

The Bias, Stigma, and Social Construct of a Disability Label:
A Meta-Synthesis

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Abstract

The current climate in education is moving toward more inclusive education which means more and more students with a special education need are attending class in the general education classroom with a general education teacher. Sadly, many general education teachers in these inclusive classrooms are not prepared to have students with special education needs in their classroom because they do not have the knowledge or experience teaching these exceptional students. Research suggests teachers hold a bias toward students with a special education label and have preconceived notions of how these students will perform in their classroom. It is unfortunate for these students because at this time is when they need help the most. School is not only about learning what a person needs to know, but also when children learn about themselves and their peers. Research suggests that students given special education labels tend to have more difficulty due to the label they are given. This presumption of a label sets students up to interacting with teachers based on the label. This meta-synthesis of the literature on labels, bias, stigmatization, and the social construct of the disability label investigates how students with special needs, and the people around them, respond to the special needs label.

1. Introduction

1.1 Background

Classifications and labels have been used for hundreds of years as a descriptor when referring to a person. People who are well to do and live well are referred to as wealthy, while those who don't have a lot may be referred to as poor. People are also known for what they do, their title: a businessman, a CEO, secretary, millwright, clerk, soldier, etc. Human beings also have a tendency to refer to people based on their traits: bright, smart, dull, simple, etc. Whether a person knows about it or not, society has placed a label on them. This brings forth the question of why does our society do this? Why do we feel a need to place labels on everybody? The answer is that we are constantly comparing ourselves to one another. It is human nature to compare ourselves to others; this is how we form our own social identity and our concept of self. Children form their sense of self by viewing the others around them. Therefore, the messages and information a child receives from their environment and culture have an impact on the child's development of self-concept. Children spend a great amount of time in school and it is there that interactions with their peers and teachers can affect the perception a child might have of themselves.

Slavin (2009, p. 75) defines social comparison as "the process of comparing oneself to others to gather information and to evaluate and judge one's abilities, attitudes, and conduct." In the world of special education, the use of labels can be extensive. The most obvious labels are those that are visible, i.e. a person has a physical handicap. Most often though, the students that we see receiving special education services are those that do not have a visible impairment. These non-visible impairments include many types of learning disabilities, social/emotional

The Bias, Stigma, and Social Construct of a Disability Label 4

behaviors that impede learning and community participation, or other factors that prevent a student from learning to their best potential such as fetal alcohol syndrome, traumatic brain injury, or post-traumatic stress disorder.

All students that receive special education services have an Individual Education Plan (IEP). The section of the IEP that indicates why a student is receiving services is called the “eligibility category,” hence why this particular student is receiving services. The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 “includes 14 categories of disabilities that include many different types of students” (Smith, Polloway, & Dowdy, 2012, p. 5). These categories include both physical and cognitive disabilities. Typically students receive a diagnosis from a medical professional, which in turn leads to an eligibility category. Once a student receives a “label,” they begin receiving services through the school they are attending. In the past, students with special education needs would be segregated into classrooms away from the general population of a school, or placed within a school specifically for special education. Now the majority of students with special education needs are attending schools with their general education peers. The services students with special education needs receive within these schools can vary from simple accommodations within the general education classroom, a student being pulled out for a short period of time to receive help, or they may find themselves spending the majority of their school day within a special education classroom. With the federal policy moving towards including students with special needs in the general education classroom for more time than they are currently getting, general education teachers are finding that they are not prepared to have these students in their classrooms. I have heard from many general education teachers that they are accepting of students with special needs in their classroom; I

The Bias, Stigma, and Social Construct of a Disability Label 5

have also heard from many special education teachers that the majority of general education teachers that they work with are biased towards the students with special education needs. Even though they may claim not be biased, we have to acknowledge the fact that there is indeed a bias among teachers and that a special education label may have a stigmatizing effect on the attitudes of general education teachers.

As stated earlier, for some people who have a physical handicap, it is obvious that they have a disability. I have heard many times people referred to as “the crippled kid in the wheelchair,” “the deaf kid who has to wear hearing aids,” or “the Down syndrome kid.” If a disability is not visible, behaviors of certain disabilities lead to assumptions being made about a person, such as “he acts weird,” or “why doesn’t the parent discipline that kid and make him behave like normal.” This way of speaking is putting the disability before the person.

Thankfully, there are disability advocates that have been promoting person first language, and they are having an effect. However, there is still a stigma to having been assigned a “label.”

How does a person with a learning disability feel when they are pulled out of their classroom to spend time working with a specialist? What impact does it have on the family members of a student with a learning disability? I have heard many references from family members or other acquaintances to the family as to why a student is the way he or she is: “she’s slow,” “she has a problem with learning,” “he’s hyper,” “he doesn’t learn like everyone else,” or “she’s special.” There are many different views of disability; two of them are the medical model of disability and the social model. The medical model views the person with the disability in terms of their deficits, what they cannot or are not able to do. The social model is how society views the person with the disabilities, and also how the person with the disability thinks society

The Bias, Stigma, and Social Construct of a Disability Label 6

views them. Neither of these models focuses on a person's positive attributes or strengths. The fact is, people who have a disability are not, and should not be defined by what their disability is. The generalized consensus is that if a person has a disability they are not a whole person, or they are not normal, they are different from us. My question for statements like these is "who are us?" What is the definition of normal and who decides what normal is?

1.2 Author's Experiences and beliefs

Growing up in what I believed was a small town, away from the big and populous cities, and attending elementary school in the early 1970's, when special education was still in its infancy, I was aware that not all human beings are the same. With that being said, in a school of typical elementary students where all the kids looked like typical children, I knew that I was different from everyone else because of the fact that I have one of those "hidden" disabilities; I am deaf in one ear. For me, it was really no big deal and I cannot exactly pinpoint the age when I understood that I was different than my brothers and sisters, I just knew that my hearing was not as good as theirs. It wasn't until I began first grade that I realized being different was a big deal to some people. My hearing loss did not affect my learning in any way; however I did learn at an early age to ask questions either to clarify something someone said, or to have someone repeat what they had said. I remember being teased by my peers, and even by my siblings, because I would say "what?" a lot. I learned at an early age how to live with my disability, I was very good at self accommodating and really didn't think I was disabled at all, I knew I just didn't hear in stereo like the people around me.

While in elementary school, I met another student who was in the same situation I was, he was also deaf in one ear. This discovery did not make us the best of friends, but it did let me

The Bias, Stigma, and Social Construct of a Disability Label 7

know that I was not alone in a world of “perfect hearing people.” The special education program at my elementary school was so self-contained that the mainstreamed students hardly knew it existed. The only reason I knew it was there was due to that being where the school nurse, or visiting specialist, would take me for my yearly hearing screening. Although I did not have an IEP while in school, I can’t help but wonder if the teachers and other staff personnel might have labeled me as hard of hearing, or partially deaf. I don’t remember them treating me differently than the other students, but then again as a young child I don’t think I was paying that much attention to the way I was being treated. I do specifically remember that my desk was always placed on the right hand side of the room, possibly as an accommodation to make sure I was able to hear the instructions.

Throughout the rest of my schooling years, I was unaware of the special education programs that were in place at the schools I attended other than a program for the deaf and hard of hearing students in Junior High. These students were included in the mainstream classrooms for the majority of the day, and in fact I became friends with quite a few of them. They were simply known as the “deaf kids.” That was their “label.” This was a physical disability that everyone knew about; this group of students either could not hear at all or wore hearing aids. It was really no big deal to them (this is who they were and nothing could change that), or to the other students and staff at the school. However, at the high school I attended there was a very small population of students that I remember being curious about. They were not included within the mainstream classrooms, they were seen here or there during school hours, and everyone understood that they were “special” in some way. This was their label.

The Bias, Stigma, and Social Construct of a Disability Label 8

To my recollection I cannot pinpoint a time that I started hearing labels being used to describe students who were receiving special education services. I do recall throughout my adult years reading articles and books, or hearing news stories and watching television shows about children/people with specific disabilities and of course through my education in becoming a teacher I have learned of the many different disabilities that have been identified. While working as a substitute teacher in both regular classrooms and in special education classrooms (regular and intensive resource rooms), I am not privy to confidential information about the students I am working with unless the teacher I am working for informs me. It is easy enough to identify students who receive services when they are pulled out of the classroom to work with a specialist, but the other students remain a mystery to me. When I am working in a special education classroom, I do not know specifically why the students are assigned to the sped program, only that they are there to get specialized instruction. I was recently asked by an older family member what kinds of students I work with. I thought about the conversation later and wondered if I had been describing the students I work with or was I putting labels on them. That got me thinking about the use of labeling, and how that impacts the students.

As stated earlier, if I did have a label when I was younger, it might have been hard of hearing. Did having a label have an impact on me personally? I would have to say no. Having a disability, albeit hidden, had an effect on me. I grew up knowing that I was different from others, I was painfully shy around people, and was basically an introvert. My daughter was screened early in first grade and it was recommended that she received speech services. She reports that it wasn't actually her speech impediment that that made her shy and embarrassed, it was the fact

The Bias, Stigma, and Social Construct of a Disability Label 9

that she was pulled out of her regular classroom to work with the speech teacher, in essence having a label assigned to her made her uncomfortable.

These thoughts, experiences, and conversations have led me to form the following research questions:

1. How does assigning a label to a student with a disability, cognitive or physical, impact the student?
2. To what extent does knowledge of one's disability impact learning or social acceptance?
3. How prevalent is, and to what extent does bias and stigmatization play a role in the education of students with special education needs?

1.3 Purpose of this meta-synthesis

The purpose of this meta-synthesis was to delve into the effects of what having a label has on individuals, their family members, and the general public. One purpose was to locate and identify journal articles that detailed the stigma of placing a label on a person with disabilities and how that label affects their lives. A second purpose was to locate journal articles relating to how such labels are perceived by the general public; are we reliant on labels to define who a person is and what they are capable of? A third purpose was to classify each article by publication type, to identify the research design, participants and data sources of each study, and to summarize the findings of each study. The final purpose with this meta-synthesis was to identify significant themes that emerged from these articles and relate them to my own experiences as a person who was given a label at an early age.

2. Methods

2.1 Selection criteria

The 37 journal articles included in this meta-synthesis met the following selection criteria.

1. The articles explored issues related to the effect labeling has on children with disabilities.
2. The articles explored issues related to how society perceives people with disabilities.
3. The articles were published in peer reviewed journals.
4. The majority of the articles were published between 2003 and 2013, and one article was published in 1983.

2.2 Search procedures

Database searches were conducted to locate articles for this meta-synthesis.

2.2.1 Database searches

I conducted Boolean searches within the Educational Resources Information Center (ERIC, Ebscohost) using these specific search terms:

1. (“Labels”) AND (“Special Education”).
2. (“Social Bias”) AND (“Special Education”).
3. (“Stereo types”) AND (“Special Education”).
4. (“Emotional impact”) OR (“Label”) OR (“Special Education”).
5. (“Emotional impact”) OR (“Label”) AND (“Special Education”).
6. (“Labels”) AND (“Disability Studies”).
7. (“Disability Studies”) AND (“Special Education”).

The various database searches yielded a total of 37 articles (Aksoy & Bercin Yildirim, 2008; Allday, Duhon, Blackburn-Ellis, & Van Dycke, 2011; Baglieri, Valle, Connor, & Gallagher, 2011; Bianco & Leech, 2010; Broomhead, 2013; Butler & Gillis, 2011; Cory, White, & Stuckey, 2010; Cosier, 2012; Edmonds, 2012; Etscheidt, Clopton, & Haselhuhn, 2012; Ferguson & Nusbaum, 2012; Ferri & Connor, 2010; Frederickson, 2010; Gates, 2010; Gold & Richards, 2012; Hamilton, 2009; Harvey & Pellock, 2003; Jodrell, 2010; Kelly & Norwich, 2004; Lauchlan & Boyle, 2007; Leather, 2013; Matthews, 2009; McCloskey, 2011; Messiou, 2008; Reid, & Knight, 2006; Rembis, 2010; Rhoades, 2010; Runswick-Cole, 2011; Sauer & Kasa, 2012; Savaria, Underwood, & Sinclair, 2011; Scior, Connolly, & Williams, 2013; Smardon, 2008; Sutherland, Algozzine, Ysseldyke, & Freeman, 1983; Taylor, Hume, & Welsh, 2010; Taylor, 2011; Tisdall, 2012; van Swet, Wichers-Bots, & Brown, 2011).

2.3 Coding procedures

I used a coding form to categorize the information presented in each of the 37 articles. This coding form was based on: (a) publication type; (b) research design; (c) participants; (d) data sources; and (e) findings of the studies.

2.3.1 Publication types

Each journal article was evaluated and classified according to publication type (e.g., research study, theoretical work, descriptive work, opinion piece/position paper, guide, annotated bibliography, review of the literature). *Research studies* use a formal research design to gather and/or analyze quantitative and/or qualitative data. *Theoretical works* use existing literature to analyze, expand, or further define a specific philosophical and/or theoretical assumption. *Descriptive works* describe phenomena and experiences, but do not disclose particular methods

for attaining data. *Opinion pieces/position papers* explain, justify, or recommend a particular course of action based on the author's opinions and/or beliefs. *Guides* give instructions or advice explaining how practitioners might implement or particular agenda. An *annotated bibliography* is a list of cited works on a particular topic, followed by a descriptive paragraph describing, evaluating, or critiquing the source. *Reviews of the literature* critically analyze the published literature on a topic through summary, classification, and comparison.

2.3.2 Research design

Each empirical study was further classified by research design (i.e., quantitative, qualitative, mixed methods research). *Quantitative* research utilizes numbers to convey information. Instead of numbers, *qualitative* research uses language to explore issues and phenomenon. *Mixed methods* research involves the use of both quantitative and qualitative methods to present information within a single study.

2.3.3 Participants, data sources, and findings

I identified the participants in each study (e.g., students with learning disabilities, teachers of students with learning disabilities, parents of students with learning disabilities). I also identified the data sources used in each study (e.g., observations, surveys). Lastly, I summarized the findings of each study (Table 2).

2.4 Data analysis

I used a modified version of the Stevick-Colaizzi-Keen method previously employed by Duke (2011) and Duke and Ward (2009) to analyze the 37 articles included in this meta-synthesis.

3. Results

3.1 Publication type

I located 37 articles that met my selection criteria. The publication type of each article is located in Table 1. Sixteen of the 37 articles (43%) included in this meta synthesis were research studies (Aksoy& Bercin Yildirim, 2008; Allday et al., 2011; Bianco & Leech, 2010; Broomhead, 2013; Butler & Gillis, 2011; Edmonds, 2012; Etscheidt, Clopton, & Haselhuhn, 2012; Harvey & Pellock, 2003; Jodrell, 2010; Kelly & Norwich, 2004; Messiou, 2008; Sauer & Kasa, 2012; Savaria, Underwood, & Sinclair, 2011; Scior, Connolly, & Williams, 2013; Sutherland, Algozzine, Ysseldyke, & Freeman, 1983; Taylor, Hume, & Welsh, 2010). Eleven of the articles (30%) were opinion pieces/positional papers (Baglieri, Valle, Connor, & Gallagher, 2011; Cory, White, & Stuckey, 2010; Ferguson, & Nusbaum, 2012; Hamilton, 2009; Matthews, N. 2009; McCloskey, 2011; Reid, & Knight, 2006; Rembis, 2010; Rhoades, 2010; Tisdall, 2012; van Swet, Wichers-Bots, & Brown, 2011). Six of the articles (16%) were descriptive works (Cosier, 2012; Ferri, & Connor, 2010; Frederickson, 2010; Gold, & Richards, 2012; Lauchlan, & Boyle, 2007; Smardon, 2008). Four of the articles (10%) were guides (Gates, 2010; Leather, 2013; Runswick-Cole, 2011; Taylor, 2011).

Table 1

Author(s) & Year of Publication	Publication Type
Aksoy, & Bercin Yildirim, 2008	Research study
Allday et al., 2011	Research study
Baglieri, Valle, Connor, & Gallagher, 2011	Opinion piece/position paper
Bianco, & Leech, 2010	Research study
Broomhead, 2013	Research study
Butler, & Gillis, 2011	Research study
Cory, White, & Stuckey, 2010	Opinion piece/position paper
Cosier, 2012	Descriptive work
Edmonds, 2012	Research study
Etscheidt, Clopton, & Haselhuhn, 2012	Research study
Ferguson, & Nusbaum, 2012	Opinion piece/position paper
Ferri, & Connor, 2010	Descriptive work
Frederickson, 2010	Descriptive work
Gates, 2010	Guide
Gold, & Richards, 2012	Descriptive work
Hamilton, 2009	Opinion piece/position paper
Harvey, & Pellock, 2003	Research study
Jodrell, 2010	Research study
Kelly, & Norwich, 2004	Research study
Lauchlan, & Boyle, 2007	Descriptive work
Leather, 2013	Guide
Matthews, N. 2009	Opinion piece/position paper
McCloskey, 2011	Opinion piece/position paper
Messiou, 2008	Research study
Reid, & Knight, 2006	Opinion piece/position paper
Rembis, 2010	Opinion piece/position paper
Rhoades, 2010	Opinion piece/position paper
Runswick-Cole, 2011	Guide

Sauer, & Kasa, 2012	Research study
Savaria, Underwood, & Sinclair, 2011	Research study
Scior, Connolly, & Williams, 2013	Research study
Smardon, 2008	Descriptive work
Sutherland, Algozzine, Ysseldyke, & Freeman, 1983	Research study
Taylor, Hume, & Welsh, 2010	Research study
Taylor, 2011	Guide
Tisdall, 2012	Opinion piece/position paper
van Swet, Wichers-Bots, & Brown, 2011	Opinion piece/position paper

3.2 Research design, participants, data sources, and findings of the studies

As stated previously, I located 16 research studies that met my selection criteria (Aksoy & Bercin Yildirim, 2008; Allday et al., 2011; Bianco & Leech, 2010; Broomhead, 2013; Butler & Gillis, 2011; Edmonds, 2012; Etscheidt, Clopton, & Haselhuhn, 2012; Harvey & Pellock, 2003; Jodrell, 2010; Kelly & Norwich, 2004; Messiou, 2008; Sauer & Kasa, 2012; Savaria, Underwood, & Sinclair, 2011; Scior, Connolly, & Williams, 2013; Sutherland, Algozzine, Ysseldyke, & Freeman, 1983; Taylor, Hume, & Welsh, 2010). The research design, participants, data sources, and findings of each of these studies are identified in Table 2.

Table 2

Authors	Research Design	Participants	Data Sources	Findings
Aksoy, & Bercin Yildirim, (2008).	Quantitative	228 Siblings of children with disabilities	Questionnaires	The relationship non-disabled children have with their disabled siblings are positive within the family environment. However, acceptance is influenced by behavior and society. The level of the degree of disability also plays a factor in how positive the relationship is.
Allday et al., (2011)	Quantitative	122 Undergraduate students	Surveys	Bias among pre-service and practicing teachers does exist and is more apparent when a label is given. Findings also indicate that the more experience a teacher has, the more impact bias plays a role in their evaluations of students.
Bianco, & Leech, (2010).	Mixed Methods	277 Elementary teachers (special education, general education, and teachers of the gifted)	Surveys	Referral recommendations for gifted services are influenced by teacher preparation. General educators and special education teachers were least likely to refer students with disabilities to a gifted program. However, teachers of the gifted were more likely to refer students, whether the student has or does not have a disability.
Broomhead, (2013).	Qualitative	22 Parents of students with special educational needs; and, 15 educational practitioners	Semi-structured interviews	The nature of a child's special educational needs had a key influence on whether their parents felt blamed by educational practitioners, as well as whether educational practitioners viewed parents

				as responsible for their children’s difficulties. Also, the nature of a child’s special educational needs, as well as evidence of blame, appeared to impact parental guilt. Additionally, parental experiences of blame and guilt consequently influenced their focus on obtaining labels of special educational needs for their children and their reasons for doing so.
Butler, & Gillis, (2011).	Quantitative	181 Undergraduate students enrolled in psychology courses	Surveys	The atypical behaviors associated with Asperger’s Disorder (AD) influence stigmatizing attitudes towards individuals with AD. When the label “Asperger’s Disorder” was known to the test subjects, less bias was present, but there were still some stigmatizing attitudes among some test subjects.
Edmonds, (2012)	Qualitative	4 Adults with dyspraxia	Semi-structured interviews	All participants reported negative school experiences, to include poor student-teacher relationships, poor peer relationships, poor long-term emotional well-being, and high levels of educational disengagement, mainly due teachers’ lack of knowledge of dyspraxia disorder (the inability to perform coordinated movements). The positive attributes of people with dyspraxia are that they are more creative, empathetic, have better listening abilities, and think more deeply, all of which are

				traits of right-brained thinkers. Inclusive education's goal is to provide an education to people with disabilities in the general education classroom; however the structure of schools and the teaching styles of the teachers has not changed and therefore does not provide a totally inclusive experience for people with dyspraxia.
Etscheidt, Clopton, & Haselhuhn, (2012).	Qualitative	19 Court cases of parental refusal to consent for evaluation	Database review of court cases in which parents refused consent for evaluation	Reasons for parents to refuse consent for their children to be evaluated for special education services covers a range of reasons such as fear that their children would be harmed from the evaluation, concern that the evaluation would portray their children in an unfavorable manner, concern regarding the qualifications or credentials of the evaluator, the parents had already decided not to accept services for their child, and concerns that the school had predetermined a placement for their child. Best practice is to involve parents from the beginning so that they are part of the intervention planning, implementation, and progress monitoring. This may decrease the negative response when an initial evaluation is recommended.
Harvey, & Pellock, (2003).	Quantitative	127 Instructors	Surveys	Career and Technical Education (CTE) instructors perceived that program modifications were needed by all students identified

				<p>with a disability to fully participate in the program, regardless of the disability type and learning characteristics of the students. The presence of a disability in a student results in lower expectations of the student by the instructors. In general, instructors did not feel comfortable or confident when teaching their subjects to special education students. Instructors reported that they were not equipped with the training or knowledge to be able to instruct students with exceptionalities.</p>
Jodrell, (2010).	Qualitative	30 Undergraduate students (15 students with dyslexia and 15 non-dyslexic students)	Surveys	<p>When presented with information of how other students performed on a reading test (both dyslexic and non-dyslexic students), students tended to score similarly. If a dyslexic test subject was informed that the majority of dyslexic students performed poorly on a reading test, then the test subject tended to perform poorly. There was no difference in how non-dyslexic test subjects performed on the reading test other than a superior attitude they held of themselves when compared to people with dyslexia.</p>
Kelly, & Norwich, (2004)	Qualitative	101 Children (50 in special and 51 in mainstream schools)	Semi-structured in-depth interviews	<p>While most students were aware of their learning difficulties and felt mainly negative about their difficulties, students in special schools thought more</p>

				<p>positively about themselves and their abilities. Students in mainstream schools, however, are more realistic about their abilities and are mixed on their perception of themselves. Also, the labels that were recognized more frequently were those that were most likely to be evaluated negatively and were the more lay or everyday terms.</p>
<p>Messiou, (2008).</p>	<p>Qualitative</p>	<p>227 Primary school children</p>	<p>Semi-structured interviews</p>	<p>Children’s understanding about other children, and especially about those who may experience stigmatization, or who are at risk of being stigmatized, can be shaped in different ways. Teachers and educators need to be aware of and responsible for watching out for the teachable moments that may present themselves to help children learn and understand the perception of their classmates.</p>
<p>Sauer, & Kasa, (2012)</p>	<p>Qualitative</p>	<p>98 Families of students with disabilities and undergraduate students from four different semesters at a western university</p>	<p>Database analysis of Semi-structured interviews</p>	<p>Pre-service teachers’ attitudes towards families of students with disability changed over the course of their research. Instead of feeling sorry for the families, pre-service teachers changed their views and attitudes toward constructs of normalcy and increased their understanding of individuals with disabilities. Additionally, pre-service teachers gained an understanding that their role</p>

				included advocacy for inclusive practices.
Savaria, Underwood, & Sinclair, (2011).	Qualitative	Four people age 17 to 24 with disabilities	Semi-structured interviews	The young adults interviewed for this study indicated that they did not have a strong participating role in the construct of their disability when they were younger. In other words, how they understood their disability and what it meant to them. Interviewees reported that the view they had of themselves was often as a result of how others viewed them. When they became young adults, the participants reported that the more they learned of their disabilities, the better their self-concept became.
Scior, Connolly, & Williams, (2013).	Qualitative	1,233 members of the UK population aged 18 or over	Online surveys	Presented with a vignette describing a young person, respondents had mixed feelings about interacting with a person with a label of learning disability or mental handicap, but generally were more accepting of that person if they understood what the label meant. When no label was given for the vignette, respondents were more opposed to social contact/interaction with the young person described and the respondents were more likely to blame the young person or his parents for his difficulties. The surveys also revealed that the more education and contact the respondent had, the more they predicted or recognized an intellectual disability.

<p>Sutherland, Algozzine, Ysseldyke, & Freeman, (1983).</p>	<p>Quantitative</p>	<p>40 fourth-grade students randomly selected from four classrooms</p>	<p>Survey</p>	<p>Peer acceptance ratings from the students revealed that they were more accepting of a peer because of the positive attributes that peer displayed, regardless of if that peer had a label or not. Therefore regardless whether a label is present or not, acceptance among students is higher the more positive the attributes are, and much lower if the attributes are neutral or negative.</p>
<p>Taylor, Hume, & Welsh, (2010).</p>	<p>Quantitative</p>	<p>75 children between the ages of 8 and 15 years</p>	<p>Age appropriate versions of the Culture-Free Self-Esteem Inventory, and a standard test of reading ability</p>	<p>Students who have a generic label, such as special educational needs, reported having lower self-esteem than students with a specific label such as dyslexia. Children felt that having a specific label was important because it explained their academic difficulties and lead to more targeted interventions. Whereas the non-specific label held no explanation for their learning difficulties and interventions are not as available.</p>

3.2.1 Research design

Six of the 16 studies (37.5%) used a quantitative design (Aksoy & Bercin Yildirim, 2008; Allday et al., 2011; Butler & Gillis, 2011; Harvey & Pellock, 2003; Sutherland, Algozzine, Ysseldyke, & Freeman, 1983; Taylor, Hume, & Welsh, 2010). One of the studies (6.25%) utilized a mixed methods research design (Bianco & Leech, 2010). Nine of the studies (56.25%) used a qualitative research design (Broomhead, 2013; Edmonds, 2012; Etscheidt, Clopton, & Haselhuhn, 2012; Jodrell, 2010; Kelly & Norwich, 2004; Messiou, 2008; Sauer & Kasa, 2012; Savaria, Underwood, & Sinclair, 2011; Scior, Connolly, & Williams, 2013).

3.2.2 Participants and data sources

The majority of the 16 research studies included in this meta-synthesis analyzed data from children, parents, teachers, and adults who have firsthand knowledge of living with or working with exceptional students. Four of the studies (25%) analyzed data collected from children, both with and without disabilities (Kelly & Norwich, 2004; Messiou, 2008; Sutherland, Algozzine, Ysseldyke, & Freeman, 1983; Taylor, Hume, & Welsh, 2010). Three of the studies (18.75%) analyzed data from undergrad students (Allday et al., 2011; Butler & Gillis, 2011; Jodrell, 2010). Two of the studies (12.5%) analyzed data from both general education and special education teachers (Bianco & Leech, 2010; Harvey & Pellock, 2003). Two other studies (12.5%) analyzed data from adults with disabilities (Edmonds, 2012; Savaria, Underwood, & Sinclair, 2011). Additionally, one of the studies analyzed data from parents and teachers (Broomhead, 2013), while another analyzed data from parents/families and undergrad students (Sauer & Kasa, 2012). The remaining studies analyzed data from siblings of children with

disabilities (Aksoy& Bercin Yildirim, 2008), members of the general public (Scior, Connolly, & Williams, 2013), and a review of court cases (Etscheidt, Clopton, & Haselhuhn, 2012).

Surveys and interviews provided the main data sources used in the research studies. Seven of the studies (43.75%) used surveys to collect data from participants (Allday et al., 2011; Bianco & Leech, 2010; Butler & Gillis, 2011; Harvey & Pellock, 2003; Jodrell, 2010; Scior, Connolly, & Williams, 2013; Sutherland, Algozzine, Ysseldyke, & Freeman, 1983). Five of the studies (31.25%) used interviews to collect data (Broomhead, 2013; Edmonds, 2012; Kelly & Norwich, 2004; Messiou, 2008; Savaria, Underwood, & Sinclair, 2011). Other data sources were also used in the research studies, including database analysis (Etscheidt, Clopton, & Haselhuhn, 2012; Sauer & Kasa, 2012), questionnaires (Aksoy& Bercin Yildirim, 2008), and an inventory (Taylor, Hume, & Welsh, 2010).

3.2.3 Findings of the studies

The findings of the 16 research studies included in this meta-synthesis can be summarized as follows.

1. Bias against people with disabilities does exist in the school setting and in many areas outside the educational environment. The degree of bias is dependent on many different factors: the behavior of the individual with exceptionalities, the acceptance level of the general public, the knowledge and understanding people have regarding disabilities, and preconceived notions people have already made in regards to disabilities.

2. Support for students and families with special needs, or lack thereof, plays a role in the self-esteem of special education needs students, the level of guilt experienced and felt by the

family, and the level of acceptance of the exceptional student by the family and the general public.

3. The level of involvement students with special educational needs have in the construct/development of their “label” along with their involvement/decision making of the education they receive is lacking. Adults with a special educational need report that if they had been more involved in the decision making process concerning the education they received, the difficulty, discrimination, and bias they experienced would have been less. Adults also reported that the more they understood their disability, the better they were at adapting and learning how to work with their disability instead of being hindered by it.

3.3 Emergent themes

Five themes emerged from my analysis of the articles included in this meta-synthesis. These emergent themes, or theme clusters, include: (a) teacher/label bias; (b) parental guilt; (c) social/student bias; (d) the social construct of the label of disability; and, (e) sibling relationships, how a child views and relates to their sibling with a disability. These five theme clusters and their formulated meanings are represented in Table 3.

Table 3

Theme Clusters	Formulated Meanings
<p>Teacher/Label Bias</p>	<ul style="list-style-type: none"> ● Bias exists within the teaching profession; it can be in place before a person begins teaching and may become more influencing with experience. ● The inclusion of students with special educational needs does not address the countless different learning styles these students may have. ● General education teachers feel unprepared or underprepared to teach students with special education needs. Teachers feel that they have not had the training or knowledge needed to be able to teach these exceptional students. ● General education teachers have lower expectations of students with special education needs, and have vastly different thoughts about accommodations and eventual outcomes of these exceptional students. ● The expectations teachers have of their students can be affected by information about a student’s special needs label. ● Attitudes and perceptions teachers have about their students has an effect on students with special education needs. ● Regardless of disability classification, overall performance of students with special education needs is lower than that of a student without a disability. ● Adults with the special education need of dyspraxia reported that because of their special education label, they had negative school experiences, poor relationships with their teachers and peers, felt that their teachers were not supportive of them, and that they felt disengaged with the education they received. ● General and special education teachers are less likely to refer a student with special education needs to a gifted program based on their preconceived notions of what a gifted student should look like, how a gifted student should behave, and how a gifted student should perform. ● Pre-service teachers reported that they did not feel comfortable or confident enough to work with a student with special education needs; this may result from a cultural notion that disability is undesirable. ● The behaviors of students/people with special needs have a larger impact of bias and stigmatization on the attitudes of non-disabled people, not the label itself. ● Observations performed by teachers may become biased if the observing teacher is aware of a student’s special education label; this could lead to the observations accuracy being reduced and the observation itself becoming biased.
<p>Parental Guilt</p>	<ul style="list-style-type: none"> ● Regardless of the nature of a child’s special educational need, parents experience guilt, or self-blame. ● Some parents seek a label of forgiveness as a result of the guilt or

	<p>self-blame.</p> <ul style="list-style-type: none"> ● If a child has a label of behavioral, emotional and social difficulties (BESD), teachers have a tendency to blame the parent(s) of the child of ineffective parenting, whereas they do not blame parents if the child as a different special educational need. ● Parents seek a label for their child to absolve them of guilt and blame. ● Parents sought to acquire a label for their child to ensure that their child will receive funding and support. ● Parental guilt plays a role in the decision some parents make to refuse consent for evaluation of their child. ● Believing that their child might be harmed from an evaluation, some parents refuse to consent to an evaluation. ● Parents also feel that there may be a stigma associated with an evaluation and therefore refuse their consent for such. ● Some parents believe that a predetermination has already been made in regards to where their child may be placed within special education.
<p>Social/Student Bias</p>	<ul style="list-style-type: none"> ● Behaviors of a person with special needs may be more stigmatizing than the label of such person and can lead to non-disabled people placing the blame of the unacceptable behavior directly on the person with special needs or his/her parents. ● Some non-disabled people who are aware of a special needs label are more accepting of a person with special needs; whereas if no label is known non-disabled people are opposed to social contact with a person with special needs. ● Even when a label of a person with special needs is known, there are still some non-disabled people who have no desire to socially interact with people with special needs. ● In some instances, knowing the label of a person with special needs lessens the stigma and misattribution of the problem by non-disabled people. ● Children respond to their peers, students with or without special needs, based on their behavior within the child community, not what label they may or may not have. ● Regardless of a label being present or not, children are more accepting of a peer because of the positive attributes the peer displays.
<p>Social Construct of the label of disability</p>	<ul style="list-style-type: none"> ● Children who have the generic label of ‘special education need’ have a lower self-esteem than children with a specific label, in part because the generic label offers no explanation for their learning difficulties; also targeted interventions are not available for generic labels. ● Children define themselves based on the label that they have been given, therefore if they do not understand the label (or if it is a generic label) children may be in danger of having a lower self-esteem than those who understand the label they have been given. ● Children who have a specific label, and who understand the label and their learning difficulties had a higher self-esteem about themselves;

	<p>they also learn that there are other children with the same problem.</p> <ul style="list-style-type: none"> ● Children who attend a school specifically for students with special needs tend to view themselves more positively along with their abilities; students with special needs in mainstream schools view themselves and their abilities more realistically and have a lower self-esteem. ● Adults with special education needs agree that if they had received more information about their learning disabilities at a younger age and had participated more in the construction of their label their life and attitude (self-concept) would have turned out differently. ● Self-concept and participation are linked to knowledge of one's own disability. ● Older students with special education needs report that their view of disability as part of their identity was not stable; it had shifted and changed over time. ● Many of these older students report that the difficulties they experienced as younger students were no longer significant because they learned useful coping strategies. ● These older students also reported that they view, or had viewed themselves in relation to how others viewed them or their disability.
<p>Sibling relationships</p>	<ul style="list-style-type: none"> ● Blood relation is at the foreground when sibling relationships are concerned. ● The positive manner in which sibling relationships develop are dependent on the level of parental acknowledgment, the structure of the family, the age and gender of the siblings, and the personality of the children. ● If relationships develop in a positive manner; the sibling's disability is not a barrier to the non-disabled child's safe, secure, and warm family environment. ● Children with a sibling who has autism have a more negative view of their relationship with that sibling; they are concerned of the future that sibling might have. ● If the sibling's disability is easily understood and visible, the stronger the relationship between the children is. ● The higher the degree of disability experienced by the sibling, the less positive the relationship will be of the non-disabled child with their sibling.

4. Discussion

In this section I have summarized the emergent themes from my analysis of the 37 articles included in this meta-synthesis. These emergent themes were then connected to my own experience as a special education teacher and as a person with a disability.

4.1 Teacher/Label Bias

It is very apparent through reading these articles that teacher bias does exist within the school setting. Even if a teacher claims to not be biased against students with special education needs, if a student is assigned a label of disability, just the label can bring forth attitudes of stigmatization from their teachers. One reason for this teacher bias is that teachers may feel that they have not had enough training or experience and do not feel comfortable or confident when it comes to teaching students with special needs (Harvey and Pellock, 2003). They may also feel that they are unprepared to understand the diversity and complexities of families and children with special needs (Sauer and Kasa, 2012). Allday, Blackburn-Ellis, and Van Dycke (2011) surveyed 122 undergraduate pre-service teachers for their study on observational bias. The pre-service teachers were given only a 30 minute training session on how to learn to do a behavioral observation of a student, which the authors' stated is more training than many practicing teachers receive. Harvey and Pellock's (2003) findings also report that Career and Technical Education instructors felt that they did not have the training or knowledge needed to instruct students with special needs. Of the instructors surveyed, 22% reported that they had no training concerning special needs through continuing education within the previous year while 8% reported having no in-service training during the same time frame.

For many teachers, especially if said teachers have had little to no training in regards to students with special education needs, a bias or stigmatizing attitude may become more impacting with experience. If a teacher is performing a behavioral observation of a student with special needs, the label tends to be the item being observed instead of the behavior (Allday et al., 2011). If a teacher is presented with a student who happens to have a special education label, the expectations of that student are lowered (Harvey and Pellock, 2003). If a student is gifted and wants to be referred to a gifted program, more than likely they will be denied because of preconceived ideas of how a gifted student should look, behave, and perform (Bianco and Leech, 2010).

It is clear that the attitude of teachers needs to change in regards to how they interact with and teach students with special education needs. Teachers need to be aware of any bias' they may hold in regards to their students, whether they have a special education need or not. When behavior observations are being done, teachers need to keep in mind that they are observing the behavior of the student, not the label that the student may have (Allday et al., 2011). Teachers also need to keep in mind every student's strengths, whether they have a disability label or not. Sometimes a disability may mask a gifted ability the student with special needs may have and therefore make both exceptionalities less noticeable (Bianco and Leech, 2010). All students, especially students with special needs, need to be held to higher expectations. Just because a student may have a special needs label doesn't mean that the student is not capable; the expectations of students with special needs should be in accordance to what they are capable of and their strengths. Lastly, teacher education programs should include courses to instruct pre-service teachers what having a student with special needs may entail. Sauer and Kasa (2012)

conducted a database analysis of semi-structured interviews completed by pre-service university education students. Their findings showed that the attitudes of the pre-service teachers changed from being uncomfortable and having pity for families with special needs children, to being confident in their abilities to communicate and work with the children and families with special needs. More teacher training is needed to combat the bias and stigmatization that many teachers have.

4.2 Parental Guilt

When it comes to parenting, I believe that it is common for parents to feel guilt when it comes to their children at times. When the child has a special education need, most parents feel guilt, or place blame on themselves for their child's difficulty regardless of the special needs the child might have. For parents of children who have a label of behavioral, emotional, and social difficulties (BESD), the guilt and self-blame is even more apparent. Parents report feeling an adversarial relationship with the school and also felt blamed of poor parenting by their children's teachers before and after their child had the label of BESD (Broomhead, 2013). The guilt the parents experienced is there and continues to be a problem even though their child is receiving help from the school. The parents had believed that if their child were to receive this label, not only would their child start receiving help in school but it would also relieve them of their guilt and self-blame. Such was not the case. Many educators in Broomhead's study reported that they believed children with BESD were the way they were because of poor parenting; biological factors were not considered as a possible cause of the child's problems, and the results of the child getting a label of BESD had not changed their beliefs towards the parents. Although parents of children with labels other than BESD still felt guilt or self-blame, the vast majority of

these parents in Broomhead's study reported that they were not blamed for their child's difficulties by educators; many believe that it was because the difficulties experienced by their children are explained by biological factors.

Parents have also shown in other ways that they feel guilty for their child's difficulties. Some parents go so far as to refuse consent for the child to be evaluated for special needs services for many different reasons. In the study performed by Etscheidt, Clopton, & Haselhuhn, (2012), nineteen court cases were reviewed to find out why parents refused consent. If a child was already receiving services, the parents believed that any further evaluation might be harmful to their child. Parents were also concerned with the stigma associated with a disability designation, especially if their child could receive an emotional or behavioral label.

Whatever the reasons are for parents to feel guilt or self-blame for their child's difficulties, or their reasons for refusing to consent to evaluations, educators need to respect how the parents feel in regards to their children and the child's education and not bring their personal feelings to the forefront. As teachers we are there to help educate someone else's child to the best that we know how, and we are not the child's first teacher; their parents are. Teachers need to focus their energies on educating children in the best way that the children will learn regardless of their special education label. In the study by Etscheidt et al. (2012) recommendations were made by the authors in how to work with parents. A lot of times, parents are not fully informed of what is happening with their child and do not feel that they are part of their child's IEP team. They may believe that it is the teachers vs. the parents and the parents are automatically on the defensive when it comes to communicating with their children's teachers.

Teachers need to make the time to communicate with parents, even if it takes many days and multiple meetings for the parents to feel that they are a vital part of their child's education.

4.3 Social/Student Bias

As with teacher bias, student and social bias exists both in and outside the school setting. However unlike teacher bias where the presence of a label and preconceived notions of a disability lead to bias, the behaviors of a person with special needs is what leads to bias and stigmatization in the world of peers and the general public. In general, if people know a person has a special needs label, or they assume a person has a special need, they are more accepting of and have more compassion for that person (Scior, Connolly, & Williams, 2013). If no label is present and there is no assumption of a special need, people will generally assume a more stigmatizing cause or place blame for the difficulties/behavior on the individual or on the parents. Social behaviors have a larger impact on stigmatization than labels do (Butler, & Gillis, 2011; Scior, Connolly, & Williams, 2013; and, Sutherland, Algozzine, Ysseldyke, & Freeman, 1983).

In the school setting, children do not react negatively or positively toward a peer because of a label, rather they respond because of the behaviors of the peer and what that peer does within the child community (Sutherland et al., 1983). That being said, there does come a time when children form social groups and can be mean to other children just because they feel like it. In one study, the author looked at how children formed opinions about their peers, particularly when it came to peers who may be marginalized (Messiou, 2008). As a result of her semi-structured interviews with primary school children, Messiou put forth her findings in the form of what teachers can do in their classrooms to help alleviate the possibility of the marginalization of some students, especially students with special needs. Cooperative learning

and including all students in activities without bias or stigma attached is one way in which children learn about each other and how to work with their peers. Teachers should also be on the look-out for the teachable moments that arise from time to time to help their students learn appropriate social behavior towards each other.

4.4 Social Construct of the label of disability

Social construction refers to how a child makes sense of the world around them and how it affects their self-esteem. The social construct of self can have many factors that can impact self-esteem. One would be the perception of how others relate to or interact with the child. Cultural perceptions are also at play here. We ask ourselves how the disability impacts the development of self-esteem in the child. A lot of a child's perceptions of disability are based on media messages, interactions with the general public, and interactions with their peers or specific groups within their schools. All of these interactions have a huge impact on how all children view themselves. When a child has a label of special needs, the child uses that label to help define themselves in society (Taylor, Hume, & Welsh, 2010). Therefore, a label that helps explain a child's difficulty is important to that child because it helps them form the social construct of their label, which in turn has an effect on the self-esteem of the child. A generic label, such as special education need, does not give any indication of what a student's difficulties may be. A more specific label such as learning disability or Asperger's syndrome is more concise in that the terms are recognized by society and help explain the difficulties experienced by the child. Further, targeted interventions for specific labels are widely available, this is not so with generic labels. The more a student knows about and understands their disability, the better

their self-esteem is and the better they are able to participate in the construction of the label they have been given.

In regards to the self-perceptions of students with special education needs, the majority of them are aware of their learning difficulties and there is a mixture of reactions. Students who attend school specifically for students with special education needs tend to have a positive self-perception, whereas students in mainstream school have a mixed or negative perception (Kelly & Norwich, 2004). As these authors have noted, this relates to the social comparison theory in which students compare themselves to those around them. Students at the special needs school compared themselves with each other, all having similar abilities and therefore were more positive. Students attending mainstream schools have peers with higher abilities which cause them to have a lower self-perception. When questioned about the special needs labels the students had, younger students were less bothered by the label whereas older students did not like the label (Kelly, & Norwich, 2004); and all students were sensitive to the negativity of just having a label (Savaria, Underwood, & Sinclair, 2011).

When children have difficulty in school, it is important not only for educators, but mainly for the children to be identified as early as possible so that they can get the help they need. Children need to understand the label they have and should be given as much information about their label as they can understand (Taylor, Hume, & Welsh, 2010). Older students with special education needs report that had they been given more information about their label their experience in school would have been much different. They stated that they had very little involvement in the construct of their learning disability and it greatly affected their self-esteem. As these students matured, they learned more about their learning difficulties and stated that they

felt they were no longer defined by their disability; with knowledge, their disabilities shifted and changed over time; they learned useful coping strategies that made their difficulties less significant (Savaria, Underwood, & Sinclair, 2011).

4.5 Sibling Relationship

One of the most important relationships a child has is with his or her family. When a child has a sibling with a disability, the relationship that child has with the sibling can appear to be much different than other children with non-disabled siblings. However, in most cases it is no different. Aksoy, and Bercin Yildirim, (2008) questioned siblings of children with disabilities and found that relationships between the siblings start in the family home and develop in a positive manner in the secure and safe family environment, therefore there is no threat felt by the non-disabled child. The authors did discover that children were more accepting of their sibling if the disability experienced by the sibling was more visible and easily understood by the non-disabled child and lead to a much stronger relationship between the children. Yet if the disability is of a higher degree, such as a mental disability or Autism, the less positive the relationship between the children might be (Aksoy, & Bercin Yildirim, 2008).

5. Conclusion

My findings in this meta-synthesis were eye opening in some instances, and verified what is already known in others. The literature suggests that there is still a great deal of bias and stigmatization by teachers within the schools. I had seen this personally but didn't think it was as pervasive or wide spread as it is. In this day and age I would think that it would be drastically lessened given the amount of knowledge that is known about the many different types of disabilities we as teachers encounter throughout our teaching careers. The literature also

suggests that there are a number of teachers who were uncomfortable and felt unprepared to teach students with special education needs. The author of one article brought up a good point when he stated, “Inclusive education aims to bring those with disabilities into mainstream schools. However what it does not aim to do is adapt the structure of those schools or of the teaching styles to enable the policies to be totally inclusive,” (Edmonds, 2010, pg. 134). If the goal of inclusive education is to provide the same quality education to all students, then teachers need to be committed to doing just that. Teachers who do not wish to be burdened with a student who has special education needs should not be teaching at all. In the inclusive education environment that currently exists one would wonder why a teacher who does not wish to be burdened with students who have special education needs would continue to teach. If a teacher really doesn’t want to work with these students, and more inclusion is the direction that we seem to be moving, then why would they keep teaching? Also, teachers should realize, especially if they have been teaching for a while, that not all students learn in the same manner. Whether or not they have students with special education needs in this classroom, there are still many students who have vastly different learning styles. A teacher who believes they are doing a good job at instructing their students may in fact find out that some students understand the instruction and some do not. That teacher will either be involved with re-teaching the material or move on with a ‘what will be will be’ attitude. This type of attitude has proven to not be supportive of all students especially students with special education needs.

There were many times that I asked myself while reading the articles, “what is normal?” As a child with a hearing loss, I felt that I was not normal; I was always the different one. I looked at my siblings and thought of them as normal, they could hear out of both ears. As I grew

older the concern of being “normal” like my siblings had lessened, my hearing had not changed but I did. Like some of the students interviewed for Savaria, Underwood, & Sinclair’s (2011) article, my disability as part of my identity shifted and changed over time. I still have a hearing loss, but it is not what defines me. Which brings up another thought I had while reading the articles, am I disabled or impaired? Edmonds (2012, pg. 130) brought up a good point. He stated, “Like all social models critical disability studies distinguishes between notions of impairment and disability, impairment being something we can all suffer from – for example, those with vision problems are impaired – and disability as a social construct that disables.” So either I am both impaired and disabled (I wear glasses and have a hearing loss), or I can choose to be neither. In actuality, when looking at the definitions of both impaired and disabled, they mean almost the same thing. I choose to be neither. Going back to the question of what is normal, it’s all personal perspective. My normal is who I am and who I chose to become with all of my flaws intact, which is a different ‘normal’ from everybody else. This concept is what many of the articles were getting at, the more students know about their disabilities and learning difficulties early on, the better they are at learning the skills that will help them form their identity with a positive self-esteem. All students, not just those with a special education need, must to learn how to self-advocate and learn what their strengths are. Those with disabilities need to know as much as they can, or are able to learn, about their disability. The more a student knows about and understands their disability the better their self-concept will be.

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