteem are aspects of the sociometer (Leary, 1999). All these definitions and perspectives offer insights into the nature of self-esteem, but each perspective has conceptual and empirical difficulties. Mark Leary (1999) states that despite more than 100 years of attention, and thousands of published studies, fundamental issues regarding self-esteem remain poorly understood. He poses questions such as ‘Why is self-esteem important? Do people really have a need for self-esteem?’ which may bring answers that help to complete the picture in defining self-esteem (Leary, 1999).

**Labelling and self-esteem: interrelationships**

Many psychologists have assumed that people possess a motive or need to maintain self-esteem. The sociometer theory believes that the self-esteem motive does not function to maintain self-esteem but rather to minimise the likelihood of rejection or devaluation. When people behave in ways that protect or enhance their self-esteem they are typically acting in ways that they believe will increase their relational value in others’ eyes and, thus, improve their chances of social acceptance. The sociometer perspectives explain that public events and public opinion have greater effects on self-esteem than private events, those events that are known only by the individual him or herself. Therefore, the whole process of identification, classification and placement in a special programme of exceptional students, and consequently labelling them according to their disability, seems to be like a public announcement of an existing disability of the student, and thus impacts their self-esteem. Various authors (Leary et al., 1995, 1998) have stated that self-esteem is strongly tied to people’s beliefs about how they are evaluated and perceived by others. They present evidence that self-esteem is strongly affected by events that have implications for the degree to which one is valued and accepted by other people.

Most often self-esteem is lowered by failure, criticism, rejection and other events that have negative implications for relational evaluation, and high trait self-esteem is associated with believing that one possesses socially desirable attributes such as academic or social competence, personal likeability or success. Research in the field has shown that low self-esteem is related to a variety of psychological difficulties and personal problems, including depression, loneliness, behavioural disorders and academic failure (Leary, 1999; Osterholm et al., 2007). Low self-esteem tends to be more strongly associated with psychological difficulties than high self-esteem and many psychological and personal problems lower self-esteem because they lead other people to devalue or reject the individual (Leary, 1999; Osterholm et al., 2007; Ormrod, 2008).

Schools and educational systems are the decisive factors that create, and are responsible for maintaining, favourable conditions for promoting labelling in relation to disability (Slee and Rigby, 1993). Fairbanks (1992) acknowledges that schooling becomes an agent in impeding intellectual and social growth for the labelled student. Bak, Cooper, Dobroth and Siperstein (1987) observed that placements of individuals in special education programmes can act as de facto labels. Indeed, most labels associated with special education are used in demeaning ways and are imprecise descriptions of need, and sometimes are assigned wrongly; they may not result in the student getting appropriate services, and once attributed are difficult to remove or forget (Kauffman and Pullen, 1996).

Social construction of disability hinges on assigning labels of deviance and the construction of ‘other’. Fairbanks (1992) highlights three major problematic aspects of the assignment of labels: (1) labels are negative in their depiction of deficits; (2) labels become the defining characteristic of the person, denying their complex whole; (3) the use of labels for identifying ‘special education needs’ fails to locate failure properly in the education system. Thus, from this perspective, labelling is believed to be detrimental to self-esteem and self-concept (McDermitt, 1993; Slee and Rigby, 1993; Osterholm et al., 2007). Students with disabilities cease to be perceived as real people. Rather, their deficits are diagnosed and labelled, and they are treated accordingly. Constructed and perceived as ‘other’, students with disabilities are very often denied membership in the community (Pfeiffer, 1998). Constructed to reflect the philosophies and policies of the relevant educational system, they exist in specialised environments, receiving specialised instruction.

The use of binaries and the development of labels in the construction of subjectivity have been explored by Marks (1994), who argued that people with disabilities have always been constructed in terms of binarisms. Moreover, as Threadgold (1990) observed, one of the dichotomous pair is valorised, and given status, at the expense of the other. With the resultant dichotomisation into ‘us’ and ‘them’, persons with a disability, the ‘undesirable half of a binary pair’ (Marks, 1994), are ‘othered’, devalued, given deviant status and believed to be in need of normalisation. As subjectivities constructed by special education policies continue to embrace binarism in labels, individuals with disabilities continue frequently to be denied the right to participate in matters related to their life. Yet, new labels and new disabilities are constantly being created, and students continue to be blamed for their disabilities (Marks, 1994). Through the use of labels, it becomes possible for bodies to become inscribed texts of disability. Thus, some students are viewed as acceptable, whereas some become ‘the others’, and this is the case for many exceptional students. Marks (1994) also observed that a physical-visible inscription such as a ‘body confined to a wheelchair for movement is all too obviously a text of disability’ (Marks, 1994, p. 73). The label or category of ‘special education needs’, for example, results in a resource-driven, technocratic and reductionist approach to educating the disabled (Slee and Rigby, 1993; Marks, 1994). Inherent in the language used to label and inscribe the
disabled, then, is an ideology that marginalises, silences and constructs subjectivities as devalued and demoralised.

It appears that the history of educating those students whose learning is challenged by disability has been one of exclusion. Yet Bunch (1994) described movement along a continuum of inclusivity over time. In what the author terms the ‘Early Years’, from the mid-1700s to early 1900s in Canada, residential schools provided students from the upper class with varying degrees of special education services. Although facilities were segregated, they were ‘inclusionary’ in that they formed the first substantial public educational offering for people with disabilities. By 1970, society’s perceptions and values had shifted to consider the education of a wide range of children with disabilities. The result of this shift in societal views was a segregated, parallel, special education school system. This was the guiding rationale for separate schools, separate classes, small class size, specially prepared teachers and specialised instructional methods (Bunch, 1994).

In time, however, it was observed that special placement did not result in significant gains (Bunch, 1994). Between 1970 and 1985, educational compromise resulted in the formulation of the ‘least restrictive environment’ (LRE) and its variants, meaning placement as close to the regular classroom as possible, with due regard to the needs and degree of challenge to learning (Bunch, 1994). Dependence on a system that labelled students and then segregated them remained a primary characteristic of educational response. At the furthest end of the continuum posited by Bunch (1994) lies inclusive education, the most recent development. As Forest and Pearpoint (1992) observe, inclusion creates an opportunity and a catalyst to build a better, more humane and democratic system. Advocates of inclusive philosophy and practice demanded, as a matter of equity and social justice, regular and age-appropriate classroom placement in the immediate community for all children.

Sacco (1992) proposed three ways in which the imposition of a negative label on an individual alters his or her behaviour: (1) when labels are assigned, patterns of social interaction are changed; (2) the labelling of deviance pushes people in the periphery or margins into the company of others in a similar subculture; (3) an individual who has acquired the classification of deviant gradually conforms to characteristics of the label (or society’s expectations), resulting in a ‘self-fulfilling prophecy’ (Sacco, 1992; Osterholm et al., 2007). Hallahan and Kauffman’s (1994) observation that labelling damages self-concept and motivation to learn, as well as resulting in others (teachers and peers) viewing the student differently—negatively—is echoed in Stainback and Stainback’s (1984, p. 67) assertion that labelling is ‘detrimental and leads to the deindividualization and stereotyping of students’. Will (1986) argues that the terminology employed is full of the language of separation, of fragmentation, of removal, functioning to alienate and make passive parents and students. Belief that labelling students is a negative process is characteristic of many researchers and educators in the field.

However, as stated earlier, although there are pros and cons to this dilemma, the debate is far more complex than labelling versus de-labelling. From the special education perspective, professionals in the area argue that the field of special education is concerned with programmes that employ specialised techniques for various disabilities students display and they are permanently preoccupied with developing a vocabulary and practices based on the labelling and categorising of children but avoiding any harmful influence on students’ self-esteem. Unfortunately, the continued use of labels tends to rigidify the thinking of educators concerning the significance and purpose of special education and thus can be dysfunctional and even harmful for children. Words such as ‘defective’, ‘disabled’, ‘retarded’, ‘impaired’, ‘disturbed’ and ‘disordered’, when attached to children with special needs, are stigmatic labels that produce unfortunate results in both the children and in the community’s attitudes towards the children (Osterholm et al., 2007).

Educational implications

These problems are magnified when the field organises and regulates its programmes on the basis of classification systems that define categories of children according to such terms. Many of these classifications are oriented to aetiology, prognosis or necessary medical treatment rather than to educational needs. They are thus of little value to the schools. Simple psychometric thresholds, which have sometimes been allowed to become pivotal considerations in educational decision making, present another set of labelling problems. Special education’s most valuable contribution to education is its specialised knowledge, competencies, values and procedures for individualising educational programmes for individual children, whatever their special needs. To further the understanding of and programming for such children, special educators as well as other educational personnel should eliminate the use of simplistic categorising (CEC, 1993).

In the past, many legislative and regulatory systems have specified criteria for including children in an approved category as the starting point for specialised programming and funding. This practice places high incentives on the labelling of children and undoubtedly results in the erroneous placement of many children. It is desirable that financial aids are tied to educational programmes rather than to children, and that systems for allocating children to specialised programmes be much more open than in the past. To discourage further the labelling and categorising of children, programmes should be created on the basis of educational functions served rather than on the basis of categories of children served. Regulatory systems that enforce the rigid categorisation of pupils as a way of allocating them to specialised programmes are indefensible. Financial aid for
special education should be tied to specialised programmes rather than to finding and placing children in those categories and programmes (CEC, 1993).

An interesting aspect of labelling is presented by the National Association of School Psychologists (NASP) which recognises the need for consistency and fairness in the provision of educational services to all children, as well as the importance of recognising individual differences in designing instruction and school programmes. Further, NASP promotes services that serve the best interests of students at risk and with disabilities, and believes that such services should not be contingent upon categorical labels and arbitrary classification systems. Such systems are not supported by research, are not required by federal law (IDEA) and, in fact, have not promoted consistency in practice. Further, while categorical funding may have helped to assure that students with disabilities were provided with a ‘free and appropriate education’ 25 years ago, advances in research and instructional technology, and more sophisticated, data-based trends in legislation, negate the value of traditional labelling in the 21st century (Telzrow and Tankersley, 2000).

Another common assumption of educators and advocates is that IDEA mandates a categorical system of special education. Although IDEA (2004) clearly delineates specific disability areas, it does not require students to be classified by their disability, nor does it require states to label children, as long as children are appropriately identified as having a disability using federal regulations. Non-categorical models of service delivery are permitted by federal law. Hence, labelling raises issues in education and special education such as: testing, evaluation and assessment of students; retention of students and biological maturation; school organisation and curriculum orientation; lack of consideration of cognitive and behavioural abilities of students with a disability and of negative aspects of labelling; the school system articulating limits, deficits and outcomes, being inflexible and promoting a standardised model, creating ways to have students with disabilities labelled, and so on.

As a consequence of all these aspects mentioned above, another question comes to the fore, relating self-esteem to the academic factor: is self-esteem the cause or effect of success for the child with learning differences? Richard Lavoie (2003) affirms that a dynamic relationship exists between self-esteem and skill development. It is a relationship wherein one side of the equation increases at a parallel rate to the other side: as a child improves in self-esteem, his or her academic competence increases; and as that competence increases, his or her self-esteem improves. The responsibility is given to the educators, school system or those involved in the education of exceptional students, because the caring and concerned educator and caregiver must come to realise that positive self-esteem is both a prerequisite and a consequence of academic success (Lavoie, 2003).

This is even more important when it is taken into consideration that self-esteem issues take on a particular significance for students with disabilities because self-assessment of this concept requires the ability to evaluate and compare observable behaviours. Usually, students with high self-esteem feel capable of influencing another’s opinions or behaviours in a positive way, are able to communicate feelings and emotions in a variety of situations, accept responsibility and communicate positive feelings about themselves (Lavoie, 2003). And conversely, students with low self-esteem usually consistently communicate self-derogatory statements, exhibit learned helplessness, are overly dependent, demonstrate an excessive need for acceptance (a great desire to please authority figures), have difficulty making decisions, have little faith in their own judgement and are highly vulnerable to peer pressure (Lavoie, 2003).

Following the same idea of self-esteem and academic competence, Neil Humphrey (2003) debates the role of self-esteem in the educational context. He, along with other researchers, affirms that recent research reviews in this area have suggested that there is little evidence that self-esteem influences achievement in any meaningful way (Baumeister, 1999; Baumeister and Sommer, 2002). However, there is considerable evidence to suggest that positive self-esteem should be pursued by educators as an important outcome in itself. Humphrey’s article examined the key issues and research findings in this important debate – self-esteem versus academic competence – and provided some insight into the wider role of self-esteem in the facilitation of inclusive educational practices. It is suggested that while self-esteem plays an important role in the education system, practitioners need to be cautious in their approach to making children feel valued and worthy.

Conclusion

Certainly labels are harmful when, as a result of that label individuals are degraded, discriminated against, excluded from society or placed in classrooms without regard for their individuality. But labels, argue special education professionals, can be helpful (Smith and Luckasson, 1992) in the ways that classification can be helpful, providing a common language to describe a disability. Labelling may also be inevitable, taking into consideration that students are tested, evaluated, diagnosed and as a result classified into a category for treatment and educational purposes. The use of categorical labels has raised, and still is raising, disputes in education, psychology and related areas. From the point of view of special education, it is argued that the use of terminology and categorising helps in prevention and treatment of disabilities, as well as in research and communication regarding disabilities; but from the point of view of other disciplines, labelling determines stigmatising, isolating and stereotyping individuals. Unfortunately, there are individuals with disabilities; unfortunately, labelling exists,
regardless of how we talk about it. If we want to minimise the stigma of disability, how can we best do it? Pretending that disability does not exist only heightens stigma. James Kauffman (2003) in his article ‘Appearances, stigma and prevention’ suggests that the problem will be better handled by directness and honesty. Talking openly in public about these issues will encourage people to confront them, revise their attitudes towards the problem and take responsibility for their actions.

Lavoie (2003) offers practical guidelines for parents and educators in promoting positive self-esteem of exceptional students, by: (1) valuing each child as an individual with unique strengths, needs, interests and skills; (2) focusing on the child’s strengths, talents and abilities; (3) rejecting the child’s behaviour, not rejecting the child; (4) helping the child develop decision-making and problem-solving skills; (5) dividing large tasks into smaller, manageable ones, to ensure success, mastery and retention; (6) communicating confidence in the child; and (7) emphasising positive aspects of behaviour and performance even if the task was not completely successful – rewarding direction, not perfection. A child’s self-esteem will be determined by the conditional acceptance that he or she receives from others and will be determined by success and progress in four areas: social (acceptance, friendships), competence (in a skill area), physical (clothing, attractiveness) and character (effort, generosity). So, emphasising and recognising all four areas are essential in promoting and maintaining positive self-esteem (Osterholm et al., 2007).

School promoters and teachers must pay significant attention to these problems; an effective educator must be ever mindful of the simple fact that children go to school for a living. School is their job, their livelihood, their identity. Therefore, the critical role that school plays in the child’s social development and self-concept must be recognised. Even if a child is enjoying academic success in the classroom, his or her attitude about school will be determined by success and progress in four areas: social (acceptance, friendships), competence (in a skill area), physical (clothing, attractiveness) and character (effort, generosity). So, emphasising and recognising all four areas are essential in promoting and maintaining positive self-esteem (Osterholm et al., 2007).

References


