Labelling and Diagnosis

Editorial

In this special issue, the Editors have invited a range of papers which cover both the theoretical and empirical nature of this vexed topic. In many parts of the world, applied educational psychology practice is entwined with the nature of assessment, labelling and diagnosis. The question as to whether the use of labels in special education is indeed useful and thus provides the appropriate support to those who are most in need is often asked and is inconclusive (Lauchlan & Boyle, 2007; 2014). Certainly, in the sphere of education, labelling students has become part of the medicalisation of education. Funding in many education authorities has become inextricably linked to finding a label and therefore a diagnosis. The practice of educational psychology has become invariably caught up in this where the separation of students between schools and/or classes has become accepted practice and encouraged as a method of intervention to support students with additional support needs (Boyle, 2007).

It is clear that labels can seem useful and that many people find it helpful to be able to attribute a label to behaviour or characteristics which, hitherto, had been difficult to understand. However, the persistence of labelling and diagnosis and the belief that the only method to gain access to school support and/or funding is through the attachment of a label is disappointing and may not be helpful. The question as to who is the beneficiary of a system which relies on labelling and diagnosis as the conduit for providing support is somewhat complex (Boyle, 2014). Complex systems have been created around categorisation and diagnosis. There are many players and actors involved. Educational psychologists in many authorities have been cast as gatekeepers to

resources and thus are de facto investigators of 'pathologies' or disorders on behalf of the 'system' or, more colloquially, the state.

The use of psychologists' expertise in reifying, creating or pursuing labels is arguably not good in the long run for education, teachers or young people. Training for educational psychologists is expensive and in their lengthy training acquire many more skills than just those required by mere assessments. Mental health in schools has never had such prominence yet psychologists in schools seem to be focusing away from direct well-being issues and instead are involved in the categorisation of students purely for the issue of attributing labels so that students, and by extension, schools and parents are able to access appropriate funding.

The labelling of children, in our view, most often signifies a process of social categorisation since most educational difficulties that are subsumed by the notion of 'Special Educational Needs' are not clearly bounded medical conditions. Even when a medical / psychiatric diagnosis may have some validity (for example in the case of Down's syndrome) the diversity of differing needs may too easily be obscured by a blanket label (Foroni & Rothbart, 2011, 2013; Rothbart, Davis-Stitt, & Hill, 1997). Further, from a psychological perspective, the process of categorisation also has the effect of creating 'outgroups' and the biasing effects identified by Tajfel, Turner and others inevitably follow (Tajfel, 1981; Tajfel, Billig, Bundy, & Flament, 1971; Turner, 2010). There remains no certainty that segregated education offers better long-term outcomes or greater social mobility for young people. It is, therefore, contestable whether the categorisation and labelling of children and young people is a morally or ethically justified activity.

Our first paper, by Latif Arishi, Christopher Boyle and Fraser Lauchlan discusses many of these issues above and, in particular, focuses on the use of diagnosis and labelling with specific reference to inclusive education. They discuss the ambiguities that exist in terms of the political, psychological and ideological context, when considering how best to provide an inclusive scholastic environment for students with disabilities. They highlight the tensions that arise when trying to provide a fair, inclusive education but where the use of labels can lead to discrimination and inequity to those being included.

Our next contribution, by Richard Hassall, discusses labelling and diagnosis in the specific context of autism diagnosis services. He argues that there is still much ambiguity regarding the diagnosis of autism despite the formal recognition of autism spectrum disorder (ASD) in the DSM-5 of 2013. His article outlines the ever-changing definition of ASD and raises the question of whether autism (or ASD) should be considered a natural type of psychological or biomedical disorder with scientific and explanatory value, or not. And, moreover, he discusses whether the label of ASD can be considered valuable for planning appropriate intervention programmes.

In our third paper, Kirstie Rees explores the influence of dominant models of disability on the categorisation of children with severe and profound learning disabilities. She discusses the tension that exists between the use of the medical model within medical settings and the adoption of the social model in education. The latter, she argues, has led to a reluctance to use labelling, and has resulted in a lack of understanding of the development of children with severe and profound difficulties. Rees argues that such a stance has the consequence of ineffectual individual education plans. She outlines how the 'cultural-historical model of disability' (Bottcher & Dammeyer, 2016)

can be applied by educational psychologists, as it's a model which tries to realign the social and medical models of disability by reducing 'developmental incongruence' – in other words, a mismatch between a child's impairment and proposed learning activities. The notion is that such information about a child's 'label' can be used positively, as a way of providing further information about a child's cognitive profile and increasing the opportunities for positive learning outcomes.

The paper by David Pilgrim deals with the difficult and often controversial topic of child sexual abuse. The use of diagnosis has historically been used in dealing with child sexual abuse (CSA), and it is an area of work in which many educational psychologists can be involved. Pilgrim, however, argues that the notion of 'diagnosis' is unhelpful when dealing with CSA. He highlights that the medical logic of something being either 'present' or 'absent', as well as the search for single diagnostic procedures are ill-suited for a context which is multi-factorial in its complexity and deals with competing personal accounts. Pilgrim concludes that formulation is better suited for the task of investigating CSA, which he outlines eloquently in his paper.

Our next contribution, by Christopher Arnold, focuses on the ongoing debate about the use of the 'dyslexia' label. While it could be argued that it is sometimes in the best interests of young people to avoid the use of such labels, Arnold highlights the legal perspective within the UK, as well as within the European Union, where the use of such labels offers some protection and can bring certain advantages to the young people concerned. He outlines the potential conflict that therefore exists for psychologists working in this area. While the use of labels can offer legal protection for an individual, on the other hand the use of labels can have some negative implications and can sometimes reduce the confidence of educators to help meet the individual's

needs. Arnold also discusses the assessment of literacy post school, as well as the specific use of the label "dyslexia".

In our next paper, Robin Bartlett considers the experience of deaf students in secondary mainstream classrooms. His research attempts to illuminate the 'voice of the child' by interviewing the students regarding their classroom experience, in terms of the potential barriers to their learning, the 'normalisation' process and how they personally respond to various situations in class. Bartlett outlines some implications not only for the students themselves but also for the adults who support their learning, including educational psychologists, and for policymakers. He argues that approaches based on diagnosing deafness may be limiting in terms of what the deaf students may wish for themselves. Deaf students prefer to see themselves as people who happen to be deaf rather than be labelled as 'deaf people' An alternative model, the risk and resilience model, is considered, which aims to highlight the active contribution that the students may make in maintaining their placement in their schools.

Our final paper, by Hatim Algraigray and Christopher Boyle, explores whether labelling children and young people with Special Educational Needs and disabilities is still helpful or whether this leads to more discrimination, exclusion and stigmatisation. While there may be some advantages of assigning labels to children and young people with Special Educational Needs, such as determining appropriate provision and extra support, the authors highlight that there is also the tendency that such labels can negatively affect individuals in various ways, for example in terms of their educational and employment futures. In the context of labelling theory, Algraigray and Boyle consider a crucial question: who has the power to establish and assign labels to children and

young people with Special Educational Needs or disabilities?

It is hoped that readers will find these seven papers stimulating and thought-provoking. The papers cover a wide range of educational psychology practice regarding the process of labelling and diagnosing a diverse range of children's special educational needs. While such a process may be with us for many years to come, it is hoped that educational psychologists will continue to contribute to this process in ways that bring positive outcomes to all.

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