
LANGUAGE, LABELS, AND LINGERING (RE)CONSIDERATIONS:
THE EVOLUTION AND FUCTION OF TERMINOLOGY IN SPECIAL
EDUCATION

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Institutions for the blind, deaf, and dumb, and for the feeble-minded, [are] not properly asylums, but public schools; and the pupils have as much right to the benefits as such as ordinary children in the common schools....[They are] links in the chain of common schools—the last indeed, but still a necessary link in order to embrace all the children in the State.

Samuel Gridley Howe

For the past 150 years public schools in the United States have, in one form or another, tried to address the presence of children in classrooms whose cognitive, behavioral or physical characteristics have been deemed sufficiently problematic to merit a “special” education. Current federal law identifies thirteen categories of *disability* that schools now use to provide such special education services in schools. To examine these categories is to take a reflective snapshot of the multiple, current understandings and categorizations of highly complex, even mysterious constructions of the human condition. This is no easy or comfortable task, for the reduction of a person’s behavior and personality to such clinical terminology can be at once useful and pointless, specific and far too vague, elevating and degrading—all depending on context, intent, or the perceptions of those involved.

This essay explores both the evolution and function of special education terminology, that is, language referring not only to categories of disability but also to depictions of children, conditions, practices, and especially attitudes that infuse special education and are fundamental to defining its form and character. While the terminology has undergone considerable evolution and change over these many years, the meanings and functions behind the words continue to evoke confusion, controversy, and a powerful need for critique and dialogue. This has become profoundly important in the world of public education, where formal and informal curricula and interpersonal relations among large numbers of diverse actors and agents have assumed immeasurable importance in the lives of children, families, teachers, and other parties who share a strong and vested interest in the nature of this work. By extension, the role of schools in advocating, modeling, and realizing social justice presents an added dimension for those who have yet to see ability as a key construct in assuring equity in society.

EVOLUTION OF TERMINOLOGY

Changes in the specific forms and functions of terminology in school-based special education have had significant impact in at least three areas: constructs of disability, formal names of institutions and organizations, and labels used to identify general and specific categories of disability. Understandings of generic constructs of disability, for example, have developed over centuries of social experience with individuals whose appearance, behavior, or cognitive functioning called attention to them as being well outside the normal boundaries or manifestations of these aspects of the human condition. Beliefs regarding the etiology and nature of both deafness and blindness shifted notably as medical and educational interventions worked to improve or alleviate the condition as well as provide formal instruction for persons who were deaf and/or blind, over time—and up to a point—becoming more sanguine regarding origin and optimistic regarding educability.

By the early nineteenth century “deaf,” “deaf-mute,” “dumb,” and “blind” had become commonly accepted terms for individuals who lacked the ability to hear, to speak the spoken word, to see, or combinations thereof. As obvious and discernible physical characteristics, little debate occurred at the conceptual level regarding the exact nature of or differences among these constructs at the time. With cognitive functioning, however, understandings of this poorly developed construct lacked the relative certainty or clarity associated with those of deafness and blindness. Steven Gelb describes the trials of coming to a common understanding during the 1800s of the constructs of “idiocy,” “moral insanity,” “moral imbecility,” and “insanity” and the many, if subtle or uncertain, distinctions among these highly generalized concepts. The continuing inability to agree upon commonly accepted definitions, symptoms, or instruments to ascertain the nature and extent of mental dysfunction obviously frustrated efforts to settle on universally acknowledged understandings of the complex nature of mental disability. In short, the terminology of the time reflected the limited extent to which professionals could identify a particular construct, describe it, and judge its susceptibility to effective human intervention and formal education.¹

As medical, educational, and social service professionals of the nineteenth century struggled to ascertain and understand the underlying concepts and constructs of disability, the formal names of the institutions designed to serve such persons underwent their own transformations. The favored term for such institutions, almost all of which were residential, typically started out as “asylum,” connoting a place more of treatment, refuge, and isolation than of purposeful education or socialization. By the end of the century many such institutions had reclassified themselves as “schools” or “institutes,” largely in response to more optimistic beliefs regarding the educability and potential for re-integration into society that had emerged during

mid-century. Institutions serving those with mental disability varied throughout the 1800s in their use of the terms “idiocy” or “idiotic,” “feeble-minded,” and “insane”; use of one term in conjunction with or preference toward another did not represent any discrete distinctions between the nature of the disability of those in residence, as classification at the time involved little more than rudimentary guesswork. By 1900 there existed fairly clear distinctions among the “mentally ill” and the “mentally defective” or “feebleminded,” with institutions for the former providing basic housing and some sort of care and the latter usually offering some sort of educational program for many of the residents.

This sort of nominal reinvention continued throughout the twentieth century. Asylums that became “Institutes” or “Schools” for the “feebleminded” became “Training Schools,” then “Training Centers,” then “Developmental Centers.” Many eventually closed in response to the community-based approach to treatment and education for individuals who previously would have most likely been institutionalized. Professional associations and organizations responded in similar fashion. The “Association of Medical Officers of American Institutions for Idiotic and Feebleminded Persons” became the “Association for Mental Deficiency,” then the “American Association for Mental Retardation”; its professional journal, *The Journal of Psycho-Asthenics*, became the *American Journal of Mental Deficiency*, then the *American Journal of Mental Retardation*. The National Association for Retarded Children became the National Association for Retarded Citizens, then the Association for Retarded Citizens, and is now simply the Arc. The Department of Deaf, Blind, and Feeble Minded of the National Education Association became the Department of Special Education in the early 1900s.

These examples are merely representative, not exhaustive, and indicate how the nomenclature for manifestations of the work in special education changed as a result of new developments, understandings, assumptions, and representations of the issues and constructs in the field. Even so, such changes were relatively peripheral and subtle compared to the dramatic and highly instructive changes in terminology used to construct and define categories of disability themselves. In the area of mental disability, the broad separation of *mental illness* from *mental defect* was in itself a fundamental distinction that reflected profound shifts in understanding. The chronological stream of terms used to describe mental disability and its various gradations is as startling as it is revealing: *cretinism*, *idiocy*, *feeblemindedness*, *mental defect*, *mental deficiency*, *mental retardation*, *mental handicapped*, *mental/intellectual/cognitive disability* with its various levels: “moron,” “imbecile,” “dullard”; “high- or low- or non-functioning”; “mild, moderate, severe, profound retardation”; “mild, moderate, or severe intervention needs.”

Such transitions by no means were limited to the area of cognitive ability. Other shifts referred to most every “traditional” category of disability as

well as the invention and subsequent re-invention of many more. “Wretched and vicious” children became “moral imbeciles,” miscreants,” “incorrigibles,” “delinquents,” “wayward youth,” and eventually “children with behavior disorders” or “emotional disturbances” under the umbrella terms of *behavioral disability* or *emotional handicap*. “Dumb” became “mute,” which eventually became part of the constellation of *communication disorders*. “Deaf” has maintained its status as a preferred term (with either a lower case or upper case D) but has also cropped up as “hard-of-hearing,” “partially” or “totally deaf,” and “hearing impaired”; “blind” also continues as the preferred label but also is indicated by “partially-sighted” or “visually impaired.” In the area of *physical disability*, “deformed,” “crippled,” “physically handicapped,” and “orthopedically impaired” have all been used, with related subcategories such as *spina bifida*, *cerebral palsy*, and others classified under *neurological* or *physiological disorders*. In the 1930s the construct of *brain-injured* melded eventually into the broad construct of *learning disabilities*. Somewhat later the term *autism* arose as a construct that overlapped with other cognitive and behavioral constructs. It is now frequently referred to as *autism spectrum disorder*, with *Asperger’s Syndrome* now used to identify more mild forms of the condition. The subcategories and variations continue to evolve, shift, or disappear, with newer forms arising to take their place.

Understanding the forces and factors behind such changes requires a sound knowledge of the historical, educational, and social contexts in which they occurred as well as the stated, implied, or assumed intentions of those who instigated and/or supported them. A detailed examination is well beyond the scope of this essay; nevertheless, a series of generalized reasons can be proposed for purposes of both providing information and stimulating debate. Such reasons and factors—especially as they relate to school practices—would include medicalization; empire building; funding; pedagogy; stigmatization/marginalization; adjustments to new understandings leading to alterations of constructs; efforts to appease, endorse or appeal to those who claim current labeling practices reflect negatively and unfairly on certain labeled populations; labels or terms that serve to reject certain critiques or perspectives in the field; and finally the issue of “person-first” language. Each of these have led to significant changes in labels and constructions and have in turn dramatically affected discourse and action in attempting to relate the broad construct of disability in schools to issues of social justice.

In a fundamental way appropriation by the medical profession of much of the activity addressing disability significantly redefined how disability has been constructed. Medical doctors assumed leadership of the asylums, institutes and schools at a steady pace during the latter 1800s, and the notions of “treatment” and “cure” as opposed to education became more dominant. By the early 1900s the stamping of mental defect as “incurable” framed efforts to educate and return inmates from the institution to the community as ill-advised, if not

hopeless. Depictions of children as “crippled,” brain-injured,” “epileptic,” or “genetically abnormal” removed them from the realm of educators and lay persons and placed them in the hands of medical professionals who focused on the “disease” or “medical condition” more than on attendant social constructs or efforts to educate and socialize. Defined and stigmatized by their medical conditions, children in certain categories of disability were thus in many ways set apart from families, schools, and communities and turned over to presumed specialists who through privileged knowledge knew what was best.

The notion of specialized and privileged knowledge regarding disability as the sole domain of experts trained in *special* education had profound effects on the structure of schools and the training of teachers, leading to a considerable degree of empire-building among those so trained. Removing “exceptional” children from the influence and responsibility of “regular” classroom teachers and placing them into a segregated system of special education, staffed only by those qualified to understand their needs and capabilities, cemented the idea that special education was a necessary investment of resources. Children saddled with disability labels became the domain of only certain professionals; the great majority of teachers were thus deemed incapable of benefiting a small but noteworthy group of students in schools, and *special* educators gained greater job security and power, if not status, within their professional community.

Funding for special education is also highly dependent on decisions made regarding labels and categories of disability, and language can be—and sometimes is—manipulated to maximize funding opportunities. Federal law ties funding to specific categories of disability; a child needs formal identification as a student with a disability to receive support for services, thus creating a potent benefit to being identified as disabled for the student as well as the school. Moreover, certain categories of disability may generate greater amounts of funding, depending on the school, the district, or the category itself. Consequently, certain labels or terminology may be applied to a child instead of certain others, not for their authenticity but rather for their optimal benefit to the school or district. Such administrative rather than diagnostic application of terminology removes the child from the center of concern—a dubious ethical, even if a quite practical, decision, given the presumption that such laws are designed first and foremost to benefit the child.

Once a particular label or term has been applied to a student, it determines fundamental choices and actions regarding her or his formal education. The terminology anchors the Individualized Education Plan (IEP), a document required by federal law, which in turn details appropriate subject matter, instructional settings, and teaching methodologies. These included choices about the balance between an “academic” and a “functional” curriculum, segregated or inclusive instructional settings, and appropriate technological support services. One alternative to using such specific

terminology is a “cross-categorical” approach to identifying children and/or setting instructional parameters, relying on the level of intervention needs rather than specific categories of disability as identified in federal law. Nevertheless, such terminology still plays a significant role in establishing instructional goals, settings, and methods.

While the applications of terminology in special education described above relate mostly to practical applications, labels and other forms of specialized language used in the field also reflect broader, more abstract functions and assumptions regarding the nature and implementation of special education. To begin with, changes in the form and usage of specific labels, descriptors, and other language reflect efforts to adjust to new understandings about categories of disability in particular and, more generally, the roles and status of those involved in and affected by special education structures and services. Generations of research on the etiology, mechanisms, and effective responses to all categories of disability have transformed our knowledge, assumptions, expectations, and information gaps in the field. As a result, categories have been renamed, eliminated, created, expanded, and otherwise altered to better reflect current states of understanding. As an important and broad field for critical inquiry and research, special education generates enormous amounts of data, both quantitative and qualitative, and is open to a broad spectrum of research topics and questions. These research activities play a powerful role in determining the nature of special education, the “reality” of disability, and the variety of school responses to them. Significant changes in terminology over time reflect this dynamism.

While certain changes in labels and terminology manifested a reaction to new knowledge and understandings, a significant portion of other such changes have reflected proactive and interventionist efforts to *create* changes for ideological, political, and/or image-related reasons. A historically predictable outcome of the use of a particular label or term over time is that it eventually assumes a demeaning, pejorative, or otherwise offensive character, contributing substantively to establishing broad, negative perceptions of such individuals among the public. Consequent results include suspicion, contempt, and overt marginalization and segregation. “Moron,” “feeb,” “retard,” “spaz,” “j.d.,” and “cripple” are all current degrading and insulting terms, now used for any individual, that have their origins in what was once accepted, formal, and/or clinical special education terminology. Advocates for individuals so labeled thus regularly call for—even insist upon—replacing such a term with one that reflects a more positive, accepted, and validated status in society. The difference between “retarded” and “cognitively challenged,” for example, lies much less in the perceived reality of the condition and much more in the image and intent it projects. Such developments are not limited in reference to specific categories of disability: the generic transition from “deformed” or “retarded” to “handicapped,” then to “disabled,” then to “exceptional,” then to “challenged,”

then to “differently abled” reflects a similar process and similar objectives. The desire and expectation that persons with disabilities be both perceived and treated with dignity, equity, and respect drive continuous efforts to extinguish terminology that marginalizes or degrades and replace it with terminology that celebrates and empowers.

Beyond the realm of labels for specific categories and even generic disability is terminology that qualifies, characterizes, or modifies both the person and the condition—terminology that is rooted in issues of ideology, social sensibility, and status. Hundreds of years ago the deformed, the idiot, the blind and the deaf were often ascribed to the demonic, and on occasion to the divine, as a means of making meaning of their existence. In the early nineteenth century Samuel Gridley Howe, Thomas Gallaudet, and other social reformers and visionaries lobbied for a more accepting attitude toward the “unfortunate souls” who were obviously disabled. By the early 1900s respected researchers such as H.H. Goddard, Walter Fernald, and Alexander Johnson made constant reference to the “menace of the feebleminded,” framing mental disability as a dangerous, inherited characteristic that was sapping the intellectual strength of American society; this widely accepted view led directly to a severely restrictive federal immigration law in 1924. Goddard developed the gradations of normal, dull-normal, moron, imbecile, and idiot to distinguish among levels of mental disability and called frequent attention to “morons” as being especially dangerous due to their relative invisibility among the population. Reflecting the social sensibilities of the time, special educator J.E. Wallace Wallin noted in his 1924 special education text that

[i]n the regular grades the feeble-minded and subnormal represent, as it were, an unassimilable accumulation of human clinkers, ballast, driftwood, or derelicts which seriously retards the rate of progress of the entire class and which often constitutes a positive irritant to the teacher and other pupils....These pupils contract habits of inattention, indolence, and disobedience, and often, in consequence, become unruly or ungovernable, thus upsetting the discipline of the whole class, and setting very bad examples for other pupils to imitate.

In the 1940s mothers of children with autism were routinely condemned as “icebox” or “refrigerator” mothers whose poor parenting skills led to this supposedly devastating condition.²

By the 1950s, however, efforts turned to depicting disability in a different light. The shame attached to having a disabled child in one’s family began to recede some with the confessionals by Pearl Buck and Dale Evans Rogers entitled *The Child Who Never Grew* and *Angel Unaware* respectively. Notions of such children as pitiful, innocent, angelic, and worthy of sympathy became more common; by the 1950s sustained debates were occurring

regarding the advisability of admitting at least some children with disabilities into “integrated” classrooms at least some of the time. The 1960s saw the deliberate conflation of disability with race and poverty, leading to labels such as disadvantaged, culturally deprived, and ultimately at-risk. By the 1970s the constructs of normalization and mainstreaming indicated the extent to which many both in and beyond the field of special education saw the rightful need to destigmatize and demarginalize persons with disability both in and out of school. The shift from “segregation” to “mainstreaming” to “inclusion” further reflected efforts to more fully accept disability as a natural and deserving aspect of the school in particular and the human condition in general. Portraits of children with disabilities as loving, capable, innocent, and victimized—presented in the media, in education books and articles, and disseminated by advocacy organizations—aroused a multitude of sensibilities among the public: a remarkable mix of condescension, pathos, shame, discomfort, acceptance, responsibility, and activism.

TERMINOLOGY AND PATHS TO SOCIAL JUSTICE IN SPECIAL EDUCATION

While some of the considerations involved in examining the relation of terminology in special education with the advancement of social justice are couched in the positive and negative attributes of the labeling process itself, the arguments extend well beyond that particular arena. Indeed, issues of social justice are inextricably embedded in the professional and cultural language used in special education discourse. This hard and fast reality leads to both the obstruction and the advancement—intentional and unintentional—of efforts to bring equity and social justice to persons, and specifically schoolchildren, identified as disabled.

As this brief overview has attempted to explain, language and terminology have worked on multiple levels of intention and awareness to obstruct the movement to assure persons with disabilities just and equitable treatment in schools and society. Constructions of disability have always included those which see the disabled as the Other; Michel Foucault’s *Madness and Civilization* provides excellent context for the European origins of a widespread social damnification of aberrant appearance, behavior, or functionality. Subsequent segregation and isolation in communities, institutions, schools, and classrooms because of their special or handicapped status stigmatized not only the children but also the teachers and caregivers assigned to them. Individuals “suffered” from disability and were subjected to a powerful reductionism: you are your condition, and your condition merits your marginalization. Coursing faintly through hundreds of years of history and arising somewhat more prominently in the latter 1900s, a paternalistic or condescending language helped define those with disabilities: the special child was almost angelic, a pathetic little individual who needed help, sympathy, and

someone to do battle for them because there was so little they could do on their own. Such historical memory is entrenched and potent. The baggage of negative labeling and characterization, of irreversible misidentification, of intentional segregation and stigmatization, and of a need for a “special” education to be delivered at the margins of schooling persists to this day in a wide range of social, cultural, and political representations.

Given the complex world of special education, however, it is not at all surprising that language and terminology have concurrently served as crucial tools in advancing the cause of social justice in American schools. The sheer importance of terminology in schools—for purposes of identification, diagnosis, and instructional strategies and expectations—has been harnessed by advocates to encourage and then realize more positive and inclusive beliefs and practices for students in special education. Labels have been updated, broadened or narrowed, recast, or otherwise altered (or abandoned) in order to assure more authentic understanding and effective means of supporting a given child’s particular needs in the classroom. In the past three decades schools have made dramatic strides in reshaping the geography and language of special education among professionals. Inclusive settings and practices, validation of school membership for all students, and purposeful shifts to more neutral, even asset-driven terminology for the students, programs, and rationales of special education—while by no means universal—have gained considerable ground across the country. Such efforts complement those in broader society that assert pride, identity, community, and fundamental rights for all persons regardless of ability.

The paradox of the counterbalancing effects of language and terminology in special education on the realization of authentic social justice in schools manifests itself clearly in discussions over the propriety of “person-first” language. This issue has become a rallying point for many who work to bring social justice to children with disabilities in schools. Essentially, person first language calls for a particular use of language in special education: placing the label or the modifier *after* identifying the person (for example, a child with autism rather than an autistic child). Proponents of person-first language use in special education argue that to do otherwise is to emphasize the condition over the person—that is, to *define* the person by the disability rather than *qualify* the person. It is argued that saying “a mentally retarded child” rather than “a child with mental retardation” restricts our perceptions of the child and limits our construction of her essence and potential as a human being. This argument indeed reflects Friedrich Nietzsche’s notion of *ressentiment*: we define who and what we are (normal, capable) by negating another (whose essential being is negatively shaped by the defining and delimiting label).

The issue of person-first language is of paramount importance in schools because of the constant and near universal use of language among teachers and administrators that position children identified as disabled as being defined by

her or his disability. References such as “oh, he’s LD” (or EH, or MMH, or BD, or CP), or “oh, that’s my retarded class,” or “that’s the severe room,” sadly occur much too often in schools. While some would argue that it is merely a shorthand, that is, a convenient way to convey essential information in a professional setting, others would argue that it is much more: it reveals an entrenched if subsumed belief that these kids are only what their disability frames them as, and nothing more, and deserve to be treated only in such ways that attend to the label.

Others, however, see the issue much differently. Michael Oliver and Colin Barnes, for example, assert that the movement to person-first language is in itself demeaning to persons with disability because it in effect depoliticizes the issue of language and disability when, in their view, politics is at the heart of it. It is also argued that it assumes that to be defined by an allegedly disabling condition is a negative reflection on a person. What in fact is to be ashamed of by having a qualifier come before one’s name? Disability itself is a construction, one that either is erroneously applied in the first place or, if indeed an authentic aspect of a person, should be considered as merely a characteristic and nothing to be ashamed of or to mask. It is maintained that person-first language in fact encourages the perception of disability as an inherently negative entity. To demand person-first language be applied only in the realm of special education and disability continues the stigmatization and marginalization of persons so labeled. One can be negated only if one acquiesces to the belief that negation has occurred. Carrying a label in a manner similar to everyone else—regardless of what the label is—emphasizes the belief that there is nothing negative about it. Of course the question whether students, teachers, administrators, and parents in schools share such an interpretation—and whether it matters—is wide open for discussion.⁴

The current relation of language and terminology in special education to social justice, then, confounds efforts to organize the use of language to effect social justice, primarily because of the fluidity, subjectivity, and uncertainty inherent in its analysis. Philosophical analysis can of course play a significant part in helping to clarify efforts to frame and shape language in ways that promote social justice, but the astounding complexity of the history of its use and the ways in which individuals and groups wrestle with the construct of disability itself—as a biological, cultural, medical, social, and educational entity—renders that task an enormous undertaking. The language of disability is many things simultaneously: it is a language of condescension and contempt, of empowerment and enlightenment, of confusion and clarity, of political neutrality and political activism, of clinical diagnosis and an internalized sense of self and others.⁵

But it also is a language of immense value and potential. Deliberate efforts to continue to clarify terminology, update labels, and recognize the

power and implications inherent in the use of particular references, descriptors, characterizations, assumptions, and principles of special education are an essential component of assuring social justice and educational equity and must be recognized as such. Those of us—and that is all of us—with deep investments in that work must provide perspective and leadership in promoting the examination of language in special education as a crucial feature of school-based efforts to assure equity and justice in our communities.

NOTES

1. Steven A. Gelb, “‘Not Simply Bad and Incurable’: Science, Morality, and Intellectual Deficiency,” *History of Education Quarterly* 29 (1989): 359–79.
 2. J.E. Wallace Wallin, *The Education of Handicapped Children* (Boston: Houghton Mifflin, 1924), 92–93.
 3. Michael Oliver and Colin Barnes, *Disabled People and Social Policy: From Exclusion to Inclusion* (London: Longman, 1998).
 4. For an excellent discussion of the use of language related to disability see Lennard Davis, *Bending Over Backwards: Disability, Dismodernism and Other Difficult Positions* (New York: New York University Press, 2002).
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