

Effects of Disability Labels on Students with Exceptionalities

A Brief Review of the Research Literature

This brief research review was prepared by Patricia Cahape Hammer for the West Virginia Department of Education in 2012. It was originally published as part of a larger study, *West Virginia Alternate Identification and Reporting Program: An Exploratory Analysis* by Yetty A. Shobo, Anduamlak Meharie, Patricia Cahape Hammer, and Nate Hixson, available at <http://wvde.state.wv.us/research/reports2012/EvaluationofAIR2011Final062812.pdf>.





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Labels and teacher expectations

Beginning in the 1970s, a series of studies provided evidence that knowing a child's special education label affects teacher expectations for that child. For example, in one study, Foster, Schmidt, and Sabatino (1976) asked two groups of 22 elementary grade teachers to fill out referral forms after viewing a videotape of a nondisabled child engaged in age-appropriate free play and academic activities. One group was told before viewing the videotape that the child was learning disabled and the other group was told the child was normal. "The experimental group rated the child more negatively ($p = .001$) than the control group," which led the researchers to the conclusion that "the label 'learning disabled' generates negative expectancies in teachers which affect their objective observations of behavior and may be detrimental to the child's academic progress. It is suggested that a system of remediation be adopted that is not based on categories of disability but rather according to the needs of each child" (p. 58).

In a similar but more complex scenario, Foster and Salvia (1977) told 88 elementary school teachers they were participating in a reliability and validity study for a new teacher referral form. This time the teachers were divided into four groups before viewing a videotape of a nondisabled child engaged in age-appropriate free play and academic activities. One group was told the child was normal and they were instructed to be objective in their assessment. Another group was told the child was normal, but no instruction was given about objectivity. A third group was told the child was

Abstract



Researchers have studied the effects of disability labels on students from several angles, including labels as a basis of stigma and lower teacher expectations and the mitigating effects that labels can sometimes have—especially for students with dyslexia and high-functioning autism. Other research has looked at the behavior of disabled students, to see how it may affect both teacher and peer expectations and relationships. Lastly, researchers point out the need to address issues of school culture, especially stigma and mistreatment of students with disabilities by their nondisabled peers.





learning disabled, and the instruction was given to be objective. The fourth group was told the child was learning disabled but no instruction was given to be objective. Of the 32 items on the response form, only 20 were ratable from the information in the videotape. The results showed that “when teachers are asked to rate a labeled child, they are willing to rate in the absence of observable behaviors. It also appears that in the absence of demands to be objective, requests to rate a child produce a high degree of demand to rate behaviors that are not present” (p. 533). They also found that even with the demand to be objective, “teachers perceived more deviance when the child was labeled learning disabled than when he was labeled normal” and without the demand to be objective, the teachers perceived still more deviance when the child was labeled. The demand for objectivity mitigated the deviance perceived, but did not eliminate it.

Whereas Foster and colleagues asked teachers to view a videotape of a normal child, another study had teachers read descriptions of children who had been referred to special education for services. Gillung and Rucker (1977) used the Rucker-Gable Educational Programming Scale (RGEPS) to measure the effects of unlabeled behavioral descriptions on the expectations of teachers. The RGEPS contains brief descriptions of children who had actually been referred to special education. The items describe the behaviors of children who are mentally retarded, emotionally disturbed, or learning disabled but do not include labels. The researchers also used a modified RGEPS that included the labels and administered the instruments to two groups of teachers (one with the RGEPS and one with the modified RGEPS) in a sample of 176 regular education teachers and 82 special education teachers drawn from one urban and six suburban school districts. These researchers found that “Teachers apparently perceived a child described with a label as having more severe academic or behavioral problems and requiring more intensive special services than the same child described without a label” (p. 465). They warn that “educators need to be keenly aware of the negative effects of labels and exercise great caution in their use. . . . In describing such children to teachers, emphasis must be on behavioral descriptions” (p. 465).

In a more recent study of 247 general and special education teachers, Bianco (2005) investigated whether having a disability label in and of itself influenced teachers’ decisions about referral to gifted programs. She asked three groups of teachers to read the same description of a student with gifted characteristics (drawn from real life); however one group read the description with the additional information that the student had a learning disability, another group read that the student had an emotional/behavioral disability, and the third group read the description with no disability included. Teachers then were asked to fill out a survey consisting of six questions, one of which asked about teachers’ willingness to refer the student for gifted education (the other five questions were distracters that asked about referring the student to after-school sports or science programs, or for math tutoring, counseling services, or social skills training). Lastly, after the teachers turned in their surveys, she asked them to write about why they responded the way they did to the question about gifted program



referral. The results showed significant differences in teachers' willingness to refer students to gifted programs, depending on the label (or lack of one) appended to the description. Specifically, teachers were more likely to "strongly agree" or "agree" to refer the nonlabeled student (91%) for gifted programs than an identically described student with an emotional/behavioral disability (70%) or learning disability (63%). In response to the question about why, teachers who were randomly assigned to the learning disability and emotional/behavioral disability groups who disagreed or strongly disagreed tended to cite one of two issues. "The most frequently cited reason for disagreeing with referral given by teachers in the [learning disability] or [emotional/behavioral disability] group was a mismatch between students' characteristics and expectations in a gifted program ($n = 18$)" (p. 291). The other most frequently cited reason was lack of IQ data ($n = 13$). Some teachers in the [learning disability] group expressed the need to protect students from the pressures of a gifted program.

Student behavior as a basis for teacher expectations

The studies described so far measured the effect of several labels—mentally retarded, emotional/behavioral disability (or its earlier designation, emotionally disturbed), and learning disabled. In a more nuanced study by Levin, Arluke, and Smith (1982), 75 high school teachers were asked to evaluate a ninth grade student as described in a school psychologist's report. To vary the diagnostic labeling, a quarter of the teachers were told that the student was dyslexic, a quarter that he was emotionally disturbed, a quarter that he was mentally retarded, and a quarter that he had no disorder. In addition to the labeling information, half of the teachers were given a writing sample that was at grade level, and half were given a sample at below grade level. To add another dimension, teachers were asked questions not only about their optimism regarding the student's academic success, but also about their willingness to offer services to help the student succeed (e.g., create special lessons, stay after school), as a measure of their expectations for their own behavior. They found that only the emotionally disturbed label was significantly more negative regarding optimism for student success compared with the no label condition. In contrast with the findings about the labels, the student writing samples had a much greater impact on teachers' expectations for the student's success, with the below-grade-level sample adversely affecting expectations. Lastly, the study failed to uncover any significant main effects of labeling or student behavior (in the form of the writing sample) on teachers' estimation of their willingness to provide extra help. The researchers thus concluded that (a) not all labels have the same impact on teacher expectations; (b) student behavior may have a greater impact on teachers' expectations than do many labels; and (c) teachers' expectations can be adversely affected, while their classroom behavior may not be.

Student behavior as a basis for peer expectations and relationships

In addition to concerns about the impact of labels on teacher expectations, educators have expressed concern about the impact of labels on the schoolmates of students with disabilities. However, research



suggests that students are more influenced by the behavior of their fellow students than the labels that have been assigned to them.

For example, in a small study of fourth graders, Sutherland, Algozzine, Ysseldyke, and Freeman (2001) investigated whether learning disabled children were socially rejected because of what they are called (labeled) or because of what they do. Children in four group conditions all viewed a videotape of a fourth-grade boy in two segments—one while he was doing seatwork in class and another while he was playing. The child in the video was exhibiting age-appropriate behavior in both segments. Some of the children were told he was learning disabled, some were told he was normal. A third group was told something positive about the child—that he often told funny stories and made people laugh; a fourth group was given a neutral portrayal of him sometimes finishing all his work and following instructions from teachers, and other times not. No effects were observed relative to the assignment of a special education label; and the children who were told something positive about the child in the videotape before seeing his non-task (playing) behavior tape segment held a higher opinion of him than those who were told something neutral. The researchers suggest that children's judgment of their peers at this age are not affected by special education labels, but that emphasizing positive qualities of a classmate to his or her peers may prove beneficial.

In another study, Bak, Cooper, Dobroth, and Siperstein (1987) located a suburban school in Massachusetts where labels were not used and that had regular classrooms with mainstreamed children. Seventy-seven children from five classrooms, Grades 4–6, participated in the study (none had a disability). Each of the classrooms had children who attended either a resource room for 25% of the day or a special classroom for up to 80% of the day. Children assigned to the resource room had IQ ranges from 85 to 100; those in the special classroom had IQ ranges from 50 to 70. The latter group were part of the regular class for homeroom, unified arts, library, gym, lunch, and occasional science and social studies projects. Children in the study were randomly assigned to two conditions defined by two fictitious groups of children, one group assigned to the *resource room* and the other assigned to the *special classroom*. The children in the resource room condition were presented with a vignette about children who were in their same grade who left class each day to get special help in the resource room. The children in the special classroom condition read a vignette about children in their same grade level who started their day in homeroom with everyone else, but who then spent most of their day in a classroom for children with special needs. They were administered a 22-item expectancy questionnaire that described different academic and nonacademic activities, and asked participants to circle “yes” or “no” depending on whether or not they thought the children in the vignette they read could perform each activity. According to Bak and colleagues, “The results of this study clearly show that children are sensitive to the differences between peers who attend different educational placements from their regular classrooms. Children responded to the de facto labels of the resource room and special classroom—they saw resource room targets as significantly more capable than special class targets” (p.



154). Further, the researchers assert that “the absence of formal labels did not prevent children from forming negative (although realistically pessimistic) expectations based on their experiences with special class children’s academic limitations” (p. 154). Bak and colleagues recommended that teachers be aware of the fact that children are sensitive to differences between peers in different placements.

In fact, children begin to discern differences at an early age. Studies have shown that typical children begin to classify others as disabled and nondisabled at around the age of 5, although their understanding of the disability is mainly based on physical and action signs that they observe, for example that someone cannot walk (Lewis, 1993, 1995 in Cunningham and Glenn, 2004). The shift from physical to social and psychological conceptions emerges after that, at around 8 years, when children can identify others with emotional disturbance as a group. Once children begin to make social comparisons and form social categories they also begin to attach value judgments based on their experience and the attitudes of others (Maas, Maracek, & Travers, 1978 in Cunningham and Glenn, 2004).

Stigma and disability

This leads us to a discussion of the experiences of students with disabilities and their parents, and their views of their status—and their labels—in the school community and elsewhere.

In an early study, Jones (1972) investigated 139 mildly mentally retarded students’ perceptions of being placed in special education classes. Students in the study reported feeling shame about being in special classes and not wanting other students to see them there; being made fun of; lying about what classes they are taking; having difficulties in keeping a girlfriend; and having concerns about negative impacts on postschool job placement.

In another study, Higgins, Raskind, Goldberg, and Herman (2002), drew upon data collected in a 20-year longitudinal study of 41 individuals with learning disabilities, who had attended the Frostig School in Pasadena, California, when they were teens; at the time Higgins and colleagues wrote their article, the students were in their mid-thirties. The Frostig Center operates a day school for students with disabilities, including dyslexia, nonverbal learning disabilities, high functioning autism, and attention deficit hyperactivity disorder; the Center also conducts research on these learning disorders and develops ways to improve instruction. The researchers reported,

In many regards, our transcripts point out how the difficulties faced by persons with [learning disabilities] mirror those of persons with other types of disabilities, especially in terms of dealing with stigma directed at them by the larger society. For example, Higgins (1980) summarized the line of research on stigmatization in sociology as it applies to the deaf, mentioning four processes of stigmatization: discrediting, master status, spread, and scrutinization. He describes discrediting ... as focusing on a particular characteristic that is scorned and ridiculed. With the deaf it is often signing, while persons with LD get discredited on the basis of oral reading, spelling, or other academic deficits. (p. 14).



When drawing implications from their research, the authors note that “Our participants have shared painful experiences of being teased, hounded, bullied, and ridiculed. In almost every case, the stigmatization and abuse received by this group far exceeds the severity of their difficulties.... Perhaps it is time to move beyond the special education community and appeal to general educators and regular classroom teachers to discourage such blatant injustice” (Higgins, Raskind, Goldberg, and Herman, 2002, p. 16).

Mitigating effects of labels—the case of dyslexia

Some disabilities, such as dyslexia and high functioning autism, are not immediately evident, so the first function of the label is to prove the legitimacy of the impairment (Reid, 1996; Riddick, 2000) and, in the case of dyslexia, to challenge assumptions about the correlation between literacy skills and overall intelligence.

In Riddick’s (2000) study of dyslexia, she found that many children with dyslexia felt stigmatized “because of visible signs like their poor spelling or handwriting or because they always finished last not because of the label dyslexia” (p. 658). As one student said, “No one has ever really ridiculed me for my dyslexia, but I have been ridiculed for not being able to read things” (p. 658). In her research she found that the majority of adults and children she studied found the label of dyslexia helpful at a private level—many were emphatic about its importance. One school-age child said in an interview, “I’d rather know I’ve got dyslexia than think I was an idiot” (p. 658). Some also valued having other students know they have dyslexia because it provides a positive, or at least less negative, message about the nature of their difficulties, which might otherwise be attributed to laziness, carelessness, or lack of intelligence. Only about half of the children and adults in Riddick’s study, however, felt this way, with the other half preferring that no one outside of their families know that they have dyslexia. This preference seemed based in the fear that others would have a negative view of their basic intelligence. Some of Riddick’s subjects suggested that other students in the school should be educated about what dyslexia means.

Along these same lines, Taylor, Hume, and Welsh (2010) conducted a study in England to compare the difference in children’s self-esteem for those labeled as having dyslexia (N = 26), general special education needs (N = 26), or no learning difficulties (N = 23). The term *special education needs* is the British equivalent of the term *learning disabled* in the United States. All 75 children completed an age-appropriate version of the Culture-Free Self-Esteem Inventory and a standard test of reading ability. Results showed that self-esteem scores for the general special education needs group were significantly lower than for either the dyslexia group or the no learning disabilities (control) group. Also, there was no significant difference between the dyslexia group and the control group. On the basis of these findings, the authors suggest that “being labeled as having a general [special education] need may negatively affect children’s self-esteem because, unlike the label dyslexia, this label offers very little in



the way of an explanation for the child's academic difficulties and because targeted interventions are not as available for those with a less specific label" (p. 191).

Riddick (2000), too, found that parents of children with dyslexia preferred the specific label rather than the more general term *special education needs*. She suggested that what people object to in the use of these general terms is the misattributions that can be made about the nature of a child's impairment, which could affect how others responded to them.

Based on an analysis of four court cases involving students with dyslexia, Norwegian researcher Per Solvang (2007) suggests that educators develop an "ambivalence perspective" (p. 79) that is cognizant of both the potential pros and cons of the dyslexia label. On the bright side, for many students, discovering that they have a condition due to physical factors that are no fault of their own is a relief at the personal level by removing negative explanations such as lack of motivation or intellectual ability. Parents of students who received the dyslexia diagnosis most valued the resource allocation aspect of the diagnosis, which provided special services to assist their children. On the dark side, according to Solvang, the diagnosis of dyslexia can lead to identifying the problem as residing with the child, who becomes the problem bearer, thus relieving the family and school of responsibility. A medical diagnosis of dyslexia also identifies the child as having an organic defect instead of being simply neurologically different. Solvang cites Ronald Davies, an American dyslexia activist, who argues that dyslexics learn differently. "They are picture thinkers, they are intuitive and have special gifts in seeing things in multidimensional perspectives. These abilities are above the average, but are seldom developed in school" (Solvang, 2007, p. 88).

Mitigating effects of labels—the case of high-functioning autism

The mitigating effects of labels in the case of high-functioning autism, or Asperger's syndrome are less clear. For example, in a qualitative study using in-depth semistructured interviews, Gray (2002) studied the experiences of 32 mothers and 21 fathers of children with Asperger's syndrome in Australia, relevant to felt and enacted stigma. He found that the large majority of these parents did experience felt stigma, imagining that others were critical of their child-raising abilities, which made them feel embarrassed. About half of the parents experienced enacted stigma, most commonly avoidance when, for example, they visit someone's home but are never invited back; they also experienced hostile staring and rude comments. Occasionally the parents would try to defuse situations by explaining the nature of their child's disability. Based on his interviews, however, Gray found that "the presence of a medical diagnosis in itself did not seem generally to offset the stigmatizing effects produced by their children's behavior."

In a qualitative study, researchers interviewed nine students at a college for young people with high-functioning autism spectrum disorder, who provided a verbal account of their experiences of being told their diagnosis and their general perceptions of autism. Four of the students did not learn of their



diagnosis until many years after the diagnosis had been made. The researchers' analysis suggested that "because of this delay in disclosure, autism might be an 'absent presence' for part of the lives of people with autism. In addition, the delay in disclosure could evoke a diverse range of reactions, including feelings of shock and disappointment, and not wanting to believe or know that they had autism" (Huws & Jones, 2008, p. 102). However, another theme in this study was that, irrespective of the delay in disclosure, learning that they had autism enabled students to retrospectively develop an understanding of previous life events, including why they had been treated differently when they were younger. It helped some of the students in the study—and those around them—understand why they had certain difficulties. This analysis suggests that "the diagnosis and knowledge of 'having' autism can have potential benefits for some individuals" (p. 103). Some other participants in the study, however, felt concerned that having the label might lead to people making stereotypic judgments about them, although this did not necessarily bear out in their actual experience. The disclosure of the diagnosis for some participants in the study ended up disrupting plans they had for the future. One participant had plans to go to a different college; after learning of his autism and coming to terms with the diagnosis, however, he was able to take advantage of special programs offered by some institutions for students with autism. The authors conclude with the observation that "Whether being told that they had autism was perceived as a positive or a negative event, it would appear that all participants had, to some degree, reworked their sense of identity" (Huws & Jones, 2008, p. 105).

Labels: A synopsis

Labels seem to function in both negative and positive ways in education. Early evidence showed that knowing a child's label—especially the labels of mentally retarded, emotional/behavioral disability, and learning disability—affected teacher perceptions and expectations for success (Bianco, 2005; Foster & Salvia, 1977; Foster, Schmidt, and Sabatino, 1976; Gillung and Rucker, 1977). Other research showed that only certain labels (i.e., emotionally disturbed) influenced teachers' expectations for student success, and that teachers may be more influenced by student behavior, such as a sample of student work (Levin, Arluke, & Smith, 1982).

According to some studies, expectations of nondisabled students regarding their peers with disabilities were primarily influenced by the behavior of the disabled students (Sutherland, Algozzine, Ysseldyke, & Freeman, 2001) or by their placement in resource rooms versus special classrooms (Bak, Cooper, Dobroth, & Siperstein, 1987)—not their disability label.

Students with disabilities experienced both felt and enacted stigma and there were many reports of being teased, ridiculed, and bullied (Jones, 1972; Higgins, Raskind, Goldberg, & Herman, 2002). There were also reports of parents of children with high-functioning autism experiencing stigma, most commonly embarrassment and avoidance by others (Gray, 2002).



In the case of dyslexia, labels often produced a mitigating effect by providing an acceptable explanation for a student's inability to read or spell, instead of others considering them to be lazy or intellectually disabled (Reid, 1996; Riddick, 2000; Solvang, 2007; Taylor, Hume, & Welsh, 2010). Further, the specific label of *dyslexia* was found preferable to the more general terms, *learning disabled* (United States) or *special education needs* (United Kingdom) (Riddick, 2000; Taylor, Hume, & Welsh, 2010). This finding did not necessarily hold for other disabilities, such as Asperger's syndrome or high-functioning autism (Gray, 2002; Huws & Jones, 2008).

Other positive effects of labeling described in the literature included helping parents by validating that there was a problem and enabling them to access services for their child; and by providing a medical explanation for a problem, which can serve as a welcome alternative to attributing undesirable behaviors to poor parenting (Reid, 1996). However, many of these positive functions may also result from response to intervention (RTI) approaches, which also identify educational needs and provide appropriate interventions.

Lastly, both students (Riddick, 2000) and researchers (Higgins, Raskind, Goldberg, & Herman, 2002) point out the need to address issues of school culture, especially stigma and mistreatment of students with disabilities by their nondisabled peers. Higgins and colleagues (2002) wrote

It is the hope of the authors that administrators and teachers of 'mainstream' students will develop a proactive curriculum of tolerance and impartiality toward individuals with disabilities, and failing that, at least begin to admonish systematically their worst tormentors. (p. 16)

They recommend activities "for educators, school counselors, and parents including establishing counseling groups focused on coming to terms with an LD, implementing peer support groups, developing mentoring programs and the like, as well as strengthening disability awareness curricula and transition services to include consideration of the notion of acceptance of a disability and of persons with disabilities, as well as the labeling process and its consequences" (p. 16).



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