

Ableism in Educational Systems

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Ableism can be defined as a system of beliefs that normalize notions of the body/mind and ability that are culturally constructed, and views disabled people as inferior and lacking (Bé, 2019). Hilary Enders is an 8th grade student at Carter Middle School. She loves being involved with musical theater, and watching Hollywood movies. As a young female with down syndrome, she has been included in typical classrooms through all levels of her education. In a conversation with her tutor of many years, she discussed the regulating function of ‘normalcy’ for students with disabilities. She specifically talked about how there was pressure on Hilary to perform in ways that were typical of her same age non-disabled peers. The need to look the ‘same’ and perform in normative ways was so real for Hillary that even the tutor who was highly critical of the ways in which instruction was provided for Hillary in school, found herself reinforcing the standard of normalcy (Ashby, 2010).

Studies show that disabled people who have visible impairments will often more likely be targets of abuse, violence, street harassment and other types of difficult situations (Bé, 2019). Those with chronic illnesses and other invisible impairments, are sheltered from these types of uncomfortable and difficult immediate encounters with strangers. However, they face other types of challenges that are important to understand.

As a white, able-bodied, female born into a middle class family, I was privileged enough to have known what a great education looked like from a young age. I never worried about how I would get to school, or how I would be able to afford the cost of attendance. My teachers always understood me, and I was set up for success in the same standardized way as every other student that looked like I did. I never understood what children with disabilities and their families had to endure to advocate for equal opportunities in the classroom. All of this changed when I was in 5th

grade, and diagnosed with Type 1 Diabetes. This diagnosis would follow me throughout the rest of my life, and my family and I soon came to know what it felt like to have to educate my teachers about how to care for me, and to get accommodations for testing due to medical needs. Once again, being fortunate enough to have parents that took the time to educate and train my teachers, and advocate for a 504 plan was a privilege I now understand and greatly appreciate.

My interest in ableism in education started from my own personal experience, but it now goes beyond that. I was interested in exploring further if other experiences were similar to mine, how ableism came about in the educational system, and what as a clinical psychologist I can do in the future to support those and their families dealing with not receiving the support they deserve. I will be discussing the cultural norms and values that sustain ableism, the characteristics of the groups of people affected, and what if anything we can do to help mitigate this inequality for the future.

Ableism Defined

Rauscher and McClintock (1996) define ableism as “a pervasive system of discrimination and exclusion that oppresses people who have mental, emotional, and physical disabilities. In other words ableism can briefly be described as the belief that it is superior not to have a disability than to have one, and better to conform to the way non-disabled people do things (Storey, 2007). Ableism is protecting financial status in education, and with ableism in place, schools can get away with not educating teachers as much about the needs of their students with disabilities, and they can expect them to perform at a standardized level in order to receive the funding the school needs to stay open. Those with visible disabilities versus those with invisible ones have a different experience with advocating for themselves in an educational setting,

although both are just as important. Being labeled as disabled molds those individuals into a category of need.

People who live with invisible impairments can experience issues such as the expectation that a person that appears to be non-disabled ‘should’ act as if they are not disabled. Research has also suggested that because people living with chronic illnesses can be read as ‘non-disabled’ by others, they are often asked to conform, act and behave as a non-disabled person would (Bé, 2019). Any individual regardless of visible/invisible disability, who fall outside the range of dominant norms of bodily appearance or normative performance face exclusion and oppression (Ashby, 2010). Research also indicates the importance of understanding the perspectives of faculty in academic settings in relation to disabilities as well. When disability was viewed by teachers as a valuable asset for the student and not as a deficit, it was easier to recognize the student as important, and they can learn just like other students when they are placed in an environment that is supportive, and adjusts to their needs (Brown & Ramlackhan, 2021). Educational settings can be a space that represents inclusivity where disabled students can thrive, society just needs to be able to adapt to new definitions of normal, and allow for others to excel in their own way.

Historical Perspectives of Ableism

Early Goals for Inclusion

Contrary to popular belief, the inclusion of students with disabilities in educational settings only started to gain strength in the 1970’s and 80’s. The goals for inclusion were first started out as social opportunities rather than academic ones, where students could build positive peer relations, and acceptance into a larger school community. During this time period it was still normal to see students with more significant disability labels denied access to academic

opportunities due to lack of support and understanding in the classroom. Researchers and practitioners started challenging this notion, arguing that high academic standards with the social involvement should be a norm for all students, even those with disabilities (Ashby, 2010).

Historical Federal Laws

Before the 1970s no major federal laws protected the constitutional rights of those with disabilities. Most public policies were directed to help veterans with disabilities, not children with them who wanted to attend school. A critical turning point came with the passing of the Rehabilitation Act of 1973, especially section 504 which specifically banned those receiving federal funds from discriminating against people with disabilities (Aron & Loprest, 2012). Because almost all public schools receive federal funds, section 504 applies to them. This law entitles children to a public education comparable to that provided to children who do not have disabilities. While section 504 helped break down barriers for the disabled, a more proactive law was passed two years later in 1975 called the Individuals with Disabilities Education Act (IDEA), This established the right of children with disabilities to attend public schools, receive services designed to meet their specific needs free of charge, and receive education in regular classrooms as much as possible alongside nondisabled children by the 2005 school year, more than 30 years later, 6.7 million children were receiving special education services through this new law (Aron & Loprest, 2012). As much as this law was designed with giving disabled students a “normal” educational experience, it is also forcing them to conform to a classroom that might not be set up in a way that gives those students the best chance to succeed academically.

History of Ableism

The concept of ableism has roots within the work of Bogdan and Biklen (1977) , who originally used the term “handicapism” which they defined as ‘a set of assumptions and practices that promote the differential and unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences’ (p.14). Handicapism is still used in current literature, but more commonly it is referred to now as ableism. The word we use today to describe those who are not disabled is “normal”. This word as it applies to human behavior did not exist until the mid-19th century, and carries cultural and social power (Davis, 1997). What it means to be disabled in current times is understood through social construction. It imposes its own meanings on disability that affect the lived experiences of someone with a disability, and is also limited and prejudiced in the understanding of what a disabled life can or cannot be. Disability scholars argue that disability is a social construction, and some have summarized it this way: disability is often less about physical or mental impairments than it is about how society responds to impairments (Burch & Sutherland, 2006).

According to the U.S. census in 1997, roughly one out of every five Americans qualified as disabled. The numbers are probably much higher than this, and as Americans live longer, their chances of being at least temporarily disabled rise significantly. As Doug Baynton expresses it: “Disability is everywhere in history, once you begin looking for it, but conspicuously absent in the histories we write” (Burch & Sutherland, 2006). All of us likely have or had some kind of disability ourselves, know someone who has a disability, or statistically will become disabled at some point in our lives.

Mechanism of Oppression

Students with disabilities must take assessments through doctors in order for them to be qualified for educational help and plans. If they have a diagnosis, it is much easier to get the right

accommodations through the school that the child needs to succeed. Those with disabilities require health care services which make them particularly vulnerable to lack of access, high cost, quality, and coverage weakness in the health care system (Bethell, Read, Stein, Blumberg, Wells & Newacheck, 2002). Those with low socioeconomic status might not have the ability to get themselves or family members assessed by a doctor. This can lead to the student not being able to get the accommodations they need in order to succeed in an academic setting, all because they are not labeled with a diagnosis. Insurance and low SES are major mechanisms of oppression for those with disabilities.

Researchers found that placement practices either extend children's schooling by a year as in grade retention ("flunking") or identify children as handicapped and place them in special education programs, thereby removing their test scores from the pool of scores typically included in public accountability disclosures (McGill-Franzen, & Allington, 1993). This form of boosting standardized scores is another way in which those with disabilities are not able to perform at their highest level. They are taught to conform, and if they don't they are counted as handicapped so that the school would not look like they are under performing. If a student is placed in a classroom that does not help foster their learning, the school is failing to support their students at the boost of their own credit.

Cultural reproduction theory shows how oppressing those with disabilities, racial and class inequity are reproduced over time through institutional and individual actions that maintain the status quo at the expense of less privileged groups (Skiba, Simmons, Ritter, Kohler, Henderson, & Wu, 2006). Interactional and evaluative techniques used by teachers might not be adequate to fully identify the intellectual resources or talent of low-status children who are

assessed as poor performers in a test setting. These patterns can unintentionally re-create or reinforce existing inequalities in school practices.

Due to students having to take assessments and get certain scores to be able to be diagnosed with a disability, or having their scores silenced, this has led to those with disabilities not getting the care and access they need. If a student or their family is of lower SES and they need to be tested for accommodations and they cannot afford it, the system currently in place oppresses those who cannot afford to be tested. Students have to find ways to be classified as disabled in order to qualify for accommodations. Historically, this led to those with disabilities having to conform and mitigate their needs, which places them in an environment set up for them to fail.

Cultural Norms and Values

Ableism within the educational system is sustained through cultural norms and values that prefer able bodied students over students with disabilities. The cultural norm of individuality and being able to be autonomous for example, is one that influences how disabled students are perceived by their peers and teachers. Individuality and autonomy are valued traits within US culture, and therefore if one does not possess these traits, they are looked down upon as needy or unable to be “normal”. Because of this, a myth in education within the US is that disabled students do not learn as well or they are not as smart as their non-disabled peers. Research on attitudes of nondisabled individuals regarding those who have a physical disability suggest that both sympathy and aversion are common (Fichten, Robillard, Judd, & Amsel, 1989).

Nondisabled people are less comfortable with disabled than with able-bodied peers and will avoid an individual who has a disability if there are socially and personally acceptable reasons for doing so. This suggests that the positive descriptions of those with disabilities might be due

to social desirability, sympathy, or self-presentation bias (Fichten, Robillard, Judd, & Amsel, 1989).

Another cultural value that maintains ableism in education is that western society has created barriers to accepting diversity. In the past, those with disabilities were excluded from mainstream education, employment, and full participation in society (Harpur, 2009). Just like historically how women and those of color were subjected to restricted access in education, work, and social class, now we as a nation have added to our barriers and included those with disabilities. It is hard to break this barrier down for all diverse groups, and there is such a high standard to be “normal”, that it puts pressure on those who are disabled to ever feel like they are good enough.

Systemic Value of Ableism in Education

Ableist tendencies in the educational system affect many groups, not only the students themselves. It can affect parents, families, doctors, educators, and psychologists. This system mainly affects the students because they are having to conform to the ideals of not only society but the norms of other students without disabilities. The educators are having to come up with individualized plans for each student while also making sure the school district is happy with test scores and how the students are performing at a certain level. IEP and 509 plans are in place for those with diagnosis from their doctors, and reasonable accommodations need to be met in order for that student to succeed. Doctors and psychologists are performing the assessments in order to help the student get the diagnosis they need to succeed in an educational setting. Lastly, it affects families and parents because they have to advocate for their kids, and make sure they are being treated fairly, and succeeding in their environment.

While inclusive educational programming has become more common for many students over the past couple of years, recent data suggests that most children with disabilities continue to be taught in a special education setting rather than being integrated into general education classrooms. Some parents are in favor of the integration into general education, while others feel that it would not be beneficial for their child (Palmer, Fuller, Arora, & Nelson, 2001). Parents not in favor express concerns regarding the lack of individualized attention and support, and the possibility of rejection or mistreatment by other students. Because the overwhelming majority of parents whose children have severe disabilities are being served in special education settings, it is these parents whose beliefs and values will determine the future of the inclusion movement.

Ableism is valuable in the educational system because at its roots, ableism is an assumption that disabled people require ‘fixing’, and defines those individuals by their disability. Educational systems can place standards on those with disabilities especially in a special education setting, to make sure they are meeting the mark for being disabled. The movements advocating for integrating general and special education is a hard sell because parents do not believe their children can learn at the pace of non-disabled students, and do not want there to be mistreatment of the students that do have disabilities.

A long history of ableism exists within the U.S. and shapes policies, practices, and assumptions within the public education system. Ableism is built into educator and principal practices, which contribute to inequitable outcomes (DeMatthews, 2020). Principals are in a key position to challenge narratives about ability and facilitate equity-oriented change. It is important to consider how school leadership can systematically address ableism. Educational systems on the outside seem to be doing what they are supposed to be doing for those with needs, but when looked at under a microscope it is evident that there is a lack of support for those who need it.

While on the outside, education has come a long way in providing opportunity for those with disabilities, there is still a long way to go. Addressing the issues would require major change, and non-disabled individuals would have to first see those with disabilities as humans, not people to feel sorry for. As an individualistic society it is easy to have every man for themselves so to speak, but if society recognized everyone as a whole, there would be more care and respect for those different than ourselves.

Clinical Psychologists as Agents of Oppression

Clinical psychologists may become agents of oppression when practicing as treatment providers for families who have children with special needs or disabilities. According to the ADDRESSING model (Hays, 2001), it is important to look at our own disabilities and how we may differ from the clients we are helping. Recognizing the power differences between the clinician and the client in regard to disability in this case will help with building rapport and trust. Even though psychotherapy is often focused on the individual client, every person's mental health is affected by the society in which they live (Kelly & Varghese, 2018). As a clinical psychologist they could work with disabled students in a school setting as a school psychologist, or work with them in a testing capacity, diagnosing for disabilities. In the case of a student whose disability can be handled in the classroom, teachers require guidance for how to handle situations due to being the only one qualified to do so (Barker, 1938).

The special education evaluation process is intended to be objective in determining the student's level of learning need, but research suggests that this might not be the case. A recurrent theme presented is the potential link between observed disparities and biased decisions. Historically, challenges emphasized psychometric bias in tests used to determine eligibility for certain disabilities (Sullivan, Sadeh, Hour, 2019). As future clinicians it is important to be

unbiased in administering psychological assessments, and understanding how to correctly interpret data results based on the client. When participating in this role as an evaluator, it is imperative that psychologists consider their own biases about those with disabilities. Even those with good intentions of ensuring the equality of a student are apt to make mistakes based on implicit biases. School psychologists can make an impact just by being correctly informed about data, and making sure there is a plan in place to help the student succeed.

Additionally, it is crucial that clinical psychologists are aware of cultural differences in parenting styles of their child with disabilities and the unique barriers that many students face in the educational system they are currently in. Recent research shows that school psychologists tend to over-identify intellectual disabilities and other disabilities without supporting data for required criteria. These results suggest poor understanding of the disability categories and a predisposition among a large subset of school psychologists towards qualifying a student for special education regardless of the evaluation findings (Sullivan, Sadeh, Hourii, 2019). These findings show how important it is to be able to understand disability and the criteria before diagnosing any disabilities. Whether the clinician is helping this population with psychotherapy or assessment diagnosis, it is imperative that they take into account their own internal bias, and understanding the data and results from assessments before making conclusions.

The educational system has come a long way in terms of accepting those with disabilities and creating plans for those students to succeed, although it does not promote the opportunity it claims to give. Rather, it is a system that values individuality, autonomy, and conformity. While inclusive educational programming has become more common for many students over the past couple of years, parents are not sure general education would fit the mold of their children (Palmer, Fuller, Arora, & Nelson, 2001). Ableism is valuable in the educational system because

at its roots, ableism is an assumption that disabled people require ‘fixing’, and defines those individuals by their disability. It allows the education system to appear as if it is helping and working with students to succeed in their own way, disguising the true harm that it can cause if plans are not in place correctly.

Inclusive education is an ambitious agenda, but schools could incorporate increased access for all students, enhance acceptance of students, engage all students regardless of disability with leadership opportunities, and have principles set direction of understanding and organizing the learning program to fit all needs of students (DeMatthews, 2020). Clinical psychologists are responsible for checking implicit bias before administering therapy or assessment. Realizing the power that comes from being of able body, helps to establish trust and rapport with clients when both parties understand each other. It is the clinicians responsibility to make sure they are staying up to date on current approaches, checking for bias as they administer assessments, and diagnose clients for school, all taking into account cultural and social factors.

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