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Disability Justifies Exclusion of Minority Students: A Critical History Grounded in Disability Studies

by D. Kim Reid and Michelle G. Knight

From a disability studies (DS) perspective, the authors analyze how the historical conflation of disability with other identity factors and the ideology of normalcy contribute to the disproportionality problem in K–12 special education. They argue that this conflation and ideology make labeling and segregated education seem natural and legitimate for students carrying the high-incidence, legally defined labels Learning Disabled (LD), Mentally Retarded (MR), and Emotionally Disturbed (ED). The authors then apply their insights to the scant literature on college access for students labeled LD. Although it appears that disabled students are succeeding at increasing rates, the overall picture obscures the continued effects of the historical legacy embedded in the intersections of race, class, gender, and disability for K–16 students.

Ur purpose in this article is to demonstrate that a critical history grounded in Disability Studies (DS) sheds productive light on the problem of overrepresentation of minority students in high-incidence disability groups in K–12 special education and the underrepresentation of such students in college admissions. We define DS and suggest that the historical construction of difference makes institutionalized racism, classism, and sexism seem natural in their conflation with disability, defined as oppression based on ableism (Hehir, 2002). Ableism, intertwined with the ideology of normalcy, is the assumption, rooted in eugenics, that it is better to be as “normal” as possible rather than be disabled (Baker, 2002). To show how history penetrates current practice, we provide an example of how labeling minority students as Learning Disabled (LD) affects college admissions. We chose LD because it is the highest-incidence disability category in public schools and postsecondary education. Finally, we make suggestions for addressing the disproportionality problems in K–16 settings.

Critical History Grounded in Disability Studies

DS is an interdisciplinary field of scholarship that unites critical inquiry with political advocacy by using approaches from the arts and humanities and humanistic and post-humanistic social sciences to improve the lives of disabled people on the basis of their self-expressed needs and desires (Gabel, 2005). DS historical analysis takes the form of a critical history that examines the role of positivist science in legitimizing domination (Iiggers, 1997)—science’s emancipatory functions are not at issue—and provides a rationale for using other methods and perspectives for studying disability (Bentley, 1999). First, DS challenges the idea of normalcy as a regime of truth (Davis, 1997) and exposes the destructive consequences of “Othering”—framing disabled persons as outsiders (Goffman, 1963). Therefore, it eschews labeling. Nevertheless, because federal legislation requires labeling for funding purposes, it is impossible to discuss disproportionality without recourse to labels. Second, DS questions who has the right to speak for whom about disability-related issues (e.g., about where disabled people should receive services), and it elevates the lived experience of disabled people over the knowledge of so-called experts (Longmore, 2003). Third, DS counters hegemony and promotes democratic participation through a critique of pathologizing beliefs about disability and examination of the politics of exclusion (Ware, 2004).

The predominant approach to special education, the “medical model,” spawned the problem of disproportionality. It is a deficit-oriented perspective that is grounded in positivist science and undergirds (special) educational legislation (Bejoian & Reid, 2005) and practice (Gallagher, Heshusius, Iano, & Skrnic, 2004). From this ablest perspective, disability is considered a personal condition to correct or cure. In contrast, DS scholars locate disability in the oppression of a given culture and historical period rather than in impairments per se (Stiker, 2002). We use the term disabled students to emphasize that disabled persons constitute a marginalized group “disabled” by physical and social barriers that result in pathologizing, infantilism, exclusion, and poverty (Garland Thomson, 1997). Shifting the focus of our gaze from the individual to society and its institutions provides a different lens through which to examine the problem of disproportionality.

DS also seeks to expose the historical roots of educational labels and policies (Ballard, 2004; Barton, 2004). Adherents of the medical model have regarded disproportionate representation as a contemporary technical problem (Artiles, 2003). Overlooked by technical framing is the conflict between the goal of realizing the principles of democratic social justice and the underlying, widespread belief systems related to ableism, racism, and classism (Garland Thomson, 1997).

The Historical Construction of Difference and Disproportionate Representation

In this section, we discuss the ideology of normalcy and how this legacy has made it seem natural to see students of color and those living in poverty as “Other” by associating them with disability (Gallagher, 1999). By ideology, we mean systems of representations—beliefs, images, and myths—that mediate our understandings of every aspect of life in profound but often unconscious ways (Althusser, 1971). Systemic discrimination provides an example of the power of ideologies: Although discrimination against all
groups is illegal, it nevertheless persists. Consequently, some DS scholars (e.g., Brantlinger, 2004; Ware, 2004) argue that it is unlikely that discrimination resides in societal structures alone. Because the problem of disproportionality is limited to the high-incidence, psychometrically defined categories of disability (Harry & Klingner, 2006) and is not apparent when impairments are medically defined (e.g., cerebral palsy; Ferguson, 2001), we see how the belief systems rooted in the ideology of normalcy detrimentally position students with these attributed impairments.

Its strong association with abnormality and monstrosity make disability the quintessential marker of hierarchical relations used to rationalize inequality, discrimination, and exclusion. As Mitchell and Snyder (2003) explain, what our society considers the normal standard—Whiteness, middle-class or greater affluence, ability, and so forth—has no need of definition. What needs to be marked and narrated is what people think of as outside the norm, that is, the person of color, the disabled body or mind, the person living in poverty. Historically, non-Whites, women, the lower social classes, and homosexuals routinely have been marked through medicalization and pathologized (Smith & Erevelles, 2004). As one example, now seemingly preposterous medical diagnoses such as “Drapetomania” (a disease that caused slaves to run away) were constructed to label Blacks as defective (Baynton, 2001). Today, disabled people continue to be considered defective and are more segregated educationally and socially than any other minority (Longmore, 2003).

Because many teachers and the public judge students as acceptable or unacceptable (i.e., normal or abnormal; Youdell, 2003) according to a set of standards that conform to the historical White European ideal, they (a) uphold Eurocentric and ableist conceptions of knowledge and decorum (Ferguson, 2001); (b) consider the dialects of American Blacks and Latinas/os inferior to Standard American English (Delpit, 2003); and (c) believe that specialized instructional techniques are warranted for students who do not do well in school, often students of color, the poor, and those labeled disabled (Bartolomé, 2003). These so-called normal expectations justify teachers’ holding students to standards that may not be familiar to those of non-European descent or even possible for students with impairments. Because most people in contemporary society perceive students with impairments as qualitatively distinct (i.e., empirically abnormal; Shapiro, 1999), “hunting for disability” in students—referral, diagnosis, labeling, sorting, and remediating—appears objective, fair, and benevolent (Baker, 2002). One result of perceiving “different” others through this technical-rational lens (i.e., as defective) is that it seems natural to many Americans that students of color, the poor, and immigrants lie outside the predominant norm and, therefore, belong in special education.

What serves to perpetuate oppression, then, are widespread conceptions and attitudes about race, class, gender, and disability and the attendant ideologies that shape these systems of (dis)advantage. One example of the impact of the ideology of normalcy is the fact that students of color and poverty receiving LD, Mentally Retarded (MR), and Emotionally Disturbed (ED) labels are segregated within schools at substantially higher rates than are their White counterparts (Losen & Orfield, 2002). This segregation continues to be condoned and defended by educators and the public alike, not on the basis of the students’ race (which would be illegal) but because they are labeled disabled (Ferri & Connor, 2006). In essence, marking students of color as disabled allows their continued segregation under a seemingly natural and justifiable label.

Because it makes segregation seem appropriate and even preferable, the enduring belief that impairment and disability are empirical facts is at the center of the disproportionality problem. These “facts” are, however, social constructions (Linton, 1998) whose definitions change through time (Longmore & Umskay, 2001) and across cultures (Kalyanpur & Harry, 1999). For example, the definition of MR changed in the 1970s when agencies adjusted the legal requirement for eligibility from one to two standard deviations below the mean on a sanctioned intelligence test. Consequently, thousands of people changed status overnight by way of policy on new statistical requirements (Fleischer & Zames, 2001). Similarly, the meaning of disability in a developing nation may not mean the same as in the industrialized world (Artiles & Dyson, 2005). LD, MR, and ED, in particular, are very ambiguous: Because there is no single way to operationalize these “disabilities,” a student may be considered to be impaired in one school setting but not in another (Collins, 2003; McDermott, 1993).

Furthermore, because most Americans read disability as a break with normalcy, they fail to conceptualize it as a minority status as DS asserts (Linton, 1998) and, therefore, overlook the societal factors embedded in ideologies that promote it. Relying on the technical analyses of positivist science, many educators frame overrepresentation as evidence of “misdiagnosis” related to poverty and test characteristics (e.g., Losen & Orfield, 2002) and continue to ignore the historical, ideological roots (Artiles, 2003) that suggest systemic discrimination as a root cause (Brantlinger, 2004). Consequently, many think the solution to disproportionality is doing special education better. In framing overrepresentation in technical terms, however, the implementation of well-intentioned practices often constitutes a form of widely sanctioned, systematic, and institutionalized oppression (Ferri & Connor, 2006) that is built into the policies (Beratan, 2006) and practices (Tomlinson, 2004) of (special) education.

In sum, the ideology of normalcy creates systems of disadvantage for minority students. Special education often excludes minority learners from the general education curriculum that profits Whites and defines standards. To illustrate, studies suggest that K–12 minority students in special education actually receive fewer and more technically oriented services in more segregated settings (Harry & Klingner, 2006). Proponents of the medical model argue that minorities need special education because of their cognitive, linguistic, or class-related “deficits.” This logic assumes that special education will improve these students’ school and post-school outcomes. Nevertheless, the evidence on the impact of special education on school outcomes (e.g., academic achievement, school completion) is mixed. If a disability label can enhance educational opportunities for students, how do minority students fare in terms of access to postsecondary education? As we know, college access is a critically important factor in the creation of better opportunities for adult occupational and social success. We review this evidence in the next section.

From High School to Postsecondary Education: Applying the DS Critical Historical Lens

One way that historical conflation with disability continues to affect students of color and the poor beyond K–12 schooling is revealed through college admissions data on students labeled LD.
Improving access to college for underserved populations (i.e., first generation, low-income, and disabled students and underrepresented minorities) has been designated as a top priority of K–16 educational systems. Recent demographic shifts in college freshman populations highlight the growing numbers of disabled students entering college. In 2000, for example, 66,197 disabled freshmen, or 6% of full-time, first-time freshmen—including students with hearing, speech, orthopedic, and health-related problems, partial sight or blindness and those labeled LD—were enrolled in 4-year public and private institutions (Henderson, 2001).

These statistics represent an increase in postsecondary students reporting a disability. Yet they obscure two important aspects of the link between the placement of ethnic minority students in special education in high school and their transition to college. First, the statistics mask the inequity of minority students’ overrepresentation in special education in high schools and their subsequent underrepresentation in college. Second, the statistics do not reveal how access to postsecondary education is based on the intersection of race, class, and disability and the inadequate services provided to labeled students in high school. Closer examination of these statistics shows how the history of disproportionate representation of minorities in special education pervades the intersections of race and class with access to college for students also labeled disabled.

Significantly, the number of students labeled LD who attend college has increased from 16% to 40% of the college students with disabilities in the past 12 years, and this group continues to grow (Henderson, 2001). Notably, however, this statistic represents a White, upper-middle-class increase in postsecondary attendance and attainment: In comparison to college freshmen without disabilities, students labeled LD were more often from White families whose annual income exceeded $100,000 (Henderson). Simultaneously, the decrease in the percentage of other disability categories suggests that minority and poor students identified by disability categories other than LD are decreasing in postsecondary attendance and completion. Therefore, it is necessary to disaggregate the statistics demonstrating the apparent increase of disabled students in postsecondary education. They mask the way the intersections of race, class, and disability perpetuate inequitable access and attainment in postsecondary education and how the prevailing, ableist ideologies (e.g., those defining disability as personal defect) embedded in a technical–rational approach to the disproportionality problem serve to advantage White middle-class students while disadvantaging the minority and poor. This advantage lies primarily in the unquestioned notions of individual responsibility for learning related to the assumption that ability and disability reside in the student. DS shifts the focus from these assumptions about individual pathology and responsibility to an analysis of how institutions fail to meet their responsibility to assist minority students in special education to enter college.

Setting Up Exclusion: K–12 Schooling

In questioning how overrepresentation of disabled minority and poor students in K–12 public schools translates into invisibility in college access, we note that the number of disabled students who participated in K–12 federal programs increased by 30% from 1990 to 1999, rising from 4.3 million to 5.5 million students. Much of this increase can be attributed to a rise in the absolute number of students being identified as disabled. The LD category continues to be the most prevalent classification in secondary schools: Of all students aged 6 to 21 who participate in federal programs for disabled students, 51% are identified as LD. Overall, the number of students labeled as LD increased from approximately 2.1 million to 2.8 million in the decade from 1989 to 1999.

However, critically examining policies and practices surrounding who is identified as LD unearths evidence of inequities in educational opportunities for Blacks and Latinas/os with respect to both placement and assessment. Black students are disproportionately represented in special education in general and, in elementary and high school, in the LD category (Warner, Dede, Garvan, & Conway, 2002), regardless of their socioeconomic class. Conversely, White middle-class students are identified in the spectrum of disabilities in ways directly connected to the race–class intersection. Middle- and upper-middle-class parents have the income to pay for expensive testing that allows their children to be labeled with socially acceptable labels that imply a medicalized, neurological substrate, such as dyslexic (Carrier, 1986). Conversely, less affluent Whites and minority students typically receive the less palatable label LD, the label conferred by schools that represents eligibility for special education. Nevertheless, if students who are identified as LD (including the so-called dyslexics) are increasing in representation in high schools (Artilés, Rueda, Salazar, & Higareda, 2005) and not in postsecondary institutions (Henderson, 2001), then the issue of underrepresentation of Blacks and other ethnic and linguistic minorities as disabled students substantiates institutional exclusion at the postsecondary level. Similarly, there is emerging evidence that linguistic minority students are overrepresented in secondary special education programs and are underrepresented in advanced placement courses (Artilés, Fierros, & Rueda, 2004). Although the literature is scant on college preparation for students labeled LD in high school, if labeled students are not expected to go to college, the intersections of race, class, and disability may play a substantial role in facilitating differential and inequitable access to college preparation, in the sense that fewer or less effective services are provided. There is some evidence that this is the case.

Individuals and Institutions: Including Disability in Access to College

Consequently, high schools concerned with improving college access for disabled students need to examine their college preparatory practices. Most disabled college students have been part of a special education teacher’s caseload in elementary and/or secondary school (Feldmann & Messerli, 1995). However, because of the technical–rational assumption that some students fail to learn rather than that some institutions fail to teach, many (special) educational practices place the burden for college admission on the individual student instead of asking whether institutional practices facilitated access to a rigorous college-preparatory education. Embedding notions of individualism and institutional structures within intersections of race, class, and disability promotes the perpetuation of inequitable access and the ideology of a meritocratic educational system (Hurn, 1993).

Most documents emphasizing disability and college preparation are “how to” guides sponsored by government agencies or universities and written for high school guidance counselors and
disabled students and their families. These documents place the onus on the student: They are didactic in tone and emphasize the need for disabled students to determine which colleges provide which accommodations and to recognize the level of responsibility they need to succeed in college. The documents focus on technical aspects which include: (a) self-advocacy skills, (b) initiative, and (c) time management associated with disability-related transition issues such as self-reporting of disability, articulating accommodation needs, coordinating auxiliary assistance, and making living arrangements (Feldmann & Messori, 1995). Some see this emphasis on self-determination as a form of student empowerment and the key to student success in postsecondary education (Field, Sarver, & Shaw, 2003). However, these documents do not affirm students’ cultural contexts or use their racial and ethnic cultures in the development of institutional supports. In short, they fail to provide services that address the intersections of race, class, and disability (Knight & Chae, 2004; Knight & Oesterreich, 2002).

The emphasis on individualism and self-determination, which we noted is closely linked to racialized discourses of White Eurocentric notions of merit (Ladson-Billings, 2000), may unfairly affect ethnic minority and poor students’ opportunities for college access while privileging White and affluent disabled students (McDonough, 1997). For instance, this onus renders invisible the co-management of upper-class families to leverage institutional supports for college access, including going to Borders to pick up the needed resources, writing the college essay, and paying for test preparation (Oakes, Rogers, Lipton, & Morrell, 2002). Thus the ideologies of individualism and self-determination support upper-middle-class students, whose family resources are not regarded as unfair advantages. However, some researchers note that a shift in emphasis for disabled students’ college access is occurring. Colleges and universities are legally required under both IDEA (Individuals With Disabilities Education Act) and ADA (Americans with Disabilities Act) to provide accommodations for students who are identified as disabled (Jones, 2002). Consequently, there is increasing recognition that high schools, instructors, and colleges must take on greater responsibility.

High schools and postsecondary institutions seeking to provide more equitable access to postsecondary education for disabled minority students must look beyond statistics demonstrating an increase in the population of disabled students attending college. Disaggregating the data to reveal the intersections of race, class, gender, and disability exposes the continued, systematic exclusion of ethnic minorities and the poor. Furthermore, schools have much to learn from a DS perspective. First, recognizing that disability lies in social and educational attitudes and practices, including what amounts to limiting instructional opportunities in much of K–12 special education (Harry & Klingner, 2006), nullifies the validity of many of the technical–rational gatekeeping measures that are currently used in college admissions decisions. Second, familiarity with the impact of ableist ideologies with respect to the conflation of racism, classism, sexism, and disability could predispose college administrators to refocus their admissions programs on ways to recruit and provide positive support for those students typically excluded because of K–12 disability labels. Finally, colleges and universities might benefit from listening to the voices of minority students labeled as disabled. Indeed, those students and their families are the experts who know the limitations of their K–12 educational opportunities and their current needs, and that information could enable colleges and universities to provide the kinds and levels of multicultural support needed to ensure success in postsecondary placements.

Conclusions

The overrepresentation of minorities in special education in elementary and high school and their underrepresentation at the postsecondary level demonstrate clearly how the historical legacies of racism, classism, sexism, and ableism continue to influence educational practice. Applying a critical history grounded in DS has provided insights into the ways that disability has served historically as an instrument of institutionalized systems of disadvantage for ethnic minorities and the poor, largely because of definitional loopholes and assumptions associated with the technical–rational understanding of disability. Moreover, because of the conflation of disability with race and class identity markers, DS scholars question the practice of labeling students at all and argue against the need to deliver remedial instructional services in segregated settings. Many, instead, promote inclusive education based on constructivist, differentiated instruction and universal design (Broderick, Mehta-Parekh, & Reid, 2005; Reid & Valle, 2004). The hope is that providing respectful, integrated, age-appropriate classrooms for students of all races, classes, genders, and abilities will facilitate more equitable K–16 educational opportunities and improve other life chances.

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