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## CHAPTER 35

### LABELING AS A NECESSARY EVIL IN DEALING WITH PEOPLE WITH DISABILITIES

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#### **Introduction**

The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol (UN-CRPD, 2006) defined persons with disabilities (PWDs) as those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The World Health Organization (WHO) estimated that about 15% of the world's population has a disability. Persons with disabilities are not a homogenous group. They face multiple and compounding forms of discrimination, on the basis of disability but also on other grounds, which may lead to situation or exclusion ([www.emergency.unhcr.org/entry/43586/persons-with-disabilities](http://www.emergency.unhcr.org/entry/43586/persons-with-disabilities)).

The UNHCR Policy on Age, Gender and Diversity (AGD, 2018) affirmed six areas of engagement where PWDs are mostly affected. They are:

- PWDs may experience difficulty in moving, hearing, seeing, communication or learning. Their disabilities may include injuries or chronic illnesses.
- PWDs face a variety of barriers: these may be physical and environmental; attitudinal; policy; or in communication.
- PWDs are more likely to experience violence, including: sexual and domestic abuse; exploitation by family members; discrimination; and exclusion from access to humanitarian assistance, education, livelihoods, health care and more.
- PWDs are likely to be more at risk in dispersed rural and urban settings and recent displacement sites, because communities in these locations are less cohesive and community protection mechanisms may be weaker.
- Adolescents and youth with disabilities are frequently excluded from peer group activities and social networks that can help to protect them from bullying, stigmatization, and harassment at the hands of peers or teachers, harming their educational opportunities.
- Persons with psychosocial and intellectual disabilities tend to be less identifiable than persons with physical and sensory disabilities. As a result, programmes are less likely to address their needs.

The necessity of classifying people with disability or difficulty in earring into predetermined disability categories has been an old tradition in special education.



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Without these categories, special needs teachers and special schools would not exist (Norwich, 2014). In countries where different schools are run for children with special needs, the formal diagnosis of a special needs was – and still is – a necessary condition for referring students to these special schools, however, the categories are strongly criticized, particularly with regards to their potentially stigmatizing effect (Boyle & Lauchlan, 2017; Algraigray & Boyle, 2017).

Merely enquiring if labels are ‘good’ or ‘bad’ does not really justify why labels are used (Boyle, 2013). Teachers are to effectively meet the needs of learners in their class as well as their additional support needs without viewing the child as a problem but looking for ways to solve the problem within the learners (Florin & Linklater, 2010). Labelling has been viewed as both a means for receiving extra support as well as helping to identify possible features associated with that diagnosis. This can translate to mean that labelling can ‘open gates’ for these learners, including the teachers to acquire the knowledge about the characteristics of a specific disability in order to adapt their teaching and learning process (Sutcliffe & Simon, 1993).

In the context of Special needs education, it has been proven that assigning labels to children and young people with disabilities has helped with the provision of appropriate resources that have aided learning opportunities, extra support and increased awareness and understanding of certain disabilities (Lauchlan & Boyle, 2017). However, as Boyle (2014), pointed out, the reality may be that it is well intended but can harm if it is done in an unorganized or isolated way. Therefore, it is very important to understand the medical and social models of disability. Although this is not the primary aim of this chapter, these models can provide a better understanding about who has the power to label children and young people with disabilities.

a. **The Medical Model:** as the name implies, it is medical in nature and classifies disability as a defect or sickness that can be treated by rehabilitation through the help of medical professionals or medical interventions (Kaplan, 1999). According to this model, if a person’s disability is managed, then any problem is made better or are improved in some way to give the individual a better life. From this perspective, it is difficult to understand why society discriminates against those with disability.

Medical intervention, rehabilitation professionals and other professionals must be involved to treat disabilities (Kaplan, 2000). However, critics of the medical model state that it attempts to cure all problems, ignoring the fact that some disabilities are caused by social and cultural factors, and are thus outside the domain of medics. This model possesses internal contradictions, as it claims that disabilities should be treated only with medical intervention.

b. **The Social Model:** is associated with the idea that disability is mainly influenced by oppression, exclusion and social discrimination (Thomas, 2004). The advocates of this model consider the way that the environment disables people with social



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discrimination considered the most significant issue experienced by people with disabilities (Kaplan, 1999). The social model posits that disabilities result from social barriers and not associated with the body. According to Oliver and Barnes (1998), the social model defines impairment as a deficit that refers to sensory and physical impairment alone.

In other words, the categorization of children and young people with disabilities is largely established by professionals who manage the disabilities based on their knowledge of the disability and not by the people with the disabilities themselves (Harpur, 2012). These labels provide the sense of being rational and neutral, since they are created by professionals (Powell, 2003). It is therefore necessary to exercise caution when using labels either from the medical or social models.

These classifications and labels are fixed firmly in certain criteria of institutions and practices and are used to decide what sort of behaviour is accepted or not. Ho (2004), pointed out that these diagnosis are intentionally or accidentally used to discriminate against pupils who are diagnosed as having impairments and to later decide their educational and employment chances. Some labels purely exclude these children from mainstream schools and they are placed in separate special schools where they will be able to receive the appropriate support they need.

This is sometime in ignorance of evidence which seems to suggest that appropriate support can and should be provided in mainstream school (Boyle et al, 2011). Hacking (1999), stated that these classification are sometimes socially shaped and might affect the social interactions of the labelled child. In this resolve it is important to note that the consequences of labels such as stigma and exclusion cannot be detached from societies.

In the current debate of the effectiveness of labelling, this is one of the main pro-arguments: the formal assessment of special needs categories is important because it gives students and schools the opportunity to receive additional resources in order to provide students with their needs (Arishi et al, 2017). Many people categorized under these labels will need supplementary resources in learning in order to achieve the best academic landmark as well as those without disabilities. These could range from schools having access to teaching packs, the presence of a professional guidance counsellor or specialist, 1:1 pupil support assistants, other supports within the classroom and access to relevant funding (Blum & Baken, 2010; Boyle, 2013).

Labels seem to function in both negative and positive ways in education. Early research works have shown that knowing a child's label especially the labels of mental retardation, emotional/behavioural disability and learning disability affected teacher's perceptions for success (Bianco, 2005; Foster & Salvia, 1977). While some other research work showed that only certain labels such as emotional disturbance influenced teachers' perceptions and expectations for students' academic success (Levin et al, 1982).



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## **Labelling Theory and how it refers to labelling Persons with Disabilities**

Becker's 1963 labelling theory gave a tremendous insight into what labelling is and its effect on the individual being labelled. It also states that the society determines the concept of what is different and those who break the rules or behaviour differently in the community are labelled. The simplest way to explain Becker's labelling theory is to view it from the standpoint of deviance from the norm and statistics. Becker's theory also states that labels will vary depending on the culture, time period, and situation.

Sociologists generally agree that deviant labels are all stigmatizing labels. These labels can also be ascribed to someone by groups or people who do not have the official authority to label someone as deviant. A valid example of such instance can be a teacher and other staff of a school labelling a child as a 'troublemaker' and as such begin to treat the child as a problem. The child is made to face detention and other punishment even when he or she had not done anything to deserve the punishment (Charlotte, 2021).

In the Special Education field, people and professionals in power label children and young PWDs based on diagnostics outcomes and strong legal activity. One example is the Disability Discrimination Act 1995 in the UK. Legal activity and rigour of medical science outcomes are consolidated in powerful words and phrases towards children and young people in SEN. These labels are given more credibility because they were given by professionals and people in power.

Charlotte (2021), posited that labelling theory is an approach in the sociology of deviance that focuses on the ways in which the agents of social control attach stigmatization stereotypes to particular groups, and the ways in which the stigmatized change their behaviour once labelled. She also suggests that labelling can lead to blocked opportunities, such as reduced education and instability in employment; and the weak conventional ties resulting from this lack of opportunity can create a long-lasting effect on the individual.

Labelling can be done formally or informally. Formally by a professional (psychologist, medical doctor, ABA specialist) or informally by just anybody. Both ways the individual is labelled and these labels go a long way to shape who the child becomes in future and the services they can access.

### **Advantages of Labelling**

In the opinion of certain people, they see labelling as a necessary evil. They believe that labelling is a positive practice because it provides special support for people with disabilities and might open doors for variety of opportunities and access to resources (Boyle, 2013). Diagnostic labelling leads to early intervention and helps people with disabilities to gain better treatment plans, which will facilitate learning. Gross (1994), using an Asperger's syndrome student as an example, revealed that labels do help teachers in providing adequate support for students on the label both curricular and social support wise.



These labels are meant to help professionals understand the difficulties a child is facing and to provide suitable services and programme for each child. With the help of the label, the child can be eligible for certain services that would not have been given in mainstream schools. According to Aldabas (2015), the Saudi Arabian government offers services only for people who have been assigned a label, such as learning disabled, deaf or blind. So, in this case the label is truly a necessary evil that both the child and their parents cannot help but accept the label in order to get access to the required services.

In a dyslexia study conducted by Riddick (2000), the researcher found that many students with dyslexia felt stigmatized because of visible signs like their poor spelling or handwriting or their inability to finish task on time. The result from the research showed that majority of adults and children that were studied found the label to be very helpful at a private level – many were emphatic about its importance. Some also valued having other students know they were dyslexic because it provides a positive and less negative message about the nature of dyslexia.

Half of the children and adults in the study, however, preferred that no one outside their families know they have dyslexia. This preference seemed based on the fear that others would have a negative view of their basic intelligence, some also suggested that other students should be educated about dyslexia. It was also suggested that parents should be helped by validating that there was indeed a problem and enabling them to access services for their children, presenting a medical explanation for the problem (Reid, 1996).

Another positive aspect of labelling is that it helps people with disabilities and their families to understand their situation by giving vivid explanation on why there is a disability and how the child can be helped (Kayama & Haight, 2013). This helps both the child and their families to provide support for the child at the home front. Parents are therefore not under pressure nor inadequate in supporting their children when they come home with school activities. In conclusion, many of these positive feedbacks may also result from response to intervention approaches which also identify educational needs and provide appropriate interventions.

### **Disadvantages of Labelling**

A counterargument to labelling is that the use of labels can be destructive if society is unable to recognize and comprehend the purpose of labels and how to deal with individuals who have been labelled. This is also the case when labels are used to stigmatize the children, damaging their self-esteem as a result. In some cultures, parents blatantly refuse to acknowledge the child's labels as having disabilities, making it difficult to convince them to attend awareness sessions.

Lalvani (2015), found that some parents have negative views about labelling and react adversely to notions of having a child with disability. They are in denial and struggle with the reality of having a child with disability. They refuse to acknowledge that their child is different and that he or she needs special support



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in order to achieve same milestone as other regular children the child's age. Sometimes, this refusal is done in a bid to protect their child from possible further abuse, isolation or feelings of inadequacy.

Blum and Bakken (2010), believed that sometimes these labels are useful generalizations that can be harmful sometimes. They found that most teachers make assumptions about labelled students, concluding that these students would be unable to undergo certain tasks or engage in certain activities based on their labels. This view was also shared by other scholars.

Some scholars argue that having knowledge about the child's label made teachers to stereotype pupils and therefore failed to understand the pupil on an individual level (Lauchlan & Boyle, 2007; Boyle, 2013). Boyle (2013) argued that overuse of labels depersonalizes the individuality of each person that receives a label. There is no negative label for individuality. This may not reflect true characteristics of the child because teachers will only be looking out for what the label says. All pupils, with or without labels, are unique and have different strengths and weaknesses which should be catered for throughout their education.

Teachers should interact more often with their pupils in order to gain more knowledge about each child rather than just relying on what the label says. Kliever and Bikklen (1996), believed that teachers have replaced getting to know their pupils on a one on one basis with only what the label says about the child. In order to be an effective teacher, the teacher must allow time to understand the needs of the pupils in their class before planning interventions.

Though there may be similarities in characteristics between pupils with disabilities in same class, they may require very different support and resources to enhance their learning. This correlates with the popular quote by Stephen Shore that says 'if you have met one person with autism; you have met one person with autism' (cited by Lowry, 2015). It is important to focus on attempting to deliver the correct teaching and learning strategies catered to the individual needs of each child with a label.

Ogilvy (1994), argued that even when pupils are given labels, they still do not receive appropriate services. Often these labels are used to explain behaviours and characteristics without providing the school and teachers the resources they need to sufficiently support the children on the label (Lauchlan & Boyle, 2007). Though these needs and supplies are requested on time, the school sometimes never receives additional supplies that will aid these students with label learn adequately.

## **Conclusion**

The aim of this chapter is to buttress labelling as indeed a necessary evil in dealing with PWDs. Since phrases and words are crucial in shaping people's perceptions, it is there important that professionals and others who interact with people with disabilities consider their language while around such persons. Labels



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though may open doors to opportunities to persons with disabilities, it sometimes extends largely to exclusionary practices, stigmatization and discrimination.

Lastly, the issue of school culture, where students with disabilities are maltreated by nondisabled peers should be addressed. Most of these students do not really mind being labelled until peers begin to mock them for not being able to read, write or spell. Teachers and administrators should also consider these student and develop proactive curriculum of tolerance and impartiality towards children with labels.

### **Suggestions**

1. The school administrators and teachers should organize activities that will help students and their families come to term with what it means to have a disability.
2. The implementation of a peer support group should be considered.
3. A body that monitors the progress of these students should be setup with feedback sent often in order to know if the programme is being handled correctly.
4. Transitional services must be put in place to help these people know what to expect at every stage of their life.
5. Every person with a specific disability should be viewed and interacted with on an individual basis. Teachers should not proffer carpet solutions just because the characteristics or behaviour seem similar. Above all, each child should be respected.

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