Staying with the Mainstream Group: Pathological Effects of Labels in Special Education

Donna M. Sayman, Wichita State University

Background

To say Karl (a pseudonym) was a precocious student would be a gross understatement. He spent every lunch hour talking with the faculty at his middle school about a wide range of topics from religion to world literature and even physics. Seldom spending time with his same-age peers, he preferred to pose his queries about life to his teachers and school administrators. As his case manager for special education, I was accustomed to his seeming endless supply of interrogation topics. His favorite questions never changed from the time I knew him when he was in eighth grade until his graduation from high school: “Why am I in special education? What made me have a learning disability? Why am I like this?” We would delve into his Individualized Education Plan (IEP), analyze his many assessment tests, and scrutinize formal and informal pieces of information that would give clues to his demanding questions. I diligently explained the medical-discrepancy theory of disability to him along with showing him evidence of “differences” in his learning. It was never enough. Although he was polite and attentive, my answers never seemed to sate the nagging doubts in his mind—or in mine.

I lost track of Karl following his graduation from high school. He applied to a local university and was accepted, but for some reason did not attend. Several attempts to contact his family a few years after graduation were futile. Rumor had it he was unhappy, living with his parents, and unemployed. Not the plan we had diligently worked out for post-high-school. As an individual with disabilities, he was not alone in his struggle with life after high school. Many of my former students could not find steady employment following graduation and were not successful in higher education. Various young adults had difficulty with interpersonal relationships and many were clearly not happy with their adult lives. Had I failed them or did the structure of the American school system assure their lack of success? Certainly we went through arduous assessments and occupational surveys to prepare them for post-high-school reality. I recall countless lessons on finding an apartment, securing a job, and enrolling in a technical school or university. I did everything required by law in accordance to the Individuals with
Disabilities Education Act (IDEA, DE, 2010) regarding transition skills and training, and yet these young people somehow became lost in the miasma of real-world adulthood, and the promise of independent living was still a dream they could not envision or grasp for themselves.

**Purpose and Research Question**

In this qualitative study I sought to gain insight into self-perceptions of students labeled as having disabilities to determine their perceptions of identity, self-esteem, and difference following graduation. Utilizing the Foucauldian lens of normalcy, I set out to give voice to those individuals who feel as though they are marginalized through the special education labeling process. Duplicitive inequity in special education categorization is a problem that needs analysis through a critical lens, since labeling students in terms of deficits may serve to form a negative individual identity development along with learned helplessness that negates self-determination of behaviors. Eventually, children may begin to embrace the negative connotations the terms imply, and become immersed in a cycle of hopelessness, failure, and unhappiness (Blum & Bakken, 2010). Critical researchers have long recognized how individuals view themselves is strongly influenced by societal factors, and “mainstream research practices are generally, although most often unwittingly, implicated in the reproduction of systems of class, race, and gender oppression” (Kincheloe & McLaren, 2005, p. 304). An implicit goal of my analysis is to generate a discussion about the power of schools and educators who participate to entrench discourses about normalcy and deviance that have profound consequences for children and society.

It is my hope that this study will provoke continued and renewed conversation regarding the use of labels and classifications within special education and continue to transform education to accommodate diverse learners. There is too much power given to schools arbitrarily to determine which children are “maladjusted” and which are “normal,” labels they come to embody, particularly since teachers are often the gatekeepers of children’s social construction of what is considered defective (Ruddick, 2006). Questions guiding this study are: How do students labeled as having a disability perceive their identities? Have students embraced a pathology of difference in relation to their neuro-normal peers?

All study participants graduated high school at least two years prior to the time of the interviews, but continue to struggle with their identity and with finding their place in society. They seem to be affected by an overwhelming sense of confusion and loss as if they are waiting for life to begin instead of taking charge and making decisions for themselves as responsible adults. They are all too aware of differences, separation, of being outsiders to whom the sharp stings of deficit labeling are still
painful experiences that dominate their school memories. Even years after graduation, these students still keenly feel separation and isolation from having been characterized as disabled. What grows from these interviews is an exploration of identity and the creation of other for students with exceptionalities in order to identify how detrimental special education labels are for individuals and society. These labels are not only capricious and inequitably assigned, but children begin to embrace their “pathology” and become situated as “delegitimized” (Hughes, 2012, p. 83) objects of disciplinary power, as Foucault (1975) describes, within an overarching hegemonic system of dominance.

**Review of the Literature**

**Defining Disability**

Students classified as having a disability generally fall within several categories of functioning. The majority of students classified for special education services are labeled in one of four high-prevalence categories: learning disability, emotional disturbance, autism spectrum disorder, and intellectual disability. Many individuals within these classifications often exhibit similar characteristics, strengths, and needs, but the “definitions for these disabilities are not now and never have been distinct enough to establish sharp boundaries among and between the categories” (Raymond, 2011, p. 6). My use of the term *learning difference* throughout this paper is my conscious attempt to shift away from traditional deficit-based labels and categorizations and into a new conversation about ability within a larger discourse of diversity (Ashby, 2010).

**Truth in Labeling**

According to the most current numbers from the National Center for Educational Statistics (DE, 2010), there are approximately 6.6 million students in special education classrooms throughout the United States. Individual states have their own subjective guidelines for referring children to special education and state guidelines are comprised of a vast array of symptoms and definitions. Traditional tropes of identification are largely based on the medical-deficit theory of disability “where often a deficit orientation is taken, and the assumption is that difficulties lie within the learner” (Bourke & Mentis, 2007, p. 321).

Assessment procedures for classifying individuals in special education resemble the normalizing strategy of power in a society which “has to qualify, measure, appraise, and hierarchize…it effects distributions around the norm…” (Foucault, 1978, p. 144) and creates a segregated education system. Although IDEA calls for increased use of *Response to Intervention* (RtI) models for identifying students with learning differences, most school districts also continue to implement medical and psychological measures in which a succession of psychoeducational tests are administered and evaluated to determine the presence of a
deficit. If a child is found to have a discrepancy between his or her intellectual quotient and academic achievement, he or she may be judged eligible for special needs services, and then given a prescriptive formula for accommodations and modifications called an Individualized Education Plan (IEP). As Reid and Valle (2004) contend, “the transformation from ordinary schoolchild to disabled individual is now complete” (p. 469).

Special education labels are considered justified and touted for their positive impact on individuals with disabilities. Turnbull, Turnbull, and Wehmeyer (2010) propose labels are necessary to provide appropriate instruction for students. They contend labels serve to increase awareness of specific conditions and may improve understanding of learning differences. Lauchlan and Boyle (2007) discuss how a special education label may lead to more appropriate treatment and assists educators in planning “for the curricular and social needs of children so labeled” (p. 36). Labels may also benefit families through clarification of their child’s difficulties and may give a name to strange or unexplained behaviors. In the current US school system, labels also equate to funding. Federal and state funding are based on how many students fall within specific disability categories in a school district.

There is a darker side of special education placements, however, as a child may be incorrectly referred for special education testing due to economic disadvantages, lack of cultural capital, or misunderstanding of the child’s cultural habits and conduct, rather than recognition of true developmental or behavioral disabilities (Grossman, 2002; Harry & Klingner, 2006). Wagner, Kutash, Duchnowski, Epstein, and Sumi (2005) report the majority of students receiving special education services and living in poverty are predominantly African-American and Hispanic and Kincheloe (1999) recognizes “educators mistake lower-socioeconomic-class manners, attitudes, and speech for lack of academic ability” (p. 245).

Rafalovich (2005) discovers teachers often have a great deal of influence in determining the labeling of disruptive students. In his remarkable research on medication for children with Attention Deficit Hyperactivity Disorder (ADHD), he finds the majority of referrals come from school teachers and “provided that parents comply, the ADHD know-how of teachers is integral in moving children down the path to an ADHD diagnosis” (p. 35). In this same study, clinicians commonly saw a child already casually diagnosed by the teacher and sent to a doctor with the expressed intent of obtaining medication only. A teacher alone cannot legally make a determination for eligibility; however, teachers are an integral part of the eligibility team and are often responsible for
completing rating scales that strongly influence the psychologist or clinician in making a diagnosis.

**Subjective Constructs of Labels**

The standards for eligibility of special education categories are subjective and may paint an unreliable picture of a child’s true level of functioning. Kauffman and Landrum (2009) chronicle the difficulty in defining as one of “a nebulous and constantly shifting standard” (p. 25). Sherwin (2003) recognizes speech patterns and slang usage from diverse racial backgrounds may lead to a misapplication of the “emotionally disturbed” label. Aggressive acts are the primary reason for referring a child for special needs testing; however, culturally specific aggression is little understood or tolerated by educators who are predominantly female, European-American, and middle-class. What is acceptable in African-American families may seem deviant to a European-American educator. Eskenazi, Eddins, and Beam (2003) discover disturbing evidence that the New York City public school system refers students for special education services in error or even for punitive measures rather than based upon actual disabilities. This same study identifies these “inappropriate referrals tend to target [B]lack, Hispanic, and low-income students” (p. 25). Their research indicates as few as 15% of the total special education population actually qualifies for services and 53% of those labeled as “emotionally disturbed” are African-American.

**Creation of Identity and Labels**

Sadly, a child with a disability label may begin his or her school career on a fast track to failure (Harvey, 2001; Keman, Griswold, & Wagner, 2003). Noguera (2003) details how students identified as high risk are more likely to be separated from their mainstream peers through school suspension, detention, or expulsion. He finds the most severe punishments are given both to students with disabilities and those with low socioeconomic status. These exclusionary practices begin as early as the kindergarten years for some children and, once labeled as troublemakers by teachers and administrators, they find themselves marginalized, beginning a journey of exclusion. Robbins’ (2008) research on the effectivity of zero-tolerance policies discovers students with special needs are often punished more harshly than their “regular education” peers. Eskenazi, Eddins, and Beam (2003) report students in special education have little chance of returning to the mainstream classroom, and have a significantly lower graduation rate compared to their regular-education peers.

These exclusionary devices are crafted to place blame directly on the student and the family, not on the institution or process responsible for the label. Skrtic (1991) recognizes special education practices are
firmly grounded in the knowledge of medicine and psychology which “presupposes explicitly that school failure is pathological, and implicitly that school organizations are rational” (p. 43). Brantlinger (2004) also articulates a discussion of disability as anchored in confusion over definition of norms; how terms are utilized in an education system that guarantees some will fail and others will thrive.

Apple (2004) argues the use of labeling in education is a vital component of power and social control. Power is most effectively created when the claims of science are given to justify processes of evaluation and surveillance. Warner (1999) discusses how most people desire “individuality…but they want their individuality to be the normal kind” (p. 53). The assumed alternative to normal is abnormal, and individuals do not want to be identified as aberrant. Foucault (1975) chronicles historical processes that lead to the “power of the norm” and impose homogeneity (p. 184). Such power becomes insidious throughout every level of hierarchal organizations and is given authority through the certainty of science as well as deference to those individuals considered scientific experts. When a child is determined eligible for special education services and placed within a specific category of disability, this is accomplished with all the weight of federal and state law and based on evidence from experts. These processes of normalization focus on individual disorders rather than on societal or cultural issues, thus relieving the state from any responsibility in the making of a delinquent by placing blame directly on the victim (Ferguson, 2001).

**Critical Questioning**

Questioning of labels in special education is not a new concept, as evidenced by the groundbreaking book, *Issues in the Classification of Children* (Hobbs, 1975). Subsequent to the establishment of learning disabilities (LD) as a category of disability, Hobbs (1975) commissions a task force to “undertake a review of the disability classification of children and the negative consequences of labeling and categorization” (Florian et al., 2006, p. 37). This endeavor results in critical questioning of the use of labels and classification of students. Although out of print, Hobbs’ is a compelling and critical voice against disability classification across the fields of education, psychiatry, and medicine. Further, these same issues which prompted Hobbs to initiate his study are still troubling today, and even more crucial due to the wave of increased national standards, high-stakes accountability measures, and formulas for distribution of federal funds to US schools. Legislation which creates school access for students with exceptionalities also prompts researchers and scholars critically to examine how our society classifies those with learning differences, since for decades researchers and professionals have questioned the medical model of labeling students based on deficit rather than on learning difference.
Theoretical Frame

I utilize the Foucauldian concept of normalcy as my theoretical lens to examine self-perceptions of individuals’ labeled as having a disability to determine if they embrace a construct of pathology. Foucault (1980) defines power and how it acts within a society to create a subject in order to restrict and control members. Effects of this pathology are to fashion a dependent subject who is viewed as an encumbrance. The “case,” now disempowered, believes he or she is without agency. Deficit and blame are placed directly on the individual, and not on an organizational structure which serves to create this pathology. Normalizing judgment constitutes individuals as deviant and any “departure from the norm, the anomaly” (p. 299), is transformed into an “institutional product” (p. 301) stemming from the continuity of society’s use of surveillance, control, and discipline. This normalizing judgment then is used as a prescriptive means of control, punishing those who do not conform to the ideal. A “universal reign of the normative” (p. 304) works through multiple arenas to assure some will be rendered docile, subjugated. Control assures a normalization process involving multiple agencies surveying, categorizing, and judging individuals. These institutions; schools, hospitals, prisons, and others work together in a subtle ballet of subjugation Foucault (1995) names the “carceral archipelago” (p. 297). This cluster of interconnected networks becomes “one of the major functions of our society” (p. 304) utilized to assure constant observation, judgment, and discipline. Foucault’s model assumes a society of experts brandish their normalizing power for social control.

Within Foucault’s (1975) carceral archipelago, schools are the initial arena where children are segregated, tested, labeled, and observed. Scientifically based knowledge of human behavior dictates a behavioral norm. Foucault (1978) chronicles strategies used by those in power to enforce “continuous regulatory mechanisms and corrective mechanisms…[as] it effects distributions around the norm…” (p. 144). During the early decades of the 20th century, the expansion of IQ and achievement tests in public schools confers a new and unique power to education officials in their ability to situate some students within a category of pathology and deficit. Children who perform outside any of the constructed normed parameters are deemed deficient. In modern-day US schools, this is accomplished within the special education referral process. Foucault (1975) further posits “all surveillances presuppose the organization of a hierarchy…” (p. 281), and such surveillance is exquisitely achieved in the IEP which contains a documented history of the child’s every misdeed, every poor test grade, and every failure. This documentary evidence has the effect of molding the individual child into
a “case”—an object to be cured—rather than accepting the child as a unique human being.

**Methodology**

I chose a qualitative approach for this study as it allows participants to respond in their own voices, especially critical for an in-depth description of experiences of individuals with disabilities. Research participants were chosen via purposeful sampling (Patton, 2002) and recruited from a group of my former students. Represented in the study are eight young men and women eligible for special education services and given IEPs, and, while in high school, all respondents were educated in a variety of regular and special education classrooms. Participants are identified as having a documented high-prevalence disability which includes Asperger’s Syndrome, Learning Disabilities, Attention Deficit Hyperactivity Disorder, and Other Health Impairments. Semi-structured interviews were conducted to determine their post-high-school experiences. All participants graduated within the previous five years from a small rural district in the Midwest.

A pseudonym was assigned to each participant and demographic data was determined through self-identification. Ethnicities represented among participants are: African-American, Native American, and European-American heritage. Ages of participants at the time of the interviews ranged from 19 to 22 years old. Every consideration was made to represent the participants’ meanings and perspectives, including my methodological choice to use large data units in order to capture participants’ voice and intent. Individuals with exceptionalities may situate themselves as members of a marginalized group within society, and I determined their voice and perspectives should be emphasized in this study.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Category of disability</th>
<th>Grade when labeled for special education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sam</td>
<td>22</td>
<td>European-Am.</td>
<td>Other Health Impaired, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive behavior</td>
<td>1st</td>
</tr>
<tr>
<td>Rick</td>
<td>20</td>
<td>European-Am.</td>
<td>Learning Disabled (Math)</td>
<td>9th</td>
</tr>
<tr>
<td>Billy</td>
<td>22</td>
<td>European-Am.</td>
<td>Learning Disabled (Reading, Writing) &amp; ADHD</td>
<td>3rd</td>
</tr>
</tbody>
</table>
Table 1: Demographic Data of Study Participants, continued

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Category of disability</th>
<th>Grade when labeled for special education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen</td>
<td>22</td>
<td>African-Am.</td>
<td>Emotionally Disturbed, later changed to Learning Disabled (Reading)</td>
<td>7th</td>
</tr>
<tr>
<td>Britney</td>
<td>21</td>
<td>Native Am.</td>
<td>Intellectual Disability, Later changed to Learning Disability (Reading, Writing, &amp; Math)</td>
<td>2nd</td>
</tr>
<tr>
<td>Francine</td>
<td>22</td>
<td>European-Am.</td>
<td>Asperger's Syndrome</td>
<td>6th</td>
</tr>
<tr>
<td>Charlie</td>
<td>22</td>
<td>European-Am.</td>
<td>Learning Disabled (Writing)</td>
<td>3rd</td>
</tr>
<tr>
<td>Larry</td>
<td>22</td>
<td>European-Am.</td>
<td>Learning Disabled (Reading &amp; Math)</td>
<td>3rd</td>
</tr>
</tbody>
</table>

**Data**

Several compelling themes soon echo through participants’ voices. Strongly stated through the majority of interviews seems to be an inability to articulate a definition of one’s disability classification. Few participants can name the disability label under which they are classified, and most are not able to detail how it influences their academic or social functioning. Many seem to consider their disability as something related only to school, saying since high-school graduation they have outgrown it or no longer need services. The inability to advocate in myriad settings of their post-high-school lives is a constant occurrence, as the majority of participants are not able to elucidate an understanding of the term self-advocate, nor are they able to provide a real-life application of the skill. Employment success also varies among participants. At the time of the interviews five of eight participants are unemployed. Themes emerging from study data are perceptions of disability, self-esteem, and impression of difference.

**Perceptions of Disability**

Some of the most compelling data from this research comes from the question, “Do you know what disability category made you eligible for an Individualized Education Plan?” The majority of participants cannot name the disability category under which they were placed, and
more troubling, they cannot elaborate how that disability affected them in school, on the job, or in social situations. Others reply they have no idea why they were placed into special education, but later in the interview reveal more knowledge of the label. For example, Sam, when asked to identify the disability category that made him eligible for special education his response is, “Not a clue. Mom handled all that. Really. I knew nothing of my…anything whatsoever.” Although he states he never knew about his disability, IEP records show him in attendance at his annual review during all four years of high school. Later in the interview he states he had a private room in college because of his OCD; however, he dismisses it as having nothing but a cursory impact on his life, since “…I never really had any special needs. I did use [it] to get my private room. I told them I did not want to share a shower with anyone because of my OCD,” He then whispers, “technically, a lie…. I played the OCD card. Early on I needed a private room, but now I just play the OCD card because I don’t want to find other peoples’ hairs in my soap.”

During the early stages of the interview, Sam seems to indicate an ignorance of his disability and the impact it has on his life. However, later in the discussion he reveals more self-awareness, although his words are contradictory. As he tells me about his job history and whether he ever discloses his disability to his employers, he says, “I don’t handle anything that, you know, triggers any of my OCD; well nothing much triggers it any more. I am pretty much over it. But back before I was completely over it, I never really…triggered it.”

In contrast to Sam, Billy knows the name of his disability, but understanding the term of his eligibility category does not equate with an understanding of how it affects his academics or behavior. “Um…I guess it would be learning disability. Not technically slow, but I didn’t comprehend things very well, so they said I had a learning disability.” When probed to elaborate further on the meaning of a learning disability he responds, “like sitting here reading something out…like reading the newspaper, I have to sit there and read it over and over again and I wouldn’t comprehend it.” He is also diagnosed with ADHD and discusses needing medication but will not take it because “It made me like a zombie.” As with Rick, Billy situates his identity around his perceived construct of “normal,” placing him as outsider compared to his peers with disabilities.

When I wasn’t on the medication I was still a normal kid. I would be hyper and in and out of the house all the time and doing stuff a normal kid would do. So, that’s what I was. I was just being a normal kid, just more overly hyperactive than most.

Billy uses the word normal five separate times throughout our interview when describing himself.
Stephen can name his disability, but cannot fully articulate a definition, “It was a learning disability…I think English, and I think it was…uh, I think that was it.” In fact, he was originally labeled as Emotionally Disturbed in the 6th grade by the school district where he lived with his mother. When he moved in with his father in another district I became his case manager and noticed that Stephen had extremely poor reading skills. He was reevaluated in the 9th grade, but was found to be reading at a 1st grade level, so he qualified as Learning Disabled based upon his low reading comprehension skills.

Britney was originally diagnosed in the 2nd grade as Intellectually Disabled (ID) based upon her IQ score of 64. A score in the range of 70–130 is considered to be within the normal span of cognitive ability, with an IQ of 100 being statistically normal. Subsequent re-evaluation in the 6th grade put her IQ at 73, reclassifying her as Learning Disabled. She cannot articulate either label or how those labels affect her life. When asked, “do you know what disability category made you eligible for an IEP?” her response is “I don’t remember.” Even when prompted, “was it learning disabled or anything like that?” she responds, “No, I don’t think so.” The other female in the study, Francine, was diagnosed as having Asperger’s Syndrome (AS) but, as with Britney, she cannot name her disability, but offers, “I think it was autism, but I’m not sure.”

The final two participants also are not able to name their disability or define its impact on their lives. Charlie’s response when asked about his disability category is, “I don’t know. No one ever told me!” When probed to take a guess as to why he was on an IEP, he responds, “Anger issues…AD/HD…dyslexic.” His response is compelling because a year prior to graduation from high school, he was reevaluated and all paperwork shows his signature indicating his presence throughout the entire process and meaning he was in attendance at the meeting where his learning disability was described to him.

The final participant, Larry is the only participant in the study who is married at the time of the interview. Like the majority of respondents, he does not articulate the label of disability until the very end of his interview. When questioned about his special education category he responds, “English…and spelling…writing.” Prodded further about special education services he received, he replies, “I had spelling, writing, English.” Later in the conversation he reveals a vague understanding of disability, saying “I was slower at learning certain things…if I was reading something myself, I’ll understand it better if my wife was to read it to me than if I was to read it myself.” At the beginning of the interview he cannot name his disability. Further into the discussion however, he confides information about labels including the statement he has outgrown his learning problems,
I don’t feel like I need any help now. I feel like I overcame everything that I had. Everybody has their faults, but I feel like I’ve changed for the best. I really don’t see that I have a problem with anything anymore.

It should be a powerful message to the special education community that this wonderful young man equates a learning difference to being a “fault” or a deficit.

**Self-Esteem**

In *Discipline and Punish* (1975) Foucault discusses how bodies within social institutions such as schools become an “object and target of power” (p. 136) with the goal of creating a docile body. Schools are “educational spaces” (p. 146) designed to control, supervise and form the docile body. Bourke and Mentis (2007) recognize schools and the continued assessment of students serve as “disempowering and demotivating; something done to rather than with the learner” (p. 319). The disconnect between students and their learning eerily is echoed in Billy’s words when he recalls his memories of IEP meetings: “I didn’t feel like the meeting was about me. It was for me, but not...about me.” Bourke and Mentis conclude that children in the special education process become “unmotivated and further marginalized from their own learning” (p. 324). A habit of learned helplessness is formed as docile bodies wait to be directed, instructed, and segregated. Clearly seen within my data is how participants situate themselves within society as docile bodies: passive individuals waiting for opportunities or for someone to direct them in their adult lives. For example, life, according to Sam, seems like a string of random chance over which he has no control. When asked about applying to college, he quickly responds, “I didn’t apply. I’m not sure how it happened, [the university] just called me one day and said, ‘Hey...you want to attend our university?’ I’m not really sure what happened, honestly.” He does recall that acceptance to the university was contingent on the results of his American College Testing (ACT) exam, saying “I don’t think I ever truly applied, I just kind of mailed off my ACT scores, and they called me after they got my scores. I didn’t apply for anything until then.”

Foucault’s concept of a docile body is evident in Britney’s words when she talks about finding a job after high school. She says she went to various child care centers, but asked her mother to fill out the applications for her citing her handwriting as the reason: “Usually mom wrote out the applications because my handwriting is terrible still.” She reports several instances of health-related difficulties at her current job because of unreasonable working conditions. Britney admits she does not advocate for herself: “I’m probably not very good at that.” She says
the most difficult aspect of the job is “speaking to them and telling them I need to go to the restroom and stuff.” Britney must ask permission to go to the restroom and was hospitalized twice the previous year due to digestive difficulties. Creating a regular lunch and rest schedule necessary for her wellbeing is also overlooked by her boss: “Usually I can’t even ask to make my lunch.” Upon further questioning, she says she does realize that by law they must give her breaks and a lunch time, remaining too afraid to ask, “I asked to go to the restroom or…make my food and sometimes it’s even hard to ask them to make my food.” When she does get a break she is not allowed to leave the room, but eats her meals with the babies in the nursery. During our interview, it is clear Britney does not want to talk about this topic as she became quieter and does not make eye contact until the topic was changed.

At the time of our interview, Francine was enrolled in summer classes in preparation for full-time matriculation at a local community college. She had not considered the necessity for modifications or adaptations in either academics or social contexts at the college and did not know where she could go for help if needed. When asked if she identified her disability to college officials, she says, “Um…I think I did. I’m not positive, but I think I did.” Her continuing dependence on her mother for guidance is evident throughout our interview. When I ask who helped her enroll at school her response, “My Mommy,” is accompanied with a huge smile and shrug of her shoulders. This dependence is again seen when she is asked specifically if she identified her disability to the college student services office. She says, “Pretty sure Mom and I did. I am not positive, but I am pretty sure we did.” She is quite dependent upon her mother to take care of major decisions in her life, referring to her mother forty-nine times during the course of our interview.

**Impressions of Difference**

As with several participants, Sam equates advocacy of his needs with being singled out from his peers. When asked, “Have you ever needed to self-identify or self-advocate in college?” his response is, “As in ‘Hey look at me. I have a problem?’...NO!” Recalling special education services in high school, Sam alludes to a construction of normalcy in relation to his peers: “I was treated the same as any other mainstream student.” He talks about this mainstream group again later in the interview, explaining, “I tried as hard as I could to stay with the mainstream group.” His struggles with identity and conformity are clearly evidenced when he brings up the topic of cliques. When in the 8th grade, Sam moved to the district from which he graduated. “Outsider” is the first label he assigns to himself. Justifying why he feels he did not
quite fit in is “the fact that I was never really a Christian. I was always at best an agnostic and at worse a nihilistic atheist. So, uh, that didn’t help either.” His hierarchy of high-school factions includes “two different kinds of Goths; the ones that were cool and the ones that watched…some loser from MTV.” However, he recalls he did not fit in with them and that, “I got bullied by the Goths too, so I don’t know what the hell their problem was.” Asked how he identified himself in high school, he says, “A nerd, I guess. Gamer? We had our own little group, I suppose.”

It was also clear that, when in high school, Rick did not connect himself with his same age peers receiving special education services. When asked if high school prepared him for the social environment of the workplace, he replies, “If you’re on an IEP, there’s going to be some crazy kids! I really had to learn to deal with kids who were out of their minds or maybe had a little bit of problems.” It is interesting Rick situates himself as an outsider compared to his peers in special education. When asked if he belongs to any social clubs at the community college he attends, he responds, “No. Not any clubs or social groups and any friends I have are people who are as old as my parents.” Even when in high school, he rarely associated with peers his own age, recognizing now that he had always been more comfortable with adults. “For some reason, I always bond with those people! I don’t know why…every time I have a get together it’s at the nursing home!”

When asked what type of special education services he received in high school, Charlie’s response is, “Just the normal classes.” As with Billy, Charlie also situates his identity around a conception of “normal” as revealed when asked how he spends his free time, saying “[I] hang out with friends…all the normal stuff” and he describes how an older friend at work helps him with “life, girls…normal stuff.” Similarly, Larry responds when asked if there is anything that we, as special education teachers, can do to help students with disabilities: “Help them feel more confident about their disability and it’s not a disability, it’s a problem that can be fixed. They shouldn’t feel ashamed…just because other people don’t understand it.” He also connects his special education label to an abnormality or a difference.

Post-high-school transition proves a difficult negotiation for Britney. During the course of our interview, she refers to herself as being “stressed” three times. She does not have a driver’s license and is dependent upon her parents to take her to and from work. Independent living remains a vague, intangible concept for her as she states, “Mom said, I’m not going nowhere, I’m her cleaning lady.” When asked if she is comfortable living with her parents she answers, “Pretty much. Some
days it sometimes gets...stressful because they ask so much from me, but they know I'll do it and I've done it for so long.” Asked about living on her own provokes this response: “Maybe...I don’t know...someday...but...I’ll probably have to pay for that house when they are older and everyone else is gone.” Even hopes of having a relationship with a significant other or having children is rejected by Britney: “No...I gave up on that.” Probed further as to why at such a young age she has given up on having her own family she responds, “I don’t know...I don’t know.”

**Conclusion**

I think back to Karl and ask myself what I would tell him now. Would I let him know that, although he possesses above-average intelligence, he nevertheless was segregated into a curriculum that was not as rigorous as his peers’ simply because he was born to a single mother in a lower-socioeconomic-status family? Would I tell him he is an object of a disciplinary process that assures there will be a steady stream of unskilled laborers to fill mundane jobs? How do I respond to Britney when she tells me her employer will not let her go to the restroom and she is often denied a lunch time away from the nursery?, or Stephan who says he is looking for “somebody to tell me that I'm okay?” I remain complicit in the process of constructing an identity of deficit. Although I do recognize there exist true biological learner differences, I also recognize the use of a medical-deficit model of disability needs to be eliminated along with special education labels, agreeing with Ferri (2004) who is “not arguing for a unification or homogenization of approaches” (p. 513), but for creating a space where contradictions can co-exist and learner difference is not viewed as a handicap, but simply as a variation. A major paradigm shift in the use and application of labels is needed to prevent the creation of other through the misuse of labeling. I hope the findings of this study will provoke continued conversation regarding the use of labels and classification within special education and inspire transformation of education to accommodate diverse learners. As Ruddick (2006) observes, schools seek to contain misbehavior and difference and are too quick to medicate the child or to segregate them rather than examine the environmental and social causes behind the child’s actions.

As educators participate in entrenched discourses about normalcy and deviance that have profound consequences for children, there is nevertheless too much power given to schools to arbitrarily determine which children are “maladjusted” and which children are “normal.” In her study on the social construction of smartness, Hatt (2012) concludes that, “the institution of schooling is intrinsically connected to smartness
and a key process by which students are sorted, inequities in academic achievement (and treatment) justified, and social power ascribed across students” (p. 457). Framing certain students as *smart* creates the corollary effect of positioning other students into a perceived identity of *deficient*. Teachers are often gatekeepers of a child’s social construction of the term “defective child” (Ruddick, 2006), therefore it becomes our responsibility in special education to recognize the harm labels inflict upon students and stop the cycle of shame and hopelessness. Shepherd and Hasazi (2007) contend this is an issue of social justice, recommending “social institutions…be organized and structured to value and include the experiences and perspectives of all members” (p. 476). As Warner (1999) reports in his study of the political element of sexual shame, “variations from the norm…are not necessarily a sign of pathology; they can become new norms” (p. 58).

Change must to begin at the university. Teacher education programs should stress a truly inclusive classroom where difference is embraced, not condemned. We must educate pre-service teachers and our children that “people are disabled not by any impairment they may have but by the failure of society to recognize and accommodate their needs” (Hart, Drummond, & McIntyre, 2007, p. 499).

**References**


