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SEPARATE BUT EQUAL? A POSTMODERN ANALYSIS OF
EDUCATIONAL STRUCTURES FOR INDIVIDUALS WITH DISABILITIES

by

DONNA MANNING

(Under the Direction of Grigory Dmitriyev)

ABSTRACT

Although curriculum theorists have sought to examine the subjective practices imposed within the context of schooling in terms of class, gender, and race, the impact of disability as a social category has been absent from the field. In this work, postmodern analysis is applied to the concept of disability in field of education; first, in terms of the nature and effects of the practices educators employ to define normality, and secondly, in the constitution of the students who deviate from the norm as subjects. The techniques and procedures of investigation, surveillance, exclusion, treatment, confinement, and medicalization developed and engaged in the professional educational arena when applied to the structures of education reveal the need to recognize and reconcile the impact of the contradiction between the democratic ideals and bureaucratic practices of citizenship. Thus, this examination of the knowledge tradition which led educators and practitioners to believe in the legitimacy of their discourses thereby deconstructs these shared beliefs by exposing the inconsistencies, contradictions, and silences contained in their knowledge for the purpose of clearing the way for restructuring them in a manner that avoids unintended negative consequences. Doubts as to the legitimacy of these educational structures are evidentiary within the analysis, and present the value in recognition and reconciliation of the contradiction between the democratic ideals and

bureaucratic practices of education. Special educators are charged with finding the courage and insight to deconstruct and continuously reconstruct their professional knowledge, as well as seek and bond with other committed and convicted colleagues to do the same within this scope.

.
INDEX WORDS: Education, Special education, Disability, Citizenship, Postmodernism, Equality, Foucault, Democracy and disability, Oppression of disabled, Medicalization of disability, Pathology of disability, Capitalism and education, Utopia, Disability as a social construct, Deconstruction, Poststructuralism, Curriculum theory

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DEDICATION

To my sons, Zane and Elijah;

my raisons d'être.

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The best and worst moments of my doctoral journey have been shared with many people, and with much gratitude, I share my accomplishment with them. I have experienced the privilege of studying under the tutelage of the faculty in the Department of Curriculum and Foundations at Georgia Southern University, and would specifically like to thank my dissertation committee members for their support and expertise through this portion of my academic endeavors: Dr. Grigory Dmitriyev; Dr. Elizabeth Butterfield; Dr. Daniel Chapman; and Dr. Robert Lake.

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Welcome to Holland
By
Emily Perl Kingsley

I am often asked to describe the experience of raising a child with a disability - to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this.....

When you're going to have a baby, it's like planning a fabulous vacation trip - to Italy. You buy a bunch of guide books and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland."

"Holland?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guide books. And you must learn a whole new

language. And you will meet a whole new group of people you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around.... and you begin to notice that Holland has windmills....and Holland has tulips. Holland even has
Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say
"Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever, ever go away... because the loss of that dream
is a very very significant loss.

But... if you spend your life mourning the fact that you didn't get to Italy, you may never
be free to enjoy the very special, the very lovely things ... about Holland.

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CHAPTER ONE

INTRODUCTION

The care of human life and happiness, and not destruction, is the first and only legitimate object of good government.

~Thomas Jefferson

A couple of years after I graduated with a degree in Special Education, I sat somewhat smugly at a long conference table in my new job where I chaired our weekly treatment team meeting. Our goal was clear: identify students who were severely emotionally and behaviorally disordered (SEBD), and then devise a plan for treatment. I had just been appointed to chair the treatment team for the self-contained school in our area which served students who had reached the end of the continuum of services and were no longer able to be served in their home school. As I began to sort through the pages of reports and assessments, I felt a little uneasy because I wasn't quite sure of the criteria which determined who qualified and who didn't. The school psychologist reassured me, "Look at the behavior rating scales completed by the teacher...look at the social history. Have the parents been treated for mental illness? What about police records? If they've been in trouble with the police they don't qualify..." I realized the amount of subjectivity involved in our decision-making. I fought against my misgivings that day by reminding myself that I understood these children who didn't fit. I was fighting for them. They needed my help because their home schools didn't understand their plight, and by bringing them to our self-contained school where even lunch was bussed in from a nearby school, they could finally get what they needed. I was fully engaged, though unaware, as a participant in what Baker (2002) terms a "hunt for disability" (p. 665). I accepted the social construct of disability as true, and in doing so; I

was guilty of the same segregation and marginalization as those from whom I was working to protect these students.

For years now, I have sat at scores of meetings, a participant in the determination of eligibility of special education students. I have collected documentation, conducted observations, assessed behavior, and devised treatment for students. I took pride in the extent of my training; degrees in three divisions of special education, experience across a number of settings, and numerous professional development courses. I worked diligently to become an expert in the identification of children who are disabled: intellectually disabled, learning disabled, emotionally and behaviorally disordered, autistic, significantly developmentally delayed, oppositional defiant disordered, and the list goes on. I have been seated at meetings with anxious parents as I kindly told them, in my best professional demeanor, what was wrong with their child and what we could do to fix the problem, with their signed consent, of course. I functioned from the perspective that I was making a difference in the lives of children who had no voice. I always remained cognizant of the fact that many of the families with whom I worked were from working class and impoverished backgrounds, with little education, and probably minimal comprehension of the language used to describe their child's disability. Over the years, no parent ever refused to give consent for placement or treatment. I believed that this was due to my efforts to gain their trust and establish good rapport. Upon reflection, I realize that I have been enjoying the artificial success that comes with the hierarchical relationship of power. Baker (2002) asks, "What is a parent to do? What is a parent to do when they are a public school teacher and a parent?" (p. 691).

I must proceed with this questioning to yet another level. What is a parent to do when they are a teacher of special education students and a parent of a child who is functioning outside of the norms? As a special education teacher and a parent, I am now watching my oldest son, who is eight, be subjected to the same surveillance, power, and subjective constructs in which I have actively participated and upon which I have built my career. Zane is a beautiful, bright little boy who possesses significantly above average intelligence and creativity, yet fails to connect socially with his peers or adults. He loves to work complex high school math problems, but suffers tormenting anxiety from perceived imperfection in handwriting. He makes only minimal eye contact with others and his odd perseverance on unusual items results in isolation from his classmates. We are now making the circuit that I have prescribed to other parents for years; hearing and vision evaluations, teams of assessment professionals, appointments with doctors, all trying to answer why Zane doesn't behave and socialize like normal children. I now hear the words that I have rolled out for years to compliant and unassuming parents, words like sensory integration disorder, autism, anxiety disorder, developmental delay, and personality disorder. I hear the judgment in the probing questions that I have resorted to answering with a weak, "But he can...", as I try to divert their attention to his strengths instead of his perceived deficits, just like I have heard from parents of whom I was asking the questions. Is this some strange irony, an act of Karma, for my past actions? Obviously, as Baker (2002) points out, parents do not want their child to suffer, and only want what is best for their child. Baker (2002) goes on to ask, "What constitutes the greater form of suffering?" (p. 691). Is it better for children to receive the label and the

services that their eligibility makes available for them, or is it better to avoid the complexities that labeling and exclusion create?

For me, I believe that I must acknowledge this experience as an opportunity to examine my own orientations. As Hoff (1982) said in his book, *The Tao of Pooh*:

Remember when Kanga and Roo came to the Forest? Immediately, Rabbit decided that he didn't like them, because they were different. Then he began to think of a way to make them leave. Fortunately for everyone, the plan failed, as Clever Plans do, sooner or later. Cleverness, after all has its limitations. Its mechanical judgments and clever remarks tend to prove inaccurate with passing time, because it doesn't look very deeply into things to begin with. As in Rabbit's case, it has to change opinions later on because of what it didn't see when it was forming them. (p. 37)

Absence of Disability

Pinar (2004) utilizes the Latin word *currere* to describe the purpose of curriculum theory as the running of the course, meaning the lived experience of our present historical situation (p. xiii). We must, he contends, connect our academic content fields to our students', as well as our own, "subjectivities, to society, and to the historical moment" (Pinar, 2004, p. xiv). Historically, curriculum theorists have sought to examine the subjective practices imposed upon the marginalized groups within the context of schooling, as well as the damage that these practices have imposed. Yet, there is a notable absence in curriculum theory, and that is the omission of disability. Just as gender, class, race, and sexuality have impacted issues far beyond their defined boundaries, disability reaches out to encompass economic, social, political, cultural, and philosophical

concepts. The study of disability as a social category allows us to explore power, hierarchies and social order. In addressing the lack of work in curriculum theory related to disability, Erevelles (2000) alleges that:

Even though critical theorists of education have privileged the theorization of the body along the axes of race, class, gender, and sexuality, they have consistently omitted any mention of the "disabled" body. Such omissions reflect the historical practices within the American educational system that continue to marginalize the issue of disability. (p. 25)

Erevelles (2000) further asserts that the irony of this omission lies within the words of critical theorists themselves. She criticizes McLaren and Giroux, who maintain that they are "united in their attempts to empower the powerless and to transform social inequalities and injustices", because they have never addressed the state of oppression experienced by the disabled (p. 25). In addition, Slee (1997) cites several authors who describe current politics regarding disability as "a complex and sophisticated form of social oppression" and "institutional discrimination on a par with sexism, heterosexism and racism" (p. 408). Yet, inquiry and discourse regarding disability remains limited. One may wonder if many scholars view the needs of the disabled as being addressed through the installation of wheelchair ramps and other assistive daily living devices. Rather, this absence from scholarly discourse inflates the marginalization of the disabled and contributes to the invisibility of the disabled body.

Erevelles (2000) utilizes the novel, *Invisible Man*, by Ralph Ellison, as a metaphor to the invisibility of the disabled (p.32). Ellison penned the novel as he was experiencing anonymity and "vagueness of role" while living in New York as a black

man in an affluent white area during a time in our nation's history when it was rare and nearly unheard of for a black man to possess such success and wealth (1952, p. 3). He writes in the prologue:

I am an invisible man...I am a man of substance, of flesh and bone, fiber and liquids---and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me. Like bodiless heads, you see sometimes in circus sideshows, it is as though I have been surrounded by mirrors of hard distorting glass. When they approach me they see only my surroundings, themselves, or figments of their imagination. Indeed, everything and anything except me. (1952, p.3)

As Ellison goes on to explain, the inner eyes of those with whom he comes into contact prevents them from seeing him. He describes the pain and suffering of being invisible; how you began to wonder yourself if you even exist. He speaks of the anger and anguish he feels as he is invisible, and of the determination to be known and recognized. The fight and the struggle, he concedes, are seldom successful (1952). Using Lacan's Mirror Stage in which the individual congeals and finds unity as an ego in the gaze of the Other, we create a self which is alienated due to the fact that its identity was given by another (Lacan, 1966 and Muller and Richardson, 1982). That self then becomes concrete, although erroneously. The real subject or self lies in the unconscious (Pinar, 1986, p. 264-265). Our identity is spawned through the existence of the Other. Disability presents a challenge to the modernist position of universalism and standardization. Furthermore, modernist thought imposes classification and labeling of subjects on the basis of what we do or fail to do (Foucault, 1981). Subjects are either ruled in as legitimate and worthy, or

ruled out as the Other, invisible and silent. As postmodernism seeks to demonstrate the illegitimacy of master discourses, the aspect of Otherness emerges as a primary target. Using Foucault's works on marginal groups as an example of the importance of the concept of the Other, the idea that all groups have a right to speak for themselves, in their own voice, and have that voice accepted, is a fundamental postulate of postmodernism. The application of the work of Foucault, Huysens, and others has led to a reconstruction and representation of the voices and experiences of the subjects of marginalized groups along the lines of race, class, and gender. Potentially, further application can be made to a vast array of social movements, such as disability or homosexuality).

Erevelles (2000) concludes that when this argument of invisibility is linked to disability using Lacan's theory, "the nondisabled subject upon encountering its Other, finds it necessary to suppress the memory of this 'deviant' image in order to support the illusion of 'normalcy' and 'wholeness' (p. 32). The inner eyes of those without disabilities can not see the reality of disability because our identity is rooted in the reflective image of our respective mirrors. The disabled become invisible for us to be comfortable and maintain our image of self. A "utopian think(er]"thus emerges; it is too disquieting to imagine the world with "glitches or idiosyncrasies" (Morris, 2001, p. 197-200). We do not want to explain or acknowledge the deviance of the physical form. Disability is the ultimate living catastrophe. Although we frequently hide behind a well-intended sympathy, we wrongly subscribe to the notion that the illusion of utopia was real. When we choose to ignore the harsh realities of our world and fail to acknowledge the differences of others, we allow the others to become lost. As Morris (2001) writes, "Utopias force others out. Utopias make others faceless. Utopias turn the other into a

number. Utopias create happy places for those who fit the eutopic dream. Those who do not fit are shut out." (p. 200). In other words, they become invisible. Through the study of disability as a social category rather than as an individual characteristic, we can further develop our understanding of the impact of categorization on par with race, class, gender and sexuality. In terms of curriculum, Sumara (1996) states that:

[W]hat is silenced, what is deferred, what is marginalized, and what is invisible is an absence that is always present. This includes the invisible landscape that exists with our reading of literary fictions. It includes the histories that we bring into classrooms, and it includes the history of interactions that comprise our lived experience in those classrooms. Therefore, although curriculum is something that is deliberately designed to provoke...to point out, to illuminate, at the same time, it is something that silences, hides, covers" (p.247).

Current education programming and practice emerged as a means to provide instruction from a social conscience committed to educational improvement for "mental defectives" and other disabled students. However, important to the argument for finding place for students with disabilities was the rationalization that this need was driven in an effort to improve general education classes by removing those students who differed from the accepted norm.

Oppression of Disabled

Disability as a cultural signifier is a long overdue conversation among educators and critical theorists who fail to recognize disability as a category of oppression. Davis (1997) supports this argument as he describes the oppression of individuals with disabilities:

For centuries, people with disabilities have been an oppressed and repressed group. People with disabilities have been isolated, incarcerated, observed, written about, operated on, instructed, implanted, regulated, treated, institutionalized, and controlled to a degree probably unequal to that experienced by another other minority group. As fifteen percent of the population, people with disabilities make up the largest physical minority within the United States. One would never know this to be the case by looking at the literature on minorities and discrimination. (p. 1)

Perhaps the reason for this oppression through omission is a direct result of the “general pervasiveness of discrimination and prejudice of people with disabilities” has led, not only to the marginalization of the individuals as a collective, but also the marginalization of theoretical study involving disability as well (Davis, 1997, p. 1).

American society seems to have lost sight of the fact that policies are social decisions and these decisions can and do result in devaluation and even loss of human life (Erevelles, 2000, p. 9). Overwhelmingly, historians have misconceived the attributes of disability as physical or physiological; individual; psychological; and solitary. Indeed, according to Longmore and Miller (2006), they are “sociological, cultural, and political” (p. 59). Roth (1983) writes, “There is a biological substratum, but what it means to be handicapped to others and to oneself is overwhelmingly social and decisively political...biology acts as a flag” (p. 60). As such, biology “signals certain social and political artifacts, thereby triggering prejudicial reactions and discriminatory treatment. This prejudice and discrimination are not simply private responses, but stem largely from cultural conditioning and socialization. Likewise, much of the discrimination is systemic

rather than personal, institutional more than individual” (Longmore and Miller, 2006, p. 59).

Oppression based on an individual’s productivity has created an inability to be self supporting, thus resulting in no viable alternative to institutionalization for the disabled; a life devoid of quality, impoverished and unbearable to the degree many feel no recourse exists. Gliedman and Roth (1982) assert “the first hazard many [individuals with disabilities face] is the demoralization that can result from having one’s competence as an individual constantly challenged while one is growing up---not because one is actually incompetent but because the abled-bodied think one is” (p. 71-72). Thus, these biased and prejudicial usurpations marginalize individuals with disabilities and result in oppression on the basis of assigned status. The consequence of this system of belief serves to render the individual “dependent upon, indeed powerless before, the reactions of others” (Longmore and Miller, 2006, p. 65). Longmore and Miller go on to describe individuals with disabilities as “kindly invited yet always rendered socially invisible” (2006, p. 66). Finally, they conclude, those identified and labeled as disabled experience “exclusion and isolation of all who do not match up to the modern obsession with surfaces rather than substance” (2006, p.66).

While issues of social policy for adults with obvious physical disabilities who cannot perform the most basic tasks necessary for survival without support are readily visible, sobering parallels exist for children in our society who are identified with perhaps less obvious, but likewise debilitating disabilities. Osgood (2008) declares, “throughout our nation’s history, children identified as disabled have lived lives reflecting a remarkable ambivalence toward their place in American society. Life as a ‘person with a

disability' has dramatically defined the extent of such children's visibility, status, and opportunity among the nation's citizenry" (p. xiii). Through backhanded social Darwinism, we unconsciously embrace the outcome best described as social euthanasia, rendering them helpless and dependent upon others to provide for their existence.

Construct of Disability

In attempting to initially define what disability is, the United States' Department of Justice employs the following description: "(A) a physical or mental impairment (a physiological disorder, cosmetic disfigurement, anatomical loss, mental or psychological disorder) that substantially limits one or more of the major life activities of [an] individual (caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working); (B) a record of such an impairment; or (C) being regarded as having such an impairment" (Americans with Disabilities Act, 1990). Based upon this currently accepted interpretation, the defining condition of disability is subjective, based upon the perception of those who sit in judgment of how society should function, rather than the individual in question. Teachers, physicians, researchers, activists, bureaucrats; the list seems endless, all search for a way to intervene in a manner to exact change in the lives of the disabled in some way, and thereby attempt to define disability in a collective sense. Nearly one-fifth of Americans qualify as disabled, a statistic from which one can conclude that the state of disability is somewhat commonplace in our society (Disabilities Statistics Center, 1992). However, despite being natural in origin and frequent in occurrence, we insist upon treating disability as inherently abnormal. Through the study of disability as a social category rather than as an individual characteristic, we can further develop our understanding of the impact of

categorization on par with race, class, gender and sexuality.

Danforth and Rhodes (1997) suggest Jacques Derrida's work on deconstruction as a framework for developing a philosophy that "opposes and subverts the disability construct" (p.358). As Pinar (1994) states, "What is planned and constructed can be deconstructed" (p. 210). Certainly, the fact that special education and disability are social constructs is clear. Skrtic (1995) uses the illustration of how, in 1973, thousands of people were made to be normal when Herman Grossman's pen made the stroke which lowered intelligence quotient scores to define mental retardation. Prior to this decision, these thousands of people were disabled. With the simple action of pen on paper, these people were cured, purely through the changing of socially agreed upon norms. Is the identity of an individual truly to be determined by factors so completely subjective? Does such significant difference manifest between an intelligence quotient score of sixty-nine which is considered disabled, and seventy which is not considered disabled? What is the justification for adjustment of the boundaries of definitions of disabilities, such an adjustment in the intelligence quotient scores for the purpose of increasing or decreasing the disabled population? Historical practices such as this are obvious indicators of the fallibility of a modernist view of disability as a meta-narrative and universal truth.

Similarly, the construct of disability has created an artificial need for ever-increasing services to educate those students who function outside of the subjectively established norms and standards. Special education arose out of the increased number of students who were difficult to teach in the regular classrooms as a result of industrialization, immigration, and compulsory attendance (Skrtic, 1995). The sorting and labeling process of special education became a way to maintain order through the

removal and containment of the most difficult students, while increasing efficiency. From its inception, special education has segregated students by employing the logic that certain students are unable to meet the norms and standards of the general education classes. The binary opposition of able and unable further validates the category of disability; therefore, the negative connotations associated with segregation and discrimination on the basis of race, class or gender is applied in the same manner to disability. History compels us to remember the injustice such predestination created such as: no secondary or post secondary education for black students, resulting in menial occupation; limiting careers for females to secretarial, medical assisting, or educational careers. Erevelles (2000) suggests that the complex array of evaluation strategies in diagnosing disability are used to predict the future productive capacity of workers, and that the artificially constructed labels of gifted, regular, or special are a means of sorting and imposing differentiated curriculum in the education of these students for their destiny in the social order and division of labor. Interestingly, throughout its history, special education populations have maintained disproportionate numbers of African-Americans, Native Americans, Hispanics, non-English speakers, and children from non-middle class backgrounds (Erevelles, 2000). More recently, we have developed new labels, such as at-risk, learning-disabled, and emotionally disturbed to further segregate and discriminate along the lines of disability. The results are the same; special education classes continue to be dominated by students who are otherwise identified as oppressed on the basis of race, class or gender. It would appear then, that the category of disability has been utilized as an acceptable means of assigning students from oppressed groups "to similar tracks within the larger social and economic order" (Erevelles, 2000, p. 35).

Furthermore, the possibility of living life as a marginalized group results in more maladjustment to the socially constructed norms.

Analysis through the lens of deconstruction assumes that there is no truth in the categorization of disability; rather, professionals have assigned these labels. Deconstruction allows us the means by which we can transform "assumed relationships of power in everyday life", such as those just described within the context of schooling and special education (Danforth and Rhodes, 1997, p. 358). Deconstruction, as conceived by Derrida, "focuses on displaying and overturning hierarchical relationships"; specifically for the purposes of this paper, the "hierarchy of 'ability' over 'disability'" (Danforth and Rhodes, 1997, p.360). The evaluation process enacted by schools and special educators is postulated as factual, real, and objective. However, the distinction which is made between those who have ability and those who have disability is an artificial, subjective construct based upon any given student's performance which the educational system has deemed to be normative. In other words, the definition of acceptable performance in academics or behavior is codified by federal, state, and local governing bodies which are open, to some degree, to interpretation by those administering the evaluation. Because no truly objective definition of what is or is not normal can be established, the distinction between ability and disability is accomplished. Danforth and Rhodes (1997) write:

[T]he entire distinction between 'ability' and 'disability' relies on a consensus of participants concerning what constitutes able or disabled performance in a specific area of activity...Lacking that consensus, assessments of 'ability' and 'disability' are lost within a conflict of perspective-based interpretations standing

in opposition to other interpretations...consensus is not agreement, but a moment of leveraged conformity...It is based on the amoral and often subtle application of bureaucratic power, the assertion of the school district's mode of thinking and acting over the parent's position...If the 'objective' diagnosis arises from social coercion, then the sorting of students into groups...is not an act of ideological neutral evaluation, but a political act. (p. 363)

The labeling of students as disabled, then, is not a reflection of the students' abilities, but rather as an enforcement of power and institutionalized conformity by the educational system.

Purpose

The purpose of my dissertation is to study the current state of curriculum studies field and the position of disability within it. I will evaluate the work of current authors on issues of disability, determine the strengths and weaknesses within the field, and explore the gaps of knowledge within the current body of information. I consider this a first step towards creating awareness of the incompatibility of educational practice within the American system of public education and the field of curriculum studies. According to Reynolds and Webber (2004), this "shifting and unstable meaning and essence are better and more important" than resting in naivety (p. 9).

Research Questions

My position is not one of equity with regard to social resources; rather, I argue equality in the absence of hierarchical power on the basis of social construct of disability. Questions arise from the parallels which surface within the recognition of the fallibility of the category of disability. What space does disability occupy within the educational

structures? What are the major issues and current trends in the inquiry of disability and what are the respective strengths and weaknesses? What theoretical and practical implications of critical discourse on issues of disability in education might emerge? The information generated by this research holds a significant impact as applied to practices within the field of special education.

CHAPTER TWO

REVIEW OF LITERATURE

Most of the greatest evils that man has inflicted upon man have come through people feeling quite certain about something which, in fact, was false.

~Bertrand Russell

The Humanistic Paradigm

Despite the fact that the Civil Rights Act of 1964 fails to include any mention of disability, historically, issues related to disability have revolved around the Civil Rights Movement and the activist approach of individual liberation. Not until nine years later in the amendment of the act with the addition of section 504, were individuals with disabilities formally identified and recognized as existing in a state of oppression, dehumanization and silence along with other marginalized groups. Finally, it seemed that the opportunity for dramatic shifts in the social perception of those with disabilities was within grasp, and the result was numerous activist projects which did indeed revolutionize significant barriers to these individuals. Attempts to increase public awareness and force compliance with federal legislation related to accessibility through demonstrations and protests were enthusiastic and widespread. Assuredly, these acts of civil disobedience were powerful in effecting positive change. Again, in 1990, when President George Hebert Walker Bush signed into law the Americans with Disabilities Act, which was touted as the end to the exclusion of individuals with disabilities, the throngs rejoiced. Could it be that this group, long-silenced, excluded, marginalized and invisible was truly to acquire equality and other benefits of citizenship in America?

Russell (1998) writes, “Activists contend that disability oppression is about discrimination and lack of access” (p. 81). However, while this humanistic paradigm has

resulted in significant metamorphosis for individuals with disabilities, it fails to extend into the examination of the social and cultural constructs of disability. Is it realistic, or even reasonable, to believe that everyone with a disability, regardless of the degree of the physical, emotional, or mental impairment, can be self-sufficient with the removal of barriers and codified accommodations? An evaluation of the definition of disability, for example, as “a condition which makes one unable to engage in any ‘substantial gainful activity’” (Russell, 1998, p. 81), such as work, reduces the discourse surrounding disability to one of cost-benefit analysis and reinforces the notion of equating the value of life with economic benefit. Certainly, there is a need to emphasize the abilities of individuals who meet the definition of disabled, thereby increasing education, employment, and physical accessibility. Nevertheless, as Meade and Serlin (2006) note, this approach clearly neglects the “legal and social boundaries and limitations imposed by the reifications of norms in definitions of race, ethnicity, gender, sexuality, class status, and citizenship (p. 4). Normalcy, and the determination of who falls within its boundaries, is decided within societal subjectivity rather than individually. Thus, is it not more beneficial to analyze the copious impact of “social, political, economic, medical, and legal forces that create material and barriers for individuals with physical or cognitive impairments” (Meade and Serlin, 2006, p. 4)? Despite the tremendous gains made under humanistic efforts, the factors which shape society have been virtually ignored and absent from public discussion when considering reform. Davis (1995) writes “there is a strange and really unaccountable silence when the issue of disability is raised (or, more to the point, never raised)” (p. 5). Disability must be viewed, not as an

individual issue, but instead as a structural issue through deconstructing these definitive forces.

The framework for the analysis of the structure of disability is not simple or neat, largely in part due to the complexity of life itself. Corker and Shakespeare (2002) suggest that one reason for the exclusion of disability in postmodern analysis is perhaps due to the lack of a strong theoretical basis to include disability as a categorical, rather than an individual, descriptor. Thus, by applying postmodern theory such as is found in the works of Derrida and Foucault, to the identity constructs of normalcy and disability, the process of responsiveness to these concepts will progress. Postmodernism has given rise to the idea that identity is not a given, but rather is a construction.

The Deconstructionist Perspective of Disability

Deconstruction of disability as a social, political, economic, medical, and legal text is necessary in order to capture, *reflect*, *reconstruct*, and *represent* our ideas of normalcy (Megill, 1985). Corker and Shakespeare (2002) write, “though they are antagonistic, ‘normativism’ needs ‘disability’ for its own definition: a person without an impairment can define him/herself as ‘normal’ only in opposition to that which s/he is not” (p. 7). Within the concept of normalcy lies the concept of deviation. Thus, as binary opposites, normalcy and disability are intrinsically linked; the notion of disability is integral to the very existence of normalcy as the state of being normal cannot exist without the state of impairment. Furthermore, within this relationship, positions of normalcy and disability are not lateral; rather, the spatial positioning is multi-dimensional in that within the state of normalcy is an immanent phallogocentric *privilege* while the state of disability is instead, a burden. Corker and Shakespeare (2002) postulate that

Derrida “might be concerned with the way in which an adoption of (a ‘positive’, ‘proud’ and ‘visible’) ‘disabled identity’ reinscribes the ‘sick role’ produced through the normal/impaired binary” (p.7). This idea directly contrasts the more vocal and vastly popular humanistic perspective, in that the very nature of binary logic strangles any attempt to be released as it reinforces and validates the construct of the opposite identity. Deconstruction thereby becomes a tool for critically analyzing lived contexts in an attempt to introduce the possibility of social change through the examination of not only written material, but also daily situations and activities as text.

Economics and Capitalism

Capitalism is commonly defined as an economic system characterized by freedom of the market with increasing concentration of private and corporate ownership of production and distribution means, proportionate to increasing accumulation and reinvestment of profits. The relevance to the analysis of economic issues and disability emerges in the relationship of the dominant modes of production, the distribution of wealth, and the accumulation of resources under the economic system of capitalism. Corker (2002) asks, “How *does* the development of capitalist relations of production change the relationships between people with and without impairments *in contemporary society?*” (p. 25). In order to answer the question and fully understand the evolution of these relationships, the need to first examine the roots and historical emersion of capitalism arises. Corker explains capitalism as:

[A] mode of generalized commodity production that emerged through the dissolution of feudal social relations of production... a dynamic system of

production that has transformed and continues to transform the social and cultural landscape. (p. 25)

As a result of this shift, a new form of social oppression arose; that is, oppression of the disabled. Capitalism is not a universal, fixed system. Instead, capitalism is dynamic and fluid with the ability to transform both cultural and social environments. Capitalism profoundly impacted the development of relationships of people with and without disabilities in that disablement was created. Throughout history, power relationships are constructed by those in possession in resources. In viewing the acquisition of knowledge through education as a resource, those who can easily access education as a commodity hold power over those who cannot.

In contrast to the definition of our capitalist economic system, how then does our system of governance as a democracy co-exist? Russell (1998) argues that while democracy is the practice of promoting social equality wherein there are more people participating in governance, conversely, capitalism with its economic tendency to concentrate wealth works against that drive for equality, because fewer and fewer hands control wealth and ownership. Clearly, this argument elucidates a glaring contradiction; “there can be no democracy without economic democracy” (Russell, p. 57). Not unlike past centuries of manipulation of government and public policy to the betterment of the mercantile class, present day corporations, investors, and wealthy capitalists maintain the abominable inequity between the rich and poor by marginalizing the lives of those perceived as consumers, not producers and therefore, of no use. Some would argue that “capitalism is a part of God’s design to ‘naturally’ weed out the ‘unfit’ at the bottom by leaving the unproductive in poverty to die” (Russell, p. 35). However, as Russell states:

[I]t is not God but the monied interest who, by determining where our social resources go, hold power over the lives of the economically disadvantaged. Those complicit in this state of affairs---judges, policy-makers, bureaucrats, physicians, and even the people---only appear to have their hands washed clean when disabled people are the ones ‘choosing’ to die. (p. 35)

In actuality, our government, economy, and society exercises the power to create an unbearable quality (or lack thereof) of life for the marginalized groups, only to intervene under the auspice of benevolence; even to the point of assisting them to die.

Production and Poverty

In deconstructing the “survival of the fittest” notion of capitalism, a closer examination of the by-products of capitalism reveals the fallacy of increased benefits for more individuals. Rather, capitalism is found to be fundamentally exclusionary, particularly among certain segments of the population, namely, the disabled. Prior to capitalism, under the feudalism system for example, individuals with disabilities were able to eek out an existence by doing what they were able to do to survive. For some, their abilities allowed them to become skilled artisans in which they were, most importantly, allowed to work at their own pace. For other individuals who were able to do less, they at a minimum were provided with food to eat and thus, sustain life. However, in the wake of capitalism, with the means of production removed from the worker and placed into the hands of the capitalists, production for profit became paramount. As a result of this shift, the sea of inequity began to swell; an individual with a disability lacked an equal chance to be productive, and options for survival diminished. Those with disabilities were “perceived to be of no use to the competitive profit cycle”

and “would be excluded from work” (Russell, p. 60). The idea of adjusting jobs to fit the abilities and needs of those with disabilities was abandoned, and the impossible became the expected; the individual with a disability was to adjust to the need of the individual in power---profit. As Russell states:

The social consequence would be that the disabled were perceived as not capable of working at all. The injured workers, the congenitally disabled would be excluded from the workforce, demeaned socially...generally all disabled people came to be viewed as ‘unfit’...the surplus population, in conjunction with the elderly, the unskilled, those injured on the job, the unemployed who would never get a job (because there were not enough jobs for all). (p. 61)

In appraising the impact of change capitalism imposed upon the mode of production and work, Hahn (1997) applies Marx’s notion of the “industrial reserve army” in which these marginal groups “defuse the revolutionary potential of the dynamics of a capitalist system by exerting downward pressure on wages, thereby permitting employers to maintain high rates of profit” (p. 172). Furthermore, Hahn posits another function of the “industrial reserve army” as “perform[ing] routine jobs which are neither readily mechanized nor regarded by capitalists as justifying the payment of prevailing wages” (p. 172). Finally, a third function of the “industrial reserve army”, according to Hahn, is these individuals “fill a void in the labor force in periods of relative prosperity or in war-time when the absence of nondisabled men creates an exceptional demand for other workers” (p. 172). Within these three functions lies the explanation for the inequitable and disproportionate distribution of wealth among the disabled. Estimates indicate as much as two-thirds of the world’s disabled populations among industrialized nations are

unemployed; a remarkably higher level when compared to other marginalized groups (Hahn, 1997). In light of these expositions, the dependency upon the state for subsistence by those with disabilities is highly likely.

Charities and Entitlements

Prior to the nineteenth century, responsibility for those with disabilities and the impoverished was viewed as a function of the community; while the rise of industrialism and centralized economy brought about a managerial perspective. As these attitudes evolved and spread, the delineation between the “deserving” and “undeserving” poor flourished, and questions as to whom the “proper” recipients of “public and private philanthropic initiatives were raised (Snyder and Mitchell, 2006, p. 37). As physical ability and embodiment “increasingly came to adjudicate a person’s social worth”, society’s response to “physical, sensory, and cognitive impairments (actual and perceived, functional and aesthetic)” evolved as well, emerging from a “relatively benign formula...to one of moral judgment” (Snyder and Mitchell, 2006, p. 38). Individuals deemed economically dependent, due to the need for substantial accommodation in the inflexible, rigid modes of work, habitat, and socialization, became outcasts. Snyder and Mitchell (2006) note “this period in American history is the first to introduce disability as disruptive to rationale of national citizenship,” an important tenet as the eugenics movement emanates, and those with disabilities came to be objectified with labels of “defective, delinquent, unproductive, and burdensome” (p. 39). This identification through objectification gave rise to a perceived need to manage this population by public agencies and private organization; a pivotal event of cultural dislocation in the history of the disability movement.

In deconstructing the idealized notion of charity and entitlement programs as the provision of public assistance to the dependent, the pattern which surfaces is instead the rationalized and reproduced oppression of those with disabilities through the very vehicles established under the guise of assisting. Individuals with disabilities are indeed controlled by charity and social service agencies. Charlton (1998) alleges, "It is undoubtedly true that some individuals are helped by charities. But it is precisely in this way that charities function as an agency of control. Charities at best create dependency; at worst, they further degrade and isolate" (p.93). Likewise, Finger (1993) writes:

[C]harities function to 'bind up the wounds of society'; that their *raison d'être* is to work for amelioration of such wounds rather than for fundamental social change that would prevent such wounds in the first place; most importantly, that in locating the oppression in the impairment itself (that is, in the body or mind of the disabled person) rather than in the social organizations that actively exclude and oppress disabled people (from the state on down to the family), charities, by their very nature, turn away from social and political change and toward the individual 'help the handicapped' solutions. (p. 29-31)

Furthermore, entitlement programs which exist outside of social and political change in policy, serve to exert power and control over the disabled population. Russell (1998) writes:

The scapegoating of vulnerable populations as costly consumers of tax dollars is reprehensible, and essentially false. The public resources that are distributed to the impoverished and disabled are redistributed in the community---to the pharmaceutical corporations, to the landlords, to the grocery store chains, to the

utility companies. The argument that disabled people consume an inordinate amount of our social resources is similarly false; 80 percent of the world's resources are consumed by the wealthiest people. (p. 94-95)

Why then do we as a society perpetuate the belief that our system of charities and entitlements are sufficient to provide for those with disabilities, and we continue to hold ourselves blameless in the never-ending finger pointing of the dependent class? Quite simply, it costs us less. Russell (1998) argues, "There is more profit to be made in the construction and equipping of national charity empires than in making public policy fill in the missing gaps" (p. 95).

Language and Labels

Society is structured around our understanding of the objects and relationships around us, and is framed within the language that we use (Swain, French and Cameron, 2003). Naming and classifying objects and people reflects the power structures which define our lives in that they "can evoke feelings of superiority or inferiority or be marks of exclusion, humiliation or pride" (Swain, French, and Cameron, 2003, p.1). Through the act of talking, our world is constructed and thus, language becomes a force of tremendous social action. Furthermore, as labels are assigned to individuals or groups, the behavior and attitudes of these interactions are predestined by these assignments. This display of power is illustrated in the fact that most often, labels are assigned by authority figures, or those in power, upon those who have little or no power and voice.

The power of assigning labels related to ability or disability lies within the research agendas of the dominant forces funding doctors, social workers, psychologists, and teachers, and it is due to the educational knowledge and qualifications these

professionals have acquired that they are granted this power. However, as Swain, French, and Cameron (2003) point out:

The education that they have received...has not taken place in a social vacuum but reflects existing relationships of power within society. Professionals are granted social power as long as they conform with the codes of practice and values of their professions. The judgments that they make and the labels they impose reflect particular cultural norms.(p.12)

Relative to disability, labels are most frequently reflective of negative or passive characteristics. The negative impact of terms such as disabled (not able) and invalid (not valid) demonstrate how entrenched the perception of disability is within our society. Still other descriptors possess a note of tragedy: sufferers or victims, while their basic human rights are most frequently translated as needs. Additionally, terms such as brave or extraordinary, while on the surface appear to be positive, imply that the individual with a disability has achieved a superhuman feat or is worthy of congratulation and admiration in light of a minor accomplishment (Swain, Cameron, and French, 2003).

As deconstruction involves unearthing weaknesses in reasoning in the text, in this particular instance, language, the revelation of the presumptions and hidden assumptions conveyed in these examples are essential to exposing the faulty logic. If the gap between normalcy and disability is to be narrowed, exposing and emphasizing the role of language is crucial.

The Function of Disability in Society

Identity

Previous to defining the role disability executes in society, exploration of the

manner in which the construction of disability shapes individual and collective identity is requisite. Individually, multiple possible identities exist, despite our willingness to endorse them: gender; race; ethnicity; age; or sexual orientation. All of these categories or social divisions serve as “most powerful and useful tools available in understanding ourselves, society, and why society operates as it does’ (Vernon, 2003, p. 55). The beliefs and constructs attached to these social divisions promote specific characterizations and attributes; thus defining a central role of identity in terms of the development of hierarchies and determining the social order. A basic tenet of social division is identity, both in terms of how we view ourselves as well as how others view us, and the interconnectedness of our interactions with others. Vernon (2003) writes:

Our sense of who we are is linked, for instance, to our awareness of our identities as women or men...of course, what it means to be a man or a woman also depends on the society we live in. Identity is at the interface between the personal, that is the thoughts, feelings, personal histories, and the social, that is the societies in which we live and the social, cultural and economic factors which shape experience and make it possible for people to take up some identities and render others inaccessible or impossible. (p. 55)

While being different in terms of ability and disability can incur admiration and praise, far more frequently, difference leads to prejudice, discrimination, and oppression.

Individuals with disabilities are identified as tragic, dangerous, inferior, or less than human, as they fall short of measuring up to societal norms. Interestingly, the fluid and diverse social and cultural nature of the norms do little to reform the rigid and inflexible identity of those individuals with disabilities.

Ideology

Charlton (1998) provides a poignant illustration of the function of disability as purely ideological as follows:

Two children are born in New York City. A white baby boy and a black baby girl. The parents of the boy are college teachers. The baby girl is the child of a single mother on welfare. The babies have unusually similar physical characteristics, except for one. The white baby is born with muscular dystrophy. The doctor tells the black mother, 'You have a beautiful baby girl.' She tells the white couple, 'I'm so sorry, your baby is severely handicapped.' The doctor is an African-American woman. She has personally experienced the racism and sexism that black girls and women face. She knows statistically that life for this baby will be full of hardship and adversity. Yet she feels greater sorrow for a white baby who will grow up in a middle class family, get a good education, probably go to college, probably get a decent job, and probably have a better quality of life.

(p. 166)

This example clearly conveys the how contrived and artificial the ideology of inferiority and superiority are. Disability, according to Charlton (1998), is "simply part of the human condition" (p. 166). The preconceptions dispose our thoughts and actions to a fulfilling prophecy of social conditions; when in fact, most individuals with disabilities face difficulties that have "much more to do with the social environments they live in than their intrinsic physical or mental qualities" (p. 167). Charlton (1998) contends that while individual differences are real, "the categories and preconceptions are false" (p.

167). Furthermore, the false preconceptions and categorizations form the basis for “the common experience of disability oppression” (Charlton, 1998, p. 167).

Davis and Marshall (1987), Fine and Asch (1988) and Wendall (1997) ask the questions of: Why are so many disabled people unemployed or underemployed, impoverished, lonely, and isolated? Why do so many find it difficult or impossible to get an education? Why are they victims of violence and coercion? Why do able-bodied people ridicule, avoid, pity, stereotype, and patronize them? The temptation is to view those with disabilities as “victims of nature or accident” (Wendall, 1997, p. 264). Are they not then oppressed by nature, as being disadvantaged in competing for resources and power? Rather, the argument of social pathology is that it is the social context which makes the challenge a reality. Indeed, society possesses the power to reduce the disadvantage for decreased impact upon equal opportunity for those with disabilities..

Power

As resources are allocated in hierarchical terms on the basis on identity, struggle and resistance to dominance ensues as a challenge to the unequal power distribution. Individuals with disabilities may have indeed been the first group to emerge as underclass, outcasts surviving on begging or charity, outside of the economic and political structure. Within the class division of American society, it is simply not advantageous to cooperate with others in terms of the allocation of resources. Hetherington (1998) explains the relationship of marginalization of those outside of the dominant culture and the resistance of such as a “main issue behind the interest in identity and in identity politics” (p.21). Likewise, Thompson (2001) describes this reaction as “politics of difference” which creates a social division into opposing groups

of “them and us” and “self and other”; thus generating the breeding ground of institutionalized discrimination. When inquiry is made as to whether children and adults with mental and physical impairments are indeed citizens, I predict few, if any, would respond negatively. However, difficulty lies in attempting to synthesize the same accessibility to all aspects of citizenship within current practice based upon these clearly evident class divisions. Delvin and Pothier (2006) reiterate the “claim that disability is not just an individual impairment, but a systematically enforced pattern of exclusion” (p.14). Within this process, oppression of individuals or groups occurs through institutional organizations, policies and practices at personal, environmental and structural levels within our educational system, political and judicial system, and medical system (Swain, Gillman and French, 1998). Examination of the specific processes within these powerful systems of American society reveals how the function of disability is perpetuated within our culture.

The Functions of Societal Structures

Labeling and Sorting

Homogeneity is crucial in our culture. Our need to identify and segregate anything and anyone who deviates from the identified norm is efficiently accomplished within our school system through the burgeoning services of special education. Slee (1997) writes that special education "is a bureaucratic device for dealing with the complications arising from clashes between narrow waspish curricula and disabled students" (p. 413). With our educational emphasis on standardization and assessment, we seek to diagnose and treat the problem of differentiation. Special education services have become a "vision of democracy as equality-in-difference--children are different from

each other, and therefore a variety of special education services are required to educate a variety of children, ironically, in line with the same statewide standards" (Baker, 2002, p. 664). We demand conformity, and interject the "paradigm of deficit and pathology in special education discourse [which] tacitly reinforces 'white privilege' and values ... order and compliance to 'white' rules and dominant codes of power" (Baker, 2002, p. 683). This need becomes readily apparent when noting the creation of more and more categories of special education in the past few decades. Baker (2002) contends that "the production and hunt for different forms of disability, unreadiness, at-risk-icity, and the explanations for developmental delay" has served only to make significant "the proliferation of problem populations it helped to produce" (p. 673). The proliferation of which she speaks is made economically clear in a report submitted to the Department of Education from the Office of Special Education programs for the school year 1999-2000 which stated that approximately \$50 billion was spent on special education services, which equals about \$8,080 for each of the more than five million children labeled as needing special education services (American Institutes for Research, 2004).

Classifying and Segregating

Once the school system sorts and labels children as disabled or non-disabled, two separate educational systems are employed. The outcome of this sorting, labeling, and segregation through the provision of differentiated services is the production of students who are destined to remain either dependent upon federal and state entitlements or low wage earners that remain in poverty with no means of escape. Historically, populations identified as disabled have received a "separate and unequal education" in schools, and now, "disabled people constitute one of the world's largest minority groups facing

poverty, unemployment, social and cultural isolation" (Erevelles, 2000, p. 28).

At this point, an important distinction must be emphasized. Unlike other marginalized groups, those who are disabled frequently experience exclusion disguised as pity. Contrary to the practices of segregation in terms of race, gender, class, and sexuality, placement of students into exclusionary special education services is often viewed as an act of democracy, an attempt to equalize, rather than dispirit those identified as disabled. Baker (2000) warns that despite being well-intentioned, the hope remains that everyone will be turned into one kind of being, at least at some level (p. 675). Special educators, speaking from my own experience, are guilty of "utopian thinking" (Morris, 2001, p. 197). By isolating and educating our children (those identified as disabled) separately, with our "recipe", we attempt to create our "happy places and happy worlds [which] conceals othering" (Morris, 2001, p. 197). We ignore that we are, by our sheer existence, propagating the exclusion and marginalization of those students we fiercely fight to protect.

In terms of education, assumed truths have existed from the onset related to the sorting of children into distinct categories of *abled* and *disabled*. Analysis of the role education and the structure of schools displays how disability is socially constructed and represented as reality. Ceaseless grappling over which individuals are included or excluded is ongoing more than 30 years after children with disabilities were ensured a free and appropriate public education by law. Extensive research documents the inferior quality of instruction within segregated special classrooms. In addition, the disproportionality and overrepresentation of minority students in these classes are

likewise noted. However, the isolation, stigmatization, and forced placement in special education dominate the litany of problems.

Schools are not only physical spaces, but also social spaces “where dynamic interactions occur between people in the classroom, as well as among those in the larger sociopolitical context” (Ferri and Connor, 2006, p. 127). Schools are a reflection of the society in which we live, and are the most influential entity in shaping students for the propagation of the norms and values of this society. Ferri and Connor (2006) write, “As a microcosm of society, classrooms and schools represent the degree to which knowledge and individuals are valued” (p.127). Because schools are representative of the dominant culture, students are both implicitly and explicitly taught about the value and worth of individuals with disabilities and the binary logic of normalcy and disability. Ferri and Connor (2006) use the following example to illustrate:

Each time a child with a perceived difference is removed from the classroom for special instruction or isolated from his or her peers within the classroom, the student and all of his or her classmates learn an important lesson about the educational, social, and cultural response to difference. Those who are not removed or given ‘special’ help are assured, at least for the time being, that their status as ‘normal’, ‘regular’, ‘average’, or ‘mainstream’ remains intact. Those who have been removed learn that their difference is the reason they are being separated from the majority of their classmates. Their status in the community is changed forever, and they must learn to manage a stigmatized identity, ‘spoiled’ by their difference from the norm. (p. 127)

Thus, all students learn the value and power that normalcy identity holds in terms of hierarchical positioning. Linton (1998) writes, “Segregated special education is bedeviled by the stigma that all members of the school, whether consciously or not, attach to the designation. No matter what kinds of overt lessons are taught at the school about respect for difference or other such seemingly committed agendas with weak impact, the hidden curriculum, the stronger message, is that children in special education are different, incompetent and unsavory, and because of their isolation, easily avoidable” (p. 63).

Interestingly, the failure of professionals, including those who act as the strongest proponents for inclusion and desegregation for students with disabilities, to question the assumed universal truth of disability and normalcy has resulted in supporting the devaluation and stigmatization of these students. The fundamental error occurs with the belief in the various forms of disability as physical absolutes rather than a social designation. In determining whether or not a student has an educational disability, the diagnostic process authenticates and validates the assumed truth in the categorical designations of disability and normalcy. The lack of a logical and consistent philosophical approach which supports nonexclusionary education of all students and subverts the disability versus normalcy construct is crucial in undermining these binary opposites and the ensuing hierarchical structures.

In recent years, the fight to educate disabled children in the same environment with non-disabled peers has become increasingly popularized among special educators and parents. Numerous court cases have upheld the rights of disabled children to access these settings. The inclusion movement has as its goal the acceptance of students with

disabilities into regular education settings. However, Danforth and Rhodes (1997) state:

By failing to question and contest the disability construct as universally true and real, inclusion advocates have unintentionally worked against their own integrationist and civil rights purposes, supporting the devaluation and stigmatization of students 'with disabilities' while decrying the same. (p.357)

The argument becomes then, that the focus of special education proponents should not be on developing techniques for integration, but instead should concentrate on developing a philosophy which is non-exclusionary for all students (Danforth and Rhodes, 1997).

Social Control

New social movements in past decades, including feminist, civil rights, antiracists and community and welfare rights movements have evoked significant change political agendas across party lines. The result of this shift is a conflict between those holding economic power and political privilege, and those who are marginalized. The controversial issues spawned by this conflict and the subsequent efforts of many politicians to be identified as influential players in this political arena are remarkable as these relationships are extracted in the theoretical framework of deconstruction.

Consequences of the social movements, according to Swain, French and Cameron (2003), are both intentional and unintentional. These authors describe the first set of outcomes as political consequences which produce policy changes and collective advantages for given beneficiary groups; for example, improved economic conditions or more equal opportunities for minority groups. The second set of outcomes is described as being cultural consequences which defined and establish distinctive ideologies and identities with impact expanding far beyond initial opposition to the political and economic

establishment. Many consider the recent evolution of the field of disabilities studies and the surge of political attention for individuals with disabilities as a new social movement. Despite the various positioning in desegregation and inclusion debates within the field, the agreement remains that the aim is to increase the pace of change. However, the question remains as to the “adequacy of civil rights in a fundamentally unequal society” (Swain, French, and Cameron, 2003, p. 156).

Political Power

Likewise, Russell (1998) charges that the U.S. has “adopted a policy of civil rights incrementalism that was never intended to erase inequality” (p. 130). She writes:

It becomes imperative to look at the economic inequalities that remain after 30 years of civil rights, like the persistently high numbers of underclass minorities living in poverty for whom there are no jobs, regardless of affirmative action, and the growing numbers of displaced nonminorities facing increased job insecurity, lowered career expectation, and poverty wages. Civil rights, although necessary to counter discrimination, may not be radical (get to the root) enough to change our predicament. Questions arise such as, how do economic rights factor into a globalized market that leaves greater insecurity in its wake and threatens to enlarge the ‘surplus’ population? What happened to universal concepts like full employment and a guaranteed income? Will civil rights solve the inequities imposed by globalization? (p. 127)

Russell goes on to suggest that the answers to these questions lie within a sinister attempt by the government to maintain the hierarchical relationship, and therefore, the power and control, by adopting a movement under fraudulent pretense. The endorsement of the

cause may be accepted by those at the bottom and interpreted as an acquisition of power. Unquestionably, power is present; however, it is an illusion and merely serves to provide access for the dominant group to maintain the status quo. Nussbaum (2006) writes:

We live in a world in which it is not simply true that cooperating with others on fair terms will be advantageous to all. Giving all human beings the basic opportunities on which we have focused will surely require sacrifice from richer individuals and nations. (p.273)

Medicalization of Disability

Both positive and negative impact has been felt with the assignment of medical meaning to the condition of disability. While an obvious benefit is the development and availability of medical treatments which can be credited for an increase in the well-being of those with disabilities, not with standing extension of lives, the substantially limiting effect of medicalization exists as well. Rather than interpretation of anomalies of humanness as variation, the medical model pursues the notion of variation as a deficit, pathological condition, and individual tragedy and personal burden which must be, or at least attempt to be repaired or restored. Due to the definition of disability as an impairment based upon an individual's ability to function, the need for precise, clinical measures emerged. Hickel (2001) writes, "Physicians, who approached disability in terms of diagnosis, prognosis, and treatment, became the gatekeepers to benefits" (p. 236-237). Johnson (2000) defines the medical model of disability as the perspective in which "a person's disability is a personal, medical problem, requiring but an individualized medical solution; that people who have disabilities face no 'group' problems caused by society or that social policy should be used to ameliorate" (p.27). However, in

deconstructing this iconoclastic approach, the very definition of disability lies within society through the creation of environments with barriers (Davis, 2002). Thus:

[A] person using a wheelchair is only disabled if there are no ramps; a Deaf scholar is only disabled if there is no interpreter provided at a conference; a blind scholar is disabled in the absence of large-type or Braille texts, or a computer and a scanner. (Davis, 2002, p. 41)

The medical model approaches disability as a disease in need of a cure, a “fix”, a repair, or a treatment, which most frequently results in some type of repair, concealment, remediation or supervision. Examples of medical intervention include the implantation of cochlear implants in the deaf, forcing mobility-impaired people to use prosthetics to walk *normally*, or performing painful and invasive corrective surgery for cosmetic purposes.

Attempts for correction in human variation are now occurring before birth. Davis (2002) describes the recent French court decision regarding the endorsement of compensatory payments to children born without arms to mothers who did not undergo prenatal screening, citing the children had the “right not to be born” and the parents’ lack of accessibility to the information (p. 22). Prenatal screenings and genetic testing is readily available for impairments such as deafness, small stature, or even gender. Clearly, the lines defining a disability blur. Davis (2002) states:

While not questioning the abstract prerogative of a woman to have an abortion ...scholars worry that since society is ableist and since genetic counselors share this bias, women will abort fetuses simply because they do not want a child who is deaf, blind, missing a limb, or who has some anomalous but not life-

threatening condition. Likewise, deaf parents could abort hearing fetuses in the desire to have babies who are also deaf. (p. 43)

Selective abortion then becomes a determination of life as worthy of living. Asch (1986) writes, "Aborting because of our own lives says something very different than aborting because we don't like what we find out about the potential life we carry (p. 239).

Legal doctrine protects an individual's right to refuse medical treatment. As such, passive euthanasia occurs in hospitals across the United States routinely, as physicians withhold or withdraw life-sustaining technology from patients who would otherwise die without the medical intervention. Conversely, active euthanasia is the deliberate action of a doctor to bring about the occurrence of death. History is forever marred with the horrors of the Holocaust in which six million Jews and other undesirables were terminated by the Nazi regime. This direct, active euthanasia was the culmination of the German eugenics program which, in its early stages in the 1920s, identified children and adults with mental retardation, mental illness, epilepsy, chronic illness, and severe disabilities for mass murder. In these early experiments, approximately 200,000 victims were euthanized by lethal injection or carbon monoxide gas (Shapiro, 1993). The German concept of "Lebensunwertes Leben" or "life unworthy of life" formed the murderous foundation for the deaths of these people (Shapiro, 1993, p. 271).

Who judges if a life is worthy? Smith (1995) postulates:

All over the country, in hospitals, nursing homes and other facilities, conscious but cognitively disabled and aged people are being denied adequate care and/or being starved and dehydrated to death in the name of patient autonomy, "quality of life" and the "best interests of the patient" determinations. But what is really

going on is the creation of a disposable caste of people whom we the healthy find too emotionally painful, too expensive or too inconvenient to care for, and whose intentional killing we increasingly find all too easy to rationalize. (p. ?)

Russell (1998) asks, “Will we see another socially engineered holocaust where many more players---the state, the family, the physician, the hospital, the nursing home--- become agents for death?” (p. 38). Are those with disabilities being pressured to die in order to permit those lives more worthy to live?

Control of the Body

The American capitalist economic system idealizes the human body through the media, despite the inherent imperfection of our humanness. Not only does this idealization encompass physical appearance, but further extends to the quixotic notions of strength, vitality, alertness, energy and control of the body and its functions. Despite slight fluctuations in our cultural norms, the pursuit of the ideal body, or close proximity thereof, is among our highest priority as a nation. Regardless of an individual’s identity as abled or disabled, this idealization is toxic to our feelings of self-worth and self-satisfaction of our physical being, leading all of us to an endless battle of attempting to reconcile the accepted ideal with our reality. Thus, those with disabilities are marginalized, as they are “de-valued for their de-valued bodies” (Hannaford, 1985, p. 54).

Physically disabled people are ceaseless reminders to those without disabilities of the folly of their pursuits and the inevitable impending failure to achieve perfection. They are the physical representation of what society endeavors to avoid, ignore and forget. Wendall (1997) suggests that the source which drives the hate, fear, and neglect

of those with disabilities, is the belief that nothing as this important is beyond our control” (p. 269). The strife for attainment of this idealization is motivated by fear; fear of our own mortality, fear of nature, fear of a loss of power, and fear of the emotions and feeling associated with our physical beings. On the whole, we fear the loss of control. Wendall (1997) posits, “Our cultural insistence on controlling the body blames the victims of disability for failing and burdens them with self-doubt and self-blame” (p. 269). The Western medical system of invasive interventions, saving lives, and surgical solutions “bolsters the illusion of control” in comparison to the rehabilitation process and management of chronic and long term illnesses (Wendall, 1997, p. 269). In summary, the plight of those with incurable, irreparable, and unfixable conditions is symbolic of the failure of medicine and ultimately, the failure to control the body. Thus, we have become absorbed with the notion of a false restoration of control of the body in which those with disabilities are driven to choose death rather than a life not worth living.

Upon reviewing the available, and notably limited, literature on disability within the field of curriculum studies, decided gaps in knowledge surface. With public education as an essential crux of citizenship, what role does our current system of public education in America perform in the de-valuation of individuals with disabilities; particularly in terms of the ever expanding field of special education? As educational reform continues to dominate political agendas, how do society’s views of children and adults with disabilities impact attainment of equal opportunity for full citizenship and how are they limited? Finally, what are the consequences of these continued social policies for those with disabilities?

CHAPTER THREE

METHODOLOGY

*The fall into the abyss of deconstruction hits us with as much pleasure as fear.
We are intoxicated with the prospect of never hitting bottom.*

~Gayatri Chakravorty Spivak

The Postmodern Perspective

In the past few decades, debates have emerged as to whether or not modern philosophy has reached an end, with many theorists embracing the post-modern philosophical approaches of Foucault, Derrida, Rorty, Harvey and others. Those who embrace these dialogues of culture, theory, and politics criticize, often quite aggressively, the traditionally accepted modernist positions. New views on social and political theories attempt to define the multifaceted abstraction of postmodernism. The outcome of this revolution is a discourse which potentially stands to widen the implications of modernism through the extension of the oppositional tendencies modernism produces. The terms poststructuralism, deconstruction, and postmodernism have often been applied interchangeably as reference to these theoretical movements evolving as an outgrowth of the epistemic and cultural break from modernism. At the most essential level, poststructuralism, deconstruction, and postmodernism condemn the tenets of structuralism, humanism, and modernism. As such, an understanding of these concepts must first be established. Certainly, much opportunity lies within the contradictions of these ideologies; however, of great significance is the acknowledgement that each is inadequate. The purpose of this method of research is not to postulate one position as superior over another, but rather to offer opening of interconnections for rethinking the relationship between education and disability.

While it is neither possible nor desirable to suggest a definition of modernism within this work, I will illuminate some historical and ideological elements to establish not only a sense of the complicated discourse, but also to expose the complexity of the surrounding debates. In doing such, the arguments in the defense of modernism surface while further providing a theoretical stage to give prominence to central themes of postmodern discourses; in particular, those assumptions of modernism in regard to “rationality, truth, subjectivity, and progress” (Giroux, 1991, p. 7). Harvey (1989) states that while agreement certainly exists that “modernist sentiments may have been undermined, deconstructed, surpassed, or bypassed,” there is little certitude as to the coherence or meaning of the systems of thought that may have replaced them” (p. 42.).

He asks:

Does postmodernism...represent a radical break with modernism, or is it simply a revolt within modernism against a certain form of ‘high modernism’...? Is postmodernism a style...or should we view it strictly as a periodizing concept? Does it have a revolutionary potential by virtue of its opposition to all forms of meta-narratives and its close attention to ‘other worlds’ and ‘other voices’ that have for too long been silenced? Or is it simply the commercialization and domestication of modernism, and a reduction of the latter’s already tarnished aspirations to a *laissez-faire*, ‘anything goes’ market elective politics? Does it, therefore, undermine or integrate with neo-conservative politics? And do we attach to its rise some radical restructuring of capitalism, the emergence of some ‘postindustrial’ society, view it, even, as the ‘art of an inflationary era’ or as the cultural logic of late capitalism? (Harvey, 1989, p. 42)

The term modernism refers to a variety of economic, cultural, political, cultural, and social transmogrifications, occurring in history following the “Middle Ages” or feudalism, which can be characterized by “innovation, novelty, and dynamism” (Best and Kellner, 1991, p. 2). Pinar, Reynolds, Slatterly, and Taubman (2004) engage “the central themes, organizing metaphors, and discursive strategies constituting Western thought and informing the Enlightenment project” as pivotal components of modernism, and supported reason as the source of progress, the aggregate of truth, and the substratum of knowledge (p. 450). Democratic reformation in American, French, and other feudal societies sought to build a social order that would integrate reason and social progress alongside justice and egalitarianism. Universally, modernism has been “identified with the belief in linear progress, absolute truths, the rational planning of ideal social orders and the standardization of knowledge and production” (Harvey 1989, p. 9). Modernism thus penetrated life during this epoch through processes of “individualization, secularization, industrialization, cultural differentiation, commodification, urbanization, bureaucratization, and rationalization” (Best and Kellner, 1991, p. 3). Yet, as Best and Kellner (1991) note:

[T]he construction of modernity produced untold suffering and misery for its victims, ranging from the peasantry, proletariat, and artisans oppressed by capitalist industrialization to the exclusion of women from the public sphere, to the genocide of imperialist colonization. Modernity also produced a set of disciplinary institutions, practices, and discourses which legitimate its modes of domination and control. (p. 3)

Consequently, the modern aim of unshackling morphed into various destructive techniques of domination and oppression.

Lyotard (1983) employs the term modern “to designate any science that legitimates itself with reference to a metadiscourse...making an explicit appeal to some grand narrative...” (p. xxiii). In contrast, postmodernism seeks to destroy the universalism and totality of these metanarratives. According to Lyotard (1984), “grand narratives do not problematize their own legitimacy, they deny the historical and social construction of their own first principles, and in doing so wage war on difference, contingency, and particularity” (p. 82). Rather, Lyotard incarnalizes a condition in which grand narratives of legitimation are no longer plausible. Eagleton (1987) writes:

Post-modernism signals the death of such ‘metanarratives’ whose secretly terroristic functions was to ground and legitimate the illusion of a ‘universal’ human history. We are now in the process of waking from the nightmare of modernity, with its manipulative reason and fetish of the totality, into the laid-back pluralism of the post-modern, that heterogeneous range of lifestyles and language games which has renounced the nostalgic urge to totalize and legitimate itself...science and philosophy must jettison their grandiose metaphysical claims and view themselves more modestly as just another set of narratives. (p. 13)

Hassan (1985) developed a synthesis of schematic differences between modernism and postmodernism. Within this tabular schema, postmodernism is portrayed as somewhat of a reaction to modernism through dichotomous opposition. While appearing at a glance merely to be a listing of binary opposites, these notions do little to actually answer the question of how to define modernism and postmodernism. Rather, the discourse opened

by the implications of this set of differences creates more complicated and profound questions to determine what can be done to “strengthen and extend the oppositional tendencies of modernism” (Giroux, 1991, p. 5). Giroux asks these questions which form the general foundation for this research of the relationship between disability and the social structures of citizenship:

What set of conditions are necessary to create social relations for human liberation within historically specific formations? How might individual and social identities be reconstructed in the service of human imagination and democratic citizenship? How can the assertion of history and politics serve to deconstruct all essentialisms and totalizing rationalities? How can political and social identities be constructed within a politics of difference that is capable of struggling over and deepening the project of radical democracy while constantly asserting its historical and contingent character? (Giroux, 1991, p. 5)

I argue that poststructuralism, deconstruction, and postmodernism represent three of the most important discourses for developing, strengthening, and extending the cultural politics and pedagogical praxis for democracy. Important to note at this juncture is that my intention is not to postulate any singular approach as complete or fully adequate in its totality and isolation; rather, I seek to demonstrate the interconnectedness which offers both a theoretical and political opportunity for rethinking and synthesizing the relationship between citizenship and disability to examine these critical questions. With public education as an essential crux of citizenship, what role does our current system of public education in America perform in the de-valuation of individuals with disabilities; particularly in terms of the ever expanding field of special education? As educational

reform continues to dominate political agendas, how do society's views of children and adults with disabilities impact attainment of equal opportunity for full citizenship and how are they limited? Finally, what are the consequences of these continued social policies for those with disabilities?

Poststructuralism

While the term postmodernism commonly subsumes the terms poststructuralism and deconstruction, there are tenets of these theories which hold value through respective examination. Initially, poststructuralism alluded to the theoretical movements originating in France in opposition to structuralism and humanism, "which purported to discover invariant structures in society, the human psyche, consciousness, history, and culture" (Pinar, Reynolds, Slatterly, and Taubman 1995, p. 452). Thus, poststructuralism is described as both in opposition to and an evolution of structuralism. While Pinar, Reynolds, Slatterly, and Taubman (1995) caution strongly against a fixed definition of structuralism, they cite "a method of analysis and a philosophical orientation which privileges structures, systems, or sets of relations over the specific phenomena which emerge in, are constituted by, and derive their identity from those structures and sets of relations" (p. 452-453). Conversely, "while structuralism has sought to identify 'the system' that creates meaning, poststructuralism has sought to repudiate, dismantle, and reveal the variance and contingency of 'the system'" (Pinar, Reynolds, Slatterly, and Taubman, 1995, p. 453). For the purposes of this work, I apply poststructuralist analysis to the public educational system as a defining structure in the occurrence of disability and subsequent outcome on collective identity.

Deconstruction

While deconstruction mirrors the larger part of poststructuralism, in terms of an intolerance of origins, universals, totalities, and meta-narratives; the functions of power; and challenges to the defined sets and systems, deconstruction does differ in terms of the relationship of “meaning” and “sense” of language (Pinar, Reynolds, Slatterly, and Taubman, 1994, p.467). Derrida argued that the “binary oppositions governing Western philosophy and culture work to construct a far-from-innocent hierarchy of values which attempt not only to guarantee truth, but also serve to exclude and devalue allegedly inferior terms of positions” (Best and Kellner, 1991, p. 21). This positioning of terms serves then, to rank one term as superior over the inferior; men over women, young over old; and able over disabled. Quite obviously, this juxtaposition likewise assigns value and identity through descriptive characterizations and draws boundaries around groups. As such, terms evoke a depth of construction of meaning beyond the contextualized. The aim of this research is to expose the power plays within this game of “one-upmanship” in an attempt to subvert the hierarchical structures’ imposed domination through the identification and labeling of disabled (Pinar, Reynolds, Slatterly, and Taubman, 1994, p. 466).

Postmodernism

Liotard (1984) writes:

What, then, is the postmodern? The postmodern would be that which, in the modern, puts forward the unrepresentable in presentation itself; that which denies itself the solace of good forms, the consensus of a taste which would make it possible to share collectively the nostalgia for the unattainable; that which

searches for new presentations, not in order to enjoy them but in order to impart a stronger sense of the unrepresentable. (p. 79)

Poststructuralism and deconstruction have come to be subsumed into the much larger movement of postmodernism. Many of the views fostered by poststructuralism and deconstruction are clearly articulated by means of postmodernism, as demonstrated by Pinar, Reynolds, Slatterly, and Taubman (1994):

[T]he death of the subject, the repudiation of depth models of reality, metanarrative, and history itself, the illusion of the transparency of language, the impossibility of any final meaning, the movement of power as it represents and discourses on the objects it constructs, the failure of reason to understand the world, the decentering of the Western logos and with it the ‘first world’, the end of belief in progress and the celebration of difference. (p. 468)

Just as Pinar, Reynolds, Slatterly, and Taubman (1994) describe, these notions of poststructuralism and deconstruction “intersect with certain social and cultural conditions and attitudes judged to be qualitatively different... [and]...comprise the postmodern period. (p. 469). These cultural, social and even political conditions include: an exponential increase in television and electronic media, particularly in terms of reflecting acceptable images; massive development and accessibility in information technologies; globalization and capitalism; economic control by the state; and conflicting hierarchies. Within my research, I apply postmodern analysis to our present cultural, social, and political climate to synthesize the relationships between disability and education as a right of citizenship.

Analysis through Foucault

Foucault's ideas are a prolific source in postmodern argument. Foucault fostered acceptance of the ephemeral, the fragmented, the chaotic, and the discontinuous and abjures the acceptance of any totalizing "meta-language, meta-narrative, or meta-theory through which all things can be connected or represented" (Harvey, 1989, p. 45). His concepts of power relations, human discourse and eventual deconstruction of individual subjectivities constitute a postmodern approach to the synthesis of the culturally and politically charged issues of disability and citizenship.

Power and Knowledge

Foucault explores how the agencies of power have been "invested, colonized, utilized, involuted, transformed, displaced, extended, etc. by ever more general mechanisms and by forms of global domination" (1972, p. 159). As such, Harvey (1989) concludes there is:

[A]n intimate relation between the systems of knowledge ('discourses') which codify techniques and practices through the exercise of social control and domination within particular localized contexts", and he cites the prison, the asylum, the hospital, the university, the school, and the psychiatrist's office as examples of the organizations of power and domination. (p. 45)

Historically, power has been associated with knowledge; however, in order for this supposition to hold absolute, knowledge must first exist within an undistorted representation of reality, as knowledge is the essence of what really *is*. Pinar, Reynolds, Slatterly, and Taubman (1994) state, "discourse, which includes knowledge, does not *represent* reality...discourse *constructs* reality"; thereby the debate shifts from the

questions of “who has knowledge/power to how, and under what conditions particular discourses come to shape reality” (p. 463).

Discourse and Subjectivity

Foucault states, “Discourse...is so complex a reality that we not only can, but should, approach it at different levels with different methods” (1973, p. xiv). Therefore, while he is influenced by the theoretical positions of Marxism or even structuralism, Foucault emphatically rejects the notion of any singular theory or method and instead evokes analysis from a multitude of perspectives, including “psychiatry, medicine, criminology, and sexuality, all which overlap in complex ways and provide different optics on modern society and the constitution of the modern subject” (Best and Kellner, 1991, p. 40). He logicizes that the attempt to establish a system of homogenous relations, such as posited by structuralism, was to ignore the socio-political construction of the system itself. According to Foucault, discourse is “a discursive practice which itself forms the objects of which it speaks” (Pinar, Reynolds, Slatterly, and Taubman, 1994, p. 462). Words, whether spoken or written, are banded together in accordance with established prescripts of the discourse as well as entrenched conditions which allow for their existence. Foucault, in contrast, sought an anonymity of discourse with no “origin or locus of formation” and having “neither a sovereign nor a collective consciousness” (Pinar, Reynolds, Slatterly, and Taubman, 1994, p. 462). The pursuit of my research is to likewise analyze the discourse of disability, eugenics, and education to investigate “how it works, what conditions make it possible, and how it intersects with nondiscursive practices” (Pinar, Reynolds, Slatterly, and Taubman, 1994, p. 462).

Deconstruction and Language

Of particular significance to Foucault is this flaw in relation to language.

Foucault holds that the systems and structures sought to be illuminated through the theory of structuralism are intrinsically linked to the language and cannot exist free of influence.

Foucault's work in the delimitation of language into discourse proposes that "discourse is historically and socially contingent, and that the analysis of discourse must remain at the level of the signifier" (Pinar, Reynolds, Slatterly, and Taubman, 1994, p. 462). As

Harvey states, "Writers who create texts or use words do so on the basis of all other texts and words they have encountered, while readers deal with them in the same way.

Whatever we write conveys meanings we do not or could not possibly intend, and our words cannot say what we mean" (Harvey, 1989, p. 49). This interweaving of texts creates an impetus to search one text for another or formulate one text into another.

While the most radical viewpoint of deconstruction seeks to merely create an acceptance of fragmentation open to a recombination, the Foucauldian effect is one of deconstructing the power of the author or system to impose meaning or narratives. Foster (1983) states, "The effect [of deconstruction] is to call into question all the illusions of fixed systems of representation" (p. 142). Therefore, in this analysis of disability, eugenics, and education, I explore the influence, power, and control exerted by the language structures and systems and postliminous ramifications through the deconstruction of texts surrounding these topics.

Application to Curriculum Theory

The purpose of my research is, in fact, to present a synthesis of the relationships between disability and citizenship through postmodern analysis as contextualized within

the field of curriculum theory. Thus, the question at this juncture is: How do the theories of poststructuralism, deconstruction, and postmodernism connect with curriculum theory? Postmodernism, while not limited to, has exposed relationships between power and culture, representation and domination, and language and subjectivity. The implications of these postmodern perspectives in our system of public education and methods of curriculum are vast, but likewise murky. I cite Doll (1993) as he states:

I believe a new sense of educational order will emerge, as well as new relations between teachers and students, culminating in a new concept of curriculum. The linear, sequential, easily quantifiable ordering system dominating education today—one focusing on clear beginnings and definite endings—could give way to a more complex, pluralistic, unpredictable system or network. (p. 3)

Thus, I question in this work, the structuralist and modernist postulates on current educational methods and practices, specifically as they are applied in the identification, categorization, exclusion, and oppression of those considered as disabled in the interest of developing a postmodernist perspective which rejects these associated assumptions. The undertaking of this attempt is important as the opportunity to redraw and remap our social, political, and cultural environment, and for this reason, the examination of these discourses are worthy of examination by educators.

The hegemonic influences of modernism have directed meaning, dynamics, methods, and practices of education. Hence, application of the challenges by postmodern theory raises crucial issues worthy of deeper examination. According to Aronowitz and Giroux (1991), postmodern theory is advantageous as “it offers the promise of

deterritorializing modernism and redrawing its political, social, and cultural boundaries, while simultaneously affirming a politics of racial, gender, and ethnic difference” (p. 58). Challenging the notions of dominant Western cultural thoughts as well as the meta-narratives preponderated through modern theory has the result of resituating us in a society of shifting boundaries. Therefore, if curriculum is theorized as a form of cultural politics, and the relationship of knowledge and power is scrutinized, then education is revealed as a source of identity and worth.

CHAPTER FOUR

DECONSTRUCTION OF DISABILITY

The majority of men prefer delusion to truth. It is easier to grasp. Above all, it fits more snugly than the truth into a universe of false appearances.

~H.L. Mencken

American society takes tremendous pride in touting our nation as a bastion of liberty, equality, and inclusion; a melting pot of sameness in difference. Certainly, the majority of citizens in the United States enjoy a high standard of living, and a high quality of life in relation to the rest of the world. However, not all citizens share evenly. Furthermore, there are those who do not share the inclusion to which the majority of citizens are privileged. Not only is this population of marginalized, coerced, excluded, silenced, and invisible individuals defined on the basis of gender, race, class, and sexuality, but also on the status of ability. Longmore and Umansky (2001) describe the “relations of gender, class, and race or between professionals and clients [as] relations of social, economic, and political power” (p. 5-6). However, they further explain “that relations involve disability entail similar dynamics requires a new way of thinking” (p. 6). Longmore and Umansky (2001) contend that historical accounts of disability “have rendered people with disabilities invisible and have neglected disability themes that were of central concern to their subjects” (p. 3). Despite the commonality of plight of marginalized groups, uniquely, the responses to disability vacillate along the continuum from the well-intended position of pity on one end to the opposing condition of oppression upon the other for those identified as disabled. As a result, abyssal structural inequality exists within our economic, social, political, legal, and cultural systems; a violation of our rights of citizenship. Citizenship does not stand as an issue of status;

rather, citizenship is more accurately described as a practice whereby individuals are located with a particular community. Thus, debate in relation to access and participation, exclusion and inclusion, marginalization and belonging, social recognition and redistribution of resources, identity and personhood, and self and other emerge. I examine perhaps the most basic social institution in our society, the public education system, for the purpose of challenging assumptions of sameness and difference to answer the question of what role does our system of public education serve in the propagation of the devaluation of individuals with disabilities in contributing to their (dis)citizenship and social death?

What is Disability?

As a society, Americans are in need of dramatically altered ways to conceptualize the notion of disability. Previously, I have introduced the concept of disability as a social construct, and briefly broached the relationship of language and power as issues involving disability. However, in this section, I elaborate on the catechism the language of disability evokes and display the hierarchal organization that can be contributed respectively. Furthermore, I explore five definitions of disability that have emerged over time, and through the application of postmodern analysis, I examine the impact of these accepted definitions of disability upon the social structures which establish the personhood of individuals within a community.

Language

A series of descriptive terms is used within the context of disability. Extensive debate surrounds the political correctness in describing the characteristic of disability as a “disability” or “impairment”. Pothier and Devlin (2006) describe the nuance of

difference between impairment as “a natural defect” and disability as “inability”; incapacity”; “impotence” and “want of ability” (p. 4). Perhaps this ambiguity and indecisiveness is symbolic of a farther reaching discomfort with disability in our culture. From a postmodern perspective, this contention over definition produces a binary formation of disability as able-bodies (us) and “disabled” (them). As such, this approach advances the categorization and “othering” of individuals with disabilities, when in fact, disability should be considered in a contextualized and fluid means. What then is the significance of the term selected to describe the condition of disability?

Historically, use of the term “handicapped” was common, but has in recent years, been deemed inappropriate as the term conveys a sense “that the entire person is disabled because of a specific impairment” (Pothier & Devlin, 2004, p. 3). Thus, the practice of speaking in terms of a “disabled person” or “disabled people” has come to be replaced with a person first phraseology, such as, “person(s) with disabilities”. Titchkosky (2001) offers a second interpretation of the person first descriptor. The suggestion is that the person first language ventures into further ubiquity and inappropriate stigmatization by attempting to “dismember disability from the self” (p. 129).

However, Pothier and Devlin (2004) maintain that the person first language is befitting due to the connectedness of the concept of personhood and its significance in equality rights in the context of race, gender, and sexual orientation. These authors apply an illustration from the most fundamental foundation of American society drawn from the 1787 American Constitution in which “enslaved persons [counted] as only three-fifths of a free person in determining each state’s representation in the House of Representatives” (p.3). The trial of complete and legal personhood in the context of race, gender, and

sexual orientation has culminated in acquisition of fully equitable personhood status. Contextually, the language of person first or the use of “with” can potentially “disconnect the disability” or even give the appearance “that the disability is of a second order nature” (Pothier and Delvin, 2004, p. 3). The question presents, “Do we speak then, of “persons with a gender” or “persons with a race” (Pothier and Delvin, 2004, p. 3)? Pothier and Delvin (2004) go on to note that the words “race” and “gender” are facially neutral in that they do not “designate a specific subset of the population” (p.4). In contrast, the word “disability” is ideologically charged and “explicitly engage[s] in targeting” (Pothier and Delvin, 2004, p. 4).

Most recently, attempts have been made by advocacy groups to remove the negative connotations and reclaim the word disability from the derogatory and pejorative contextualization. Pothier and Delvin (2004) relate this endeavor to the conversion of the word “queer” by gays, lesbians, and bisexuals. The aspiration is to relieve the historically negative attributes to be transformed into a “badge of pride” (Pothier and Delvin, 2004, p. 4). Clearly, the metamorphosis is far from complete.

Definitions

The definition of disability, as well as how the definition is constructed, is a determinative factor in the impact of disability on how individuals identify themselves and how others perceive them. The dualistic approach in conceptualizing disability has resulted in an *us-them* mentality in which there exists those who are able-bodies and those who are disabled. Incontestably, in this application, the formation of categorization and othering materializes when in fact, disability should be considered as a dynamic term best viewed within context. Longmore and Umansky (2001) write, “While public policy

has sought to fashion *disability* as a generic category and attempted to impose that classification on people with an assortment of conditions, disability has never been a monolithic grouping” (p.4). Pothier and Delvin (2004) argue that “[d]isability...has no essential nature” (p.5). Whenever particular individual characteristics are conceptualized as defects, these persons are then manufactured as disabled. The contextualization is determined by what is valued, or de-valued, within a specific community. Therefore, disability is defined not by the nature of the individual but by the context in which it occurs. What is of vital importance then, is the question of how society responds to the individual in contrast to interpretation of disability as innate to the individual.

The importance of society’s structure and organization in the contextualization of disability is fundamental in postmodern analysis. In opposition to the binary view of constructivism, quite possibly, disability should be considered through the duality of not only societal structures and organization, but also the particular circumstances of an individual. Decidedly, the point is made in which disability cannot be neatly defined and generalized collectively. Determining disability is chaotic, convoluted, and fluid, in harmony with poststructuralism, deconstruction, and postmodernism. The validity of this duality in contextualization is an improved response to the needs of those individuals with disabilities.

Historically, there have been multiple attempts to contextualize disability as truth. McColl and Bickenbach (1998) outline five varying viewpoints of disability. The biomedical definition defines disability as the result of underlying illness or impairment. The philanthropic definition views disability as a human tragedy, a source of sympathy, and an object of charity. The sociological definition characterizes disability as deviation

from societal norms for activity performance. The economic definition specifies disability as a social cost resulting from limited productivity and excess service cost. Finally, the socio-political definition describes disability as the interface between a person with a health condition and a society designed for non-disabled people. Clearly, there are negative implications for each definition in terms of policy issues. However, the bio-medical model has historically perhaps been most dominant, and as such, I suggest, the most damaging when exploring social policy, professional practice, and societal structures regarding people with disabilities.

The medical model ordains disability as being caused by a vast concatenation of pathologies fixed within the mind or body of individuals. Longmore and Umansky (2001) describe physiological limitations from this perspective as having of the impact to “produce personal limitations in performing ‘major life activities’ ordinarily ‘expected’ of people in particular age groups: for children, attending school and engaging in play; for working-age adults, holding jobs or keeping house; for older adults, managing their households or keeping house” (p. 7). The medical attempt of defining disability and its focus on impairment and deficit creates the disabled person and the disabled body as something detached and different from the abled-bodied person. Within the medical model, the “normal” body occurs along a “fixed and narrow standard of economic and social productivity” (Meade and Serlin, 2006, p. 3). Accordingly, Meade and Serlin contend that “disabled people are seen as social embodiments of their physical disability; they are dysfunctional or quasi-functional or nonfunctional bodies to be repaired or, if not, then managed with bureaucratic and economic efficiency” (p. 3). The medicalized perspective “personalizes disability, casting it as a deficit located within individuals that

requires rehabilitation to correct the physiological defect or to amend the social deficiency” (Longmore and Umansky, 2001, p. 6). Within this framework, disability has been excluded from theoretical study and researched primarily with the fields of medicine, special education, rehabilitation and related professional areas. In instances where disability has been examined out of customary context, the approach is one of study of an individual with deficits, a deviant subject, “rather than on the social structures that label difference as deviance and pathology” (Linton, 2000, p. 323). Longmore and Umansky (2001) summarize the historical role of disability:

The explanation of disability as a pathology individualizes and privatizes the causes of alleged social incapacity. It largely precludes recognition of cultural, social, and political factors in the construction of “disability” experiences. Thus, we expect to find people with disabilities in medical institutions, but we neglect to look for them in other social settings... The past generation of intellectual controversy has taught us to ask why some forms of knowledge are privileged and others marginalized. We have learned to examine the implicit political content of each position, to inquire into the specific interests at stake. We have been instructed to recognize that all intellectual discourse benefits when it is critiqued and to pay particular attention to critiques from the margins. (p.8-9)

Social and Scientific Formulations of Disability

Stiker (1982) emanates the work of Foucault in analyzing the societal constructions, specifically, the manner in which society negotiates difference in terms of bodily abnormality. His work related to the Middle Ages period; a time in which impairments, or infirmities, were ascribed the same status as other conditions of

suffering, such as poverty, for example. Disability, impairment, and infirmity exist as the natural order of things. Simply put, these constructed anomalies are in their very essence *normal* and *natural*. Within this theory, the acknowledgement of disability historically has been a response charitably driven through spiritual vehicles of the church, benevolence of individuals, or moral obligations of institutions or hospitals. Although the system of charity embraced disability as inevitable and provided care and comfort to those individuals, it did not provide for the social inclusion of this population (Stiker, 1982). Stiker goes on to examine the evolutions of societal response to disability into the sixteenth through nineteenth centuries. During this time, the medical model of disability emerged and began to dominate, though not replace, the system of charity. While the pursuit of the medical was less upon explaining disability, the concerns of the medical approach became to inventory and describe the impairments. Not until the eighteenth century did the idea of educating or rehabilitating individuals with disabilities emerge (Stiker, 1982). Formal institutions were established by the nineteenth century for the purposes of rehabilitation and reassimilation of individuals with disabilities into society, and although the disabling conditions cannot be cured, this view embraced the notion that they can be treated and adjusted. Stiker (1982) states, “Curing is an expulsion and concerns health, reintegration is situated on the social level and replaces a deficit” (p. 141).

Legal reform and rectification of the relationship between disability and human rights began in the 1960s parallel to the Civil Rights Movement. Legislation was enacted to ensure equality for those with disabilities in the same manner as establishing equality without regard to race. A paradoxical conflict has ensued in that American government

has apotheosized equality while simultaneously failing to initiate changes within the social structures and organization to provide for full citizenship for those with disabilities. The cavernous divide between the protection under the law for the purpose of “inclusion” and the full rights of “citizenship” prevails despite broad agreement that equality for individuals with disabilities should be guaranteed. Perhaps depending upon perspective, the meaning of “inclusion” and “citizenship” differ among those with disabilities and those who are abled-bodied. Rioux and Zubrow (2001) detail a comparison of the social scientific view of disability and the social pathology view of disability for the purpose of exploring the continued discrepancy in implementation of rights and equality regarding disability. This distinction is essential as, according to Pothier and Delvin (2006):

How disability is perceived, diagnosed, treated, scientifically and socially, is a reflected in assumptions about the social responsibility toward people with disabilities as a group. The assumptions or postulates about disability are neither mutually exclusive nor temporarily chronological. Some disciplines have characterized disability solely as a biomedical condition, a genetic condition, a disease category, or a personal deficit, while others have adopted the framework of disability as a consequence of social, environmental, and political conditions. There are also hybrids of these two major schools of thought. Consequently, there are tensions in the area of policy and programming, within both the professional sphere and government, that reflect attempts to accommodate these diverse understandings of disability as a status and how it should be addressed.

(p. 50)

We must question the constant, compulsive need to define human experience as analogous with established normative categories which compute the value of life with cost-benefit analysis. Application of the social and scientific formulations of disability promulgated by Rioux and Zubrow (2001) offers a valuable, concise framework for enquiry which mirrors the historically analytical work of Striker as depicted in the following table (p. 148-71). Inventions of the individual and of potentially negative associations that constrain capacious participation as a citizen are cultivated in dynamic reaction to the societal formulation of context.

TABLE 4.1

Social and Scientific Formulations of Disability

INDIVIDUAL PATHOLOGY	
Biomedical Approach (Disability is a consequence of biological characteristics)	Functional Approach (Disability is a consequence of functional abilities and capacities)
<ul style="list-style-type: none"> • Treatment: through medicine and biotechnology • Prevention: through biological or genetic intervention or screening • Social Responsibility: to eliminate or cure 	<ul style="list-style-type: none"> • Treatment: through rehabilitation services • Prevention: through early diagnosis and treatment • Social Responsibility: to ameliorate and provide comfort
SOCIAL PATHOLOGY	
Environmental Approach (Disability is a consequence of environmental factors and service arrangements)	Human Rights Approach (Disability is a consequence of social organization and relationship of individual to

	society)
<ul style="list-style-type: none"> • Treatment: through increased individual control of services and supports • Prevention: through elimination of social, economic, and physical barriers • Social responsibility: to eliminate systemic barriers 	<ul style="list-style-type: none"> • Treatment: through reformulation of economic, social, and political policy • Prevention: through recognition of conditions in society as inherent in society • Social responsibility: to provide political and social entitlements

Examination of these formulations explores the impact of these accepted and applied formulations of societal organization in terms of “society itself, the nature of authority, beliefs, and morality” (Nicolaisen, 1995, p. 48).

Individual Pathology

Within both the biomedical approach, also known as the medical model in some works, and the functional approach or alternately described as the rehabilitation model in other research, proponents appraise and assert disability as an individual defect which compels medical intervention for cure or treatment. These paradigms identify disability as occurring within the individual. Whether implicitly or explicitly stated, the conviction is that if the individual’s disability could be cured, then as such, all related problems and complications surrounding the disability would likewise be eliminated. Thus, individuals with disabilities are widely dependent upon the power and authority of the medical and rehabilitational professionals. Within this context which converges on the deficiency of the individual, interpretations of issues along the lines of work, family, political

participation, and education from an individualistic perspective disregard the role of social, legal, economic, religious, and political consequences that impact citizenship.

Common themes converge within the biomedical and functional approach in regard to individual pathology which contributes to the relationship between disability and citizenship. First, disability is viewed as a field of professional expertise in that knowledge and control over disability lies within the hands of others, not within the individual. The argument entered here revolves around the lived experience of the individual with disabilities. Burch and Sutherland (2006) state:

What it means to be Disabled in our society is understood through the lens of the social category, and through social construction, which is not less powerful and has no less impact on Disabled people than if the parameters of the construct were true. The social construction imposes its own set of meanings on Disability that affect the lived experience of the Disabled; it is also a limited and prejudiced understanding of what Disabled life can or cannot be, one that must be challenged and broadened by the lived experience. (p. 129)

In summary, how can a professional in the absence of lived experience possess the power, knowledge and authority grasp the impact of disability? The lived experience of these professionals is grounded in and influenced by the artificial social construction of disability; and as such, medicalization and rehabilitation by professionals further promulgates marginalization *de facto*.

Biomedical approach

Within the biomedical approach, individuals are viewed as the embodiment of their disability, in need of curing, repairing, or managing through bureaucratic and

economic means. Historically, those for who cure and repair were not possible and care was not made available, fell to the margins of society and existed in a state of neglect. In the late nineteenth and early twentieth centuries, the conflation of physical disabilities with social disabilities targeted and redefined immigration and rural poverty within the scope of eugenics. However, the assignment of medical norms to disability has had variant impact and outcomes for those identified as disabled. Medical treatment and rehabilitation has resulted in increased health, vitality, and well-being for many. Growing interest and attention by the medical profession to the prevention of disease and impairments is decisive in saving lives. Conversely, there have been far-reaching negative consequences as well.

The biomedical approach circumscribes human variation as “deviance from the norms, a pathological condition, a deficit, and significantly, as an individual burden and a personal tragedy” (Linton, p. 11). As such, society colludes to maintaining disability within the assignment of personal and individual pathology. With this traditional approach to disability as a medical condition and therefore, those with disabilities considered *sick*, by definition, these people are ill, infirmed, and dangerously, a medical category. The work of Foucault can be applied here, in terms of the body and power. Foucault (1980) writes, “Indeed I wonder whether, before one poses the question of ideology, it wouldn’t be more materialistic to study first the question of the body and the effects of power on it” (p. 58). The crucial step is merely establishing the presence of difference. The fundamental enigma in the biomedical approach of disability is defining disability as a problem located within the body rather than as a problem located within the interaction of the body and the situated environment (Thomson, 1995, p. 16).

Functional approach

Within the purview of individual pathology is the functional approach to disability. Within this view, advocates express disability as a deficiency that can be alleviated by professional, rehabilitative assistance, although still within the confines of the individual. The implication is that if only the disability could be cured, or repaired, all associated issues and problems would likewise be resolved. Clearly, the dependency of the individual with disabilities falls upon the authority and power of the medical professional. This rehabilitative approach, disregards the lived experience of those with disabilities. In contrast, the focus falls upon the deficiency of the disabled person. Burch and Sutherland (2006) describe how factors including relationships to work, family, political participation, and education are broached in terms of the condition of the individual, without regard to the role of economic, religious, and political factors that impact the success or quality of life for disabled individuals (p. 128-129). Within the functional approach, disability continues to be viewed as an individual pathology, but rather the emphasis becomes the functioning or capabilities of the individual in comparisons to societal norms.

Linton (1998) describes how the field of psychometrics employs the terms norm or normal to delineate the individuals or characteristics that “fall within the center of the normal distribution of whatever variable is being measured” (p. 22). As the notion of normal is applied, the notion of abnormal as a binary opposite is likewise created, with both terms becoming particularly value-laden. Individuals or characteristics adjudged as not normal may carry high value as a resource, such as a person’s height; or devalued as a burden or problem, as with intelligence quotients. Within society and the use of the

social construct of normalness/abnormalness, the establishment of these dichotomous categories results in the devaluation of individuals with disabilities as well as implementing an us/them division of the population. Regardless of the implicit instability and relational nature of normal and abnormal categories, the terms are exploited as absolute truths with prodigious power, affecting individuals' worth, acceptability, social position, and societal response.

Both the biomedical and the functional approach articulate a sense of a concrete and permanent condition with specific medical significance. In actuality, the assignment of disability is arbitrary based upon an individual's ability to be productive by society's standards. The two formulations of disability from the conjecture that disability is an individual pathology, the biomedical approach and the functional approach, share common characteristics as illustrated (Rioux and Valentine, 2006, p. 50).

TABLE 4.2

Common Characteristics of Individual Pathology Formulation

<ul style="list-style-type: none"> • Approach disability as a field of expertise
<ul style="list-style-type: none"> • Primarily use a positivist paradigm
<ul style="list-style-type: none"> • Emphasize primary prevention, including manipulation of biological and environmental conditions
<ul style="list-style-type: none"> • Characterize disability as incapacity in relation to non-disabled persons (a comparative incapacity)
<ul style="list-style-type: none"> • Distinguish disability and its attached costs as an anomaly and social burden
<ul style="list-style-type: none"> • Portray the inclusion of people with disabilities as a private responsibility
<ul style="list-style-type: none"> • Use the individual as the unit of analysis for research and policy purposes

- Depict the individual condition as the primary point of intervention

This individualistic approach lays the foundation for coping with disability in terms of personal achievement or failure; either attributed to the disability as an obstacle, or to the individual's psychological or physical weakness, lack of resiliency, or the inability to overcome the obstacle disability presents. Negligible to unmitigated consideration of the influences of discrimination, barriers, negativism, and lack of opportunity prevail.

Efforts to provide help and support are centered on assisting the individual with coping and adjusting to personal tragedy, and emphasis is placed on human interest stories of individual accomplishment in which individuals overcome the narrative of triumph over adversity. Linton (1998) provides a description of "situations in which disabled people's roles and status are largely derived from their ability to be productive in terms of the standards set by the dominant majority" and promulgates "the idea that it is up to the individual to demonstrate worth and competence" (p. 53). Why should the norms and standards of those who are not disabled, the dominant majority, held as the ideal for which all individuals should aspire?

Social Pathology

Throughout history, social values and cultural perceptions have strongly framed what qualifies as a disability as well as having influenced the responses. While disability is socially constructed, it is simultaneously a lived experience; the two conditions are not categorically exclusive. Within the social model of disability, the notion that individuals with disabilities are inherently defective and see as in need or cure, repair or rehabilitation is rejected and replaced with the judgment of disability as a natural, common occurrence inherent to life. Subsequently, disability is deemed an outcome of

the social structure and thusly, the determinants of disability can be detected, diagnosed, and addressed to eliminate the problems individuals with disabilities encounter. To summarize, within this approach, “the pathology is that there is something wrong with the society that needs to be fixed, rather than that there is something wrong with the individual that needs fixing” (World Health Organization, 1980, p. 108). The social model is a direct shift from the individual pathology of the biomedical and functional approaches to the viewpoint of individuals with disabilities as a minority group in facing similar obstacles and challenges as other oppressed populations. Linton (1998) asserts, “We (individuals with disabilities) are all bound together, not by this list of our collective symptoms, but by the social and political circumstances that have forged us as a group” (p. 4). The adoption of the social model is further legitimized by the position of the United Nations (1982), specifically the World Health Organization, whereby “handicap” is defined as “a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social, and cultural factors, for that individual” (p. 41). Furthermore, guidance by the UN offers the interpretation that:

Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical, or social barriers that prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. (p. 50)

This resolution by the United Nations represents a pivotal shift in the essence of what disability is and how disability is defined, in that disability is as much a social condition which is created due to constraints placed upon the individual, not an individual pathology.

Environmental approach

In addition to the two approaches to disability existing in support of disability as an individual pathology, there are two approaches depicting disability as a consequence of social pathology. Both approaches are founded in the premise that disability does not exist as inherent to the individual; rather, the assumption is made that disability is a repercussion of the social structure. Furthermore, these social determinants can easily be detected and eradicated. Despite differences in the formulations, Pothier and Delvin (2006) identify the two approaches to disability as a social pathology share common characteristics as listed in Table 4.3.

TABLE 4.3

Common Characteristics of Social Pathology Formulation

<ul style="list-style-type: none"> • Assume disability is not inherent to the individual, independent of the social structure
<ul style="list-style-type: none"> • Give priority to political, social and built environment
<ul style="list-style-type: none"> • Emphasize secondary prevention rather than primary treatment
<ul style="list-style-type: none"> • Recognize disability as difference rather than as an anomaly
<ul style="list-style-type: none"> • Portray the inclusion of people with disabilities as a public responsibility
<ul style="list-style-type: none"> • Use the social structure as the unit of analysis for research and policy purposes
<ul style="list-style-type: none"> • Depict the social, environmental, and economic structures as the primary points of

intervention

Within the environmental approach, advocates call for an understanding which advances knowledge of disability as a social pathology resulting in personal limitation and abilities, not only caused by factors innate to the individual, but also due to the interchange of individuals and their environments. Proponents of the social pathology model contend the impact of disability is directly related to the failure of environments to accommodate individual differences, and maintain the impact of disability will potentially be minimized as environments evolve to enable participation in the rights of full citizenship. Pothier and Delvin (2006) identify disability as “a consequence of the barriers in society that restrict the participation of people with impairments or disabilities in economic and social life” (p. 52). Structural barriers are do not present as the only obstacles to independent living; rather, this model encompasses the criteria or program parameters which restricts individual voice in determining needs and control of services or support. Elimination of barriers then must include social, economic, and political obstacles as being as crucial as the removal of physical barriers. Within the environmental approach, this removal thus results in the prevention of disability in extreme contrast to prevention within the individual pathology models.

Human rights approach

The human rights approach to disability interprets the concept of disability as consequential of how societal environments are organized and the relationship of the individual to society as a whole. Unlike the environmental approach, the human rights perspective extends beyond given environments to emphasize the larger, systemic factors which result in the oppression of certain groups of individuals as participating as equals

in a given environment. The key emphasis within the human right models lies within the social determinants of disability, and as such, counters the extreme variations of cognitive, sensory, and motor abilities as existing as inherent to the human condition. Hence, recognition and acceptance of these variations as inevitably and naturally occurring allows for increased participation as a citizen with society, as well as resulting in potential minimal limitation of those with disabilities to make contribution to their own environment. Programming from this model designs analysis of how individuals with disabilities are marginalized and how society can be reconstructed to respond more effectively and efficiently to the needs and presence of those who are affected by the marginalization. In contrast to individual pathology, treatment of the disadvantage occurs through reformation and policy changes which affect social and political process. Like the environmental model, prevention emanates through recognition of the disability as innate to society and acceptance of individuals with disabilities as an inherent part of society, in opposition the view of disability as an anomaly rather than normalcy. According to this application of the human rights model, Pothier and Delvin (2006) assert:

[T]he measure of whether rights are being advanced is the degree to which civic inequities have been reduced. In other words, the fewer the social and economic disadvantages, the greater the likelihood that discrimination against people with disabilities will not be experienced. (p. 53)

The complex and often contradictory postulations of these four formulations of disability pathologies: biomedical, functional, environmental, and human rights, demonstrate the lack of cohesion and consensus in framing what human rights and

equality mean for people with disabilities. The differing views of the roles of social responsibility, laws, policy, and even advocacy demands validate the presence of opposition among government participation through citizenship and the disability rights movement.

Equity and Equality

Russell (1998) defines inequality as a social construction which serves a central purpose in benefitting a small group; primarily the business elite, as this is the population which controls banks and corporate forces to their financial advantage. There are however, other aspects of inequalities of citizenship which must be considered in the comparison of equality and equity for those with disabilities: access to food, housing, education, employment, health care, and transportation. Russell (1998) asks:

What if the U.S. practiced an equality of results where every poor person in this rich country---white red, yellow, black, and disabled---was guaranteed a livable annual income in addition to civil rights? Would racism diminish? What if all---as in the social democratic countries of Europe---had access to health care, housing, food, a college education, regardless of whether the economic system was providing enough jobs for them? Would we have a less divided, less violent nation today? (p. 142)

The social and economic inequalities created by capitalism, according to Russell, are generated and created by men and can be changed by society if desired. Capitalism, she argues, is neither natural nor God-made. Conversely, in authentic democracies, government can be utilized as a tool of intervention to counteract the inequities resulting from business's desire to control and maintain power to further manipulate public

resources at the expense of society. Our focus has traditionally centered on the accumulation of wealth; however, the profit motive which depends upon increased production will not survive in a world of shrinking resources. Russell (1998) suggests “it is time to think about production for use, less output, more equality for the betterment of humanity, and find[ing] the means to equitably include all people as participants” (p. 143). While the Civil Rights Movement brought to light the issues of exclusion, oppression, and inequity, the need for further and stronger future action is evident in which the general welfare for all, rather than the few, is ensured.

Nussbaum (2006) notes the omission of individuals with severe, atypical physical and mental impairments from the social contract. This exclusion extended into not only political movements and participation, but existed in removal from society at large. As such, they were not considered as participants in the relationship revolving around quality in power and physical and mental ability. Pothier and Delvin (2006) acquiesce with Russell’s opinion of the theoretical construction of equality as well as Nussbaum’s explanation of exclusion of individual’s with disabilities from the social contract. Furthermore, Pothier and Delvin (2006) offer three approaches to the meaning of equality as related to disability: equal treatment, equal opportunity, and equal well-being, with each model offering a different claim as to the responsibility of society in regard to equality for those with disabilities.

Equal Treatment

Within the equal treatment model, equality depends on sameness and being in the same circumstances. Pothier and Delvin (2006) depict the concept of equality in which “likes’ [are] treated alike and presumes the impartial enforcement of legal and social

right” (p. 53). If this standard is applied to an individual pathology model of disability, then dramatically different outcomes between a person with a disability and a person without a disability may be easily explained because the evidence supports difference between the individuals. Examples of policies and services which may represent an injustice to individuals with disabilities but are held as equal treatments are: the public education system; forced therapeutic treatment; and institutionalization.

Equal Opportunity

Utilization of the equal opportunity model is troubling in that this model postulates that naturally occurring characteristics of individuals with disabilities can be overcome, either rehabilitated or cured. In reality, this supposition may not be possible, or in fact, be desired by the individual with the disability. In the equal opportunity model, according to Pothier and Delvin (2006), the assumption is that “the objective is to provide access to the competitive, individualist market, not to such non-comparable goods as minimal nutrition and medical support” (p. 53). Past discrimination or barriers to participation are resolved within the equal opportunity model; however, the dilemma of how to adequately redistribute the state resources and provided systemic support to individuals with disabilities in order to enable them to exercise the same rights of citizenship continues to exist.

Equal Well-being

Pothier and Delvin (2006) describe the model of equality as one in which the desired outcome is well-being employs the premise that all individuals, on the basis of their humanness and in spite of their differences, “are entitled to consideration and respect as equals, and have the right to participate in the social and economic life of

society” (p. 54). Within this model, equality is defined by inclusion and participation along with acknowledgement of the variation of the conditions and means of accommodation for enabled involvement. Justice no longer is distributed on the basis of economic contribution. Instead, the rationale becomes equality of well-being for all citizens.

Davis (2002) writes, “the human is a measureable quantity, all men are created equal, and ... each individual is paradoxically both the same and different” (p. 26). Thus, the conflict arises between the concepts of equality of universal rights of citizenship and inequality of individual differences and disabilities. The idea that individuals with disabilities cannot contribute to society or enjoy an adequate quality of life is erroneous. Rather, many of the problems that limit individuals with disabilities result from the failure of society to meet the individual’s needs in contrast to resulting from impairment. The aim then becomes to change the definition and associated thinking of disability from helplessness and tragedy, to one of citizenship, civil rights, and equality.

CHAPTER FIVE

DECONSTRUCTION OF EDUCATION

The purpose of public education is to sort the genius from the rubbish.
~Thomas Jefferson

Aristotle argued that in order to lead a flourishing life, or a life of success and fulfillment, all men must embrace their rights and responsibility in the political system, generating protection under legal rights of citizenship (Barnes, 1976, Khawand, 2010, Tredennick, 1976). By doing so, the interests of their personal lives, social lives, and

sense of community are protected. Aristotle held that rights of citizenship extended to participation in government and community and these aspects were essential to satisfaction with life (Barnes, 1976, Khawand, 2010, Tredennick, 1976). He maintained that one cannot lead a happy life without community, and contended that there existed fundamental components of citizenship, including laws regarding marriage, principles of reproduction, and systems of education (Barnes, 1976, Khawand, 2010, Tredennick, 1976). Throughout history, this precept has been upheld as binary partnership of individual and collective political positioning. Political scientists as well as philosophers delineate between two differing rights of citizenship; natural rights and legal rights (Nussbaum, 2000). Natural, or inalienable, rights are held to be universal and as such, are positioned as applying regardless of culture, race, sexuality, nationality, religion, and disability (Nussbaum, 2000). Within this concept of natural rights emerges the notion of human equality wherein inequality becomes an external condition juxtaposed to equality of essence of being human. Natural rights are not contingent upon laws, customs or beliefs of any particular society or government (Khawand, 2010). In contrast, legal, or constitutional rights, are bestowed by statutes of a particular legal or political system, and are established by ordinance, case law, and constitutional rights. The melding of these two concepts of the rights of citizenship has led to development and acceptance of a social contract from which citizens are held not be deprived (Barnes, 1976).

Education as a Right of Citizenship

The authors of the Constitution held the belief that an educated populace was essential to maintaining the self-governance, and ordained a system of public education as a responsibility of a democratic government (Millonzi, 2003). Throughout

contemporary American history, this edict has been upheld, and although slowly, the natural rights of all citizens have incorporated the belief of education as a right of citizenship, regardless of race, disability, gender, or social class. In 1868, the Fourteenth amendment to the U.S. Constitution was adopted as one of three Reconstruction Amendments which sought to implement reconstruction of the American South after the Civil War. The Equal Protection Clause requires states to provide equal protection under the law to all people within the jurisdiction by stating, "where the state has undertaken to provide it, is a right which must be made available to all on equal terms." This clause was the basis for the *Brown v. Board of Education* Supreme Court decision in 1954 which was the precipitating factor to the dismantling of racial segregation in American public schools. In this decision, the Supreme Court affirmed the principle that education is essential to aid the public in performing important civic responsibilities of citizenship, including voting as serving in the armed forces. The Court went farther to cite education to be perhaps the most important function of state and local governments. As such, the Court ruled that the right to an education be made available to all on equal terms. Prior to the landmark *Brown v. Board of Education* decision, Franklin D. Roosevelt proposed in his 1944 State of the Union Address, an Economic Bill of Rights, or Second Bill of Rights. He argued that the political rights guaranteed by the Constitution and the Bill of Rights had proved inadequate to assure citizens equality in the pursuit of happiness. Thus, he proposed an adjunct to the Constitution which called for the government to guarantee every citizen:

a useful and remunerative job...the right to earn enough to provide adequate food and clothing and recreation...the right of every family to a decent home, the

right to adequate protection from economic fears of old age, sickness, accident, and unemployment, the right to a good education. (Roosevelt, 1944, *Radio Address*)

Numerous decisions by the Supreme Court after *Brown v. Board of Education* have upheld the belief that education is vital to maintenance of democratic government; however, the argument can be made that current educational structures and policies ignore this principle. Our current education system reinforces a class structure whereby different opportunities are based on basis of ability. Examination of this precept within an historical framework of early American education and economic system in the twentieth century offers further explanation to its current existence.

Historical Framework

Dewey/Progressive Education

The term progressive education has become most closely linked with ideas and practices that seek to make education the vehicle for propagation of democracy as a political system (Soder, 1996). While there does exist difference of style and emphasis among those identifying with the term progressive educators, there is a fundamental shared belief in the active participation by all citizens in social, political, and economic decisions. Two elements of progressive education emerge as forming the basis of the concept: respect for diversity, wherein each individual is recognized for his own abilities, interests, needs, and cultural identity; and critical, socially engaged intelligence, in which individuals are enabled to understand and participate effectively in the affairs of their community to achieve a common good (Soder, 1996). Clearly, these principles have failed to ever be the foremost philosophy in American educational systems, as schools

have existed primarily to achieve cultural uniformity rather than diversity, and sought to promote obedience rather than criticism among citizens. Led by Dewey, progressive educators sought to prevent a national movement that would result in academic education for a few and vocational training for the many (Graham, 1967). Rather, Dewey and other like-minded educators sought to demonstrate the inseparable relationship between education, individualism, and citizenship (Graham, 1967).

Principles of Secondary Education 1918 and the Role of Capitalism

In 1918, the Commission on the Reorganization of Secondary Education issued the Cardinal Principles of Secondary Education, which endorsed different curricula for different students. The principles suggested curricula over seven broad areas: health, command of fundamental processes, worthy home membership, vocation, citizenship, worthy uses of leisure, and ethical character, and was viewed as a means of increasing democracy, in addition to accessing to education (Raubinger, Rowe, Piper, West, 1969, p. 106). Table 5.1 lists the seven main objectives and a summary of the text of the commission (Raubinger, Rowe, Piper, West, 1969, p. 106).

TABLE 5.1

Seven Cardinal Principles of Secondary Education

Health:

A secondary school should encourage good health habits, give health instruction and provide physical activities. Good health should be taken into account when schools and communities are planning activities for youth. The general public should be educated on the importance of good health. Teachers should be examples for good health and schools should furnish good equipment

and safe buildings.

Command of Fundamental Processes:

With the fundamental processes defined as writing, reading, oral and written expression, and math, the decision was made to apply these basics to the new materials instead of using the older ways of rote memorization.

Worthy Home Membership:

This principle called for the development of those qualities that make the individual a worthy member of a family, both contributing to and deriving benefit from that membership. This principle should be taught through literature, music, social studies, and art. Co-educational school should foster good relationships between males and females, and a focus on the future as well as the present should be implemented.

Vocation:

The objective of this principle is that the student should develop a sense of identify and apply that to a variety of potential career choices so that the most suitable can be sought. The students should then develop an understanding of the vocation and the community in which an individual lives and works. Those who are successful in the vocation should provide the instruction in school or the workplace.

Civic Education:

The goal of civic education is to develop an awareness and concern for the community. A student should gain knowledge of social organization and a commitment to civic morality. Diversity and cooperation should be paramount. Democratic organizations of the school and classroom as well as group problem solving are the methods of instruction for this principle.

Worthy Use of Leisure:

The idea behind this principle is that education should give the student the skills to enrich his/her body, mind, spirit, and personality in his/her leisure. The school should also provide appropriate

recreation. This principle should be taught in all subjects, but especially music, art, literature, drama, social issues, and science.

Ethical Character:

This principle involves instilling in the student the notion of personal responsibility and initiative. Appropriate teaching methods and school organization are the primary examples that should be used.

The goal of the commission was to decrease the number of dropouts, especially among the immigrant population, while simultaneously stressing the value of the whole student, not just the intellectual faculties, and providing education for all students, not just the college bound (Raubinger, Rowe, Piper, West, 1969, p. 106). While the authors of the principles maintained the focus of the commission was to form objectives for secondary education, educational theorists maintain that this issuance by the commission and implementation by schools across the nation allowed for more than one approach to teaching (Raubinger, Rowe, Piper, West, 1969, p. 106). Furthermore, this new focus was reported to take into account individual difference, goals, attitudes, and abilities which grounded the aspects of responsible and productive citizenship within the American public education system. Loosely interpreted, principles of good citizenship would become the new American public school curriculum. Within this movement, a truer democracy was identified as the guiding force in education, and the relationship to the economic system of capitalism was evident. However, by the early twentieth century, the educational system began to rely upon the reputed scientific techniques of intelligence testing and cost-benefit analysis to make crucial decisions of placement and advancement, with no regard for the individualistic, emotional, artistic, and creative aspects of human development.

Deconstruction of Power in Special Education

Special education was first and foremost the vision of parents of students with significant disabilities in that parents filed and fought the court cases based upon the equal protection clauses of the Constitution which mandated education as a right of American citizenship without regard to their individual characteristics. Increasingly over time, parents have lost control as the field of special education has become dominated by a class of professionals; specially trained teachers, therapists, psychometrists, researchers, and teacher educators. This myriad of professional are much more likely to have an abstract, disconnected view of the needs of the children of other people; while in contrast, parents tend to see the personalized and unique attributes of their children and inevitably think in terms of what is best for them. Furthermore, professionals in special education gravitate towards an understanding of disability from the perspective of a medical model; that is, as a problem or a deficit rather than a normally occurring factor in the human experience and an outcome of the general structure of the public education system. Based upon this ideology of their perceived expertise, these professionals assume they know what is best.

Additionally, parents have lost voice in the scholarly endeavors of the field of special education, as direct contact between special education researchers, scholars and school-based personnel and the families of students with disabilities is minimal. Brantlinger (2006) cites the example of attendance at special education conferences which is dominated by scholars at research centers or faculty members in teacher education program with no family participation. In addition, Brantlinger (2006) references the numerous professional journals in the field which have no audience within

the schools or agencies which provide direct services to students with disabilities, but instead are oriented toward university-affiliated professionals. Brantlinger (2006) notes that the voices of students with disabilities, their families, and even their teachers, are rarely included in articles. These practices lead to questions which challenge the current perceptions of students with disabilities. Are professionals attuned to the authentic needs and feelings of students with disabilities and their families? Are families consulted in regard to the labels assigned to their student? Do professionals consult with families as to the environment where their student will be educated? Finally, and most importantly, who benefits from these practices?

Special Education as Functionalism

Special education's disciplinary grounding in psychology and biology has generated an approach of diagnosis and intervention posited diagnostic-prescriptive teaching and behavior theory (Bogdan and Knoll, 1988). Within the diagnostic-prescriptive teaching method, the attempt is made to design instructional programs on the basis of test performance, by applying either ability training or task analysis (Salvia & Ysseldyke, 1981). Due to the absence of a psychometric technology for actualizing the ability training model, the preference in special education is the task analysis approach (Salvia & Ysseldyke, 1981). In this method, application of behavioristic theory is utilized in the instruction of specific knowledge and skills, whereby relatively complex instructional goals are selected from the educational curriculum, task analysis is applied to produce sub skills, and these sub skills are then taught through a deeper systemic implementation of behavioral processes for acquisition of skills (Bogdan and Knoll, 1988). The method of systemic instruction utilized is based upon the premises of the

science of applied behavior analysis; and is therefore, ultimately upon the theoretical behaviorism of Skinner. As such, special education is firmly grounded in the psychometrics and behavioral technology of functionalist psychologist which is the most extreme objectivist location of the functionalist paradigm (Skrtic, 1995).

The extreme functionalist location of special education denotes principles that shape and guide the professional models, practices, and tools drawn upon the functionalist theories of human pathology (Skrtic, 1995). Therefore, special education professional practices and discourses can be drawn upon four assumptions according to Skrtic (1995), listed in Table 5.2.

Table 5.2

Four Assumptions of Special Education

<ul style="list-style-type: none"> • Disability is a pathological condition that students have.
<ul style="list-style-type: none"> • Differential diagnosis is an objective and useful practice
<ul style="list-style-type: none"> • Special education is a rationally conceived and coordinated system of services that benefits diagnosed students.
<ul style="list-style-type: none"> • Progress in special education is a rational-technical process of incremental improvements in existing diagnostic and instructional practices.

Tomlinson (1982) notes, given these functionalist assumptions, special education as a profession is based upon an implicit version and ideology of benevolent humanitarianism:

The way in which children are categorized out of...mainstream education and into special education is generally regarded as enlightened and advanced, and an instance of the obligation placed upon civilized society to care for its weaker

members. Special education is permeated by an ideology of benevolent humanitarianism, which provides [the] moral framework within which professionals. (p.5)

The paradigm and conceptualization of special education as an effective and equitable system of education relies on the acceptance of progress in terms of identifying more and more students as disabled and procuring for them and their parents more rights, resources, and participation within the general education system.

There is nothing inherently true or absolute about special education. By relating special education to a different discipline or in another paradigm of social knowledge, special education would be different than it is today. We may even question, if the profession had been grounded in a different discipline or paradigm, would there even be a need for an institutional practice of special education?

Search for Educational Utopia

Within this work, I have extensively criticized the current state of education for individuals with disabilities. The question then arises, how can we include the disabled in society, particularly those with severe, atypical physical and mental impairments? How can society meet their needs and recognize them as full citizens with all the rights and responsibilities thereof? This is perhaps the most difficult question to resolve in the argument for inclusion of the disabled. Sometimes it seems that the attempts to meet the needs of some takes away from the meeting the needs of others as a result of horrific expense. Opponents would go further to argue that in some cases, the disabilities are so severe, one may wonder what the point of ensuring the right to education is. Answers to

this dilemma emerge through the deconstruction of this example of a severely disabled student.

Practical Application

Paul is a twenty year old student with the an body of an adult and the cognitive ability of a newborn, who requires syringe feedings though a tube in his stomach every hour. Obviously, Paul has a limited educational outlook. However, who are we to say that to provide necessary services are a waste? Like all citizens, individuals like Paul have a right to quality of life, and these services enhance his living. Many will view Paul as a waste of resources; a drain on society with nothing to give back. However, this example is both a political and moral act, and I argue that the two may not be separated. Clearly, this view is in opposition to the foundation of capitalism wherein selfishness and acquisition of limited resources reigns. Nonetheless, popular belief does not make it true.

Creation of a fictional utopia for Paul and other individuals with severe disabilities illuminates some solutions for participation as part of “us”, rather than the “them” to make them go away. Within this utopia, Paul is included with us, in an accessible society, just as we include ourselves. This point is important, as it eliminates the questions of whether or not he will live in our family, our neighborhood, and our community. There is no dubiety from inclusion of the less fortunate, which presupposes a power inequality from those who give and gratitude and dependence from those who receive. The accessible society requires an investment into our environments to ensure that it is accessible by all; in other words, our own lives and the power we have held remain the same whether or not we are encumbered by stroke, paralysis, blindness, or any other ability altering condition to which humans befall and may not be cured.

How would this approach change the controversy surrounding Paul and his condition? Certainly there are very real problems that need to be solved. Obviously, Paul will need care from others. From the capitalist perspective, there are many people who enjoy providing the kinds of services Paul requires, and this creates jobs. The point is made that Paul's services will create exorbitant costs, and vast amounts of money will be expended. I argue this is not inherently due to the nature and severity of Paul's disability but rather to the medicalization of his disability.

In analyzing Paul's educational costs, we find that the \$10.00 per hour salary paid to the personal aid to turn and change him can be billed back to Medicaid for \$600.00 per hour (Johnson, 2000, p. 233). Diapers which cost as little as \$15.00 a package (or around 30 cents each) may be purchased by any citizen but raise to an astonishing \$8.00 each when classified as "urinary collection devices" and are billed to Medicare (Johnson, 2000, p. 233). The medical equipment that Paul needs, like a wheelchair and hospital bed, is classified as durable medical equipment which Medicaid covers at highly inflated costs also. Special facilities have become viewed as necessary for housing, but why can't individuals like Paul live at home? Paul has a right to his own life, his own things, and his own choices. Sadly, we are making choices that have nothing to do with people who wear diapers, but are begot by greed.

This notion of equal participation seems highly implausible, however, because we have been trained to believe that because of the extent of his disabilities, Paul cannot possibly know what is best for him. Many people with severe, atypical disabilities whose cognitive abilities are still intact have been completely disregarded as having little or no cognitive ability. We must be suspicious when confronted with those types of situations.

There are, in fact, people who have lost the ability to move, feed themselves, or bathe themselves whose cognitive abilities allow them to plan and control their own lives. Ideally, these are the people to whom we should turn to make decisions for individuals like Paul. Our understanding of Paul's situation can change, but we must engage the help of those who have been in Paul's place. Plenty of individuals meeting this description exist, but unfortunately, we rarely notice their presence and assuredly, we make virtually no effort to seek them out or put them into positions that would show us how to create policy which would make society accessible. These suggestions may seem to be impractical, simplistic and unworkable. I argue that these ideas are no more unrealistic than other endeavors society has undertaken. Indeed, the marginal success of attempts to reform can be credited to the lack of involvement and acceptance by those without disabilities. Furthermore, I logicize that as a society, we do not care how to solve the problems Paul faces in a more morally substantive manner; rather, we seek consolation by deeming the problems to be centered within the individual and label them as unsolvable.

Paul's life will always create problems. The question lies within whether or not we view those problems as manageable, differing in type and not degree from the problems faced by non-disabled individuals. Or, will we continue to view the problems as Johnson (2000) describes, "horrible tragedies, requiring handwringing, blame, guilt, and institutionalizations" (p. 231)? Will Paul be able to achieve equal participation? My position is that yes, he will to the extent of his abilities. Should he be educated? Again, I maintain that yes, he should to the extent he can acquire one. My contention is that we must find space for disability as a political and cultural experience, not an individual or

medical one. We must move forward with the work of changing perspectives to one in which the rights of all to participate in full citizenship is obtained. Undoubtedly, this work does not offer clear solution; it does, nonetheless, offer a way toward solutions through access and accommodation for citizens like Paul.

Future Vision

The implications of a postmodern perspective for education are enormous but far from clear. As Doll (1993) states:

I believe a new sense of educational order will emerge, as well as new relations between teachers and students, culminating into a new concept of curriculum.

The linear, sequential, easily quantifiable ordering system dominating education today---one focusing on clear beginnings and definite endings---could give way to a more complex, pluralistic, unpredictable system or network. Such a complex network will, like itself, always be in transition, in process. A network in process is a transformative network, continually emerging---one moving beyond stability to tap the creative powers inherent in instability. (p. 3)

The principle need identified throughout my endeavor has been to challenge the assumptions underpinning the political system and professional practices to which the educational system is subject. I have searched for less oppressive methods of identifying needs and providing services to individuals with disabilities; not in a search for knowledge, but rather in a search of the ways and means in which knowledge has been claimed and subjected to powers of ownership. Furthermore, I have attempted to develop

more questioning scientific positions which can remain intelligent to the power of particular economic and political processes.

In an effort to summarize a future vision of educational structures for individuals with disabilities, I propose that we need to adopt a revision of relationships to resist the separating and excluding practices which are too subservient to political discourses of disability, gender, race, and social class. Professionals in the fields of medicine, human development, and education would benefit from education and training which places greater emphasis on questions related to ethics, morality, history, and philosophy from which these fields have become increasingly separated. In addition, I ask, what differences do we celebrate, what differences do we tolerate, and what differences do we mourn? What level of predicted ability or disability will be acceptable? Within these questions, the discourse and dilemmas of care and control to which individuals with disabilities are subjected is illuminated. Likewise, I seek to inspire an increase in the questioning of the level of certainty with which we proclaim individuals as less valued in their skills and achievements or within our own abilities to measure accurately their talents, qualities, potentials, and contributions. Finally, we must increase our resistance to the pathologizing tendencies in education, while likewise recognizing the impact of social circumstances within daily life which inherently individualizes and fragments our decisions.

Limitations of Research and Potential for Future Research

This work is an attempt to apply a Foucauldian analysis to the field of education as to the nature and effects of the practices educators employ to define normality and the constitution of the students who deviate from the norm as subjects. I have discussed the

techniques and procedures, as well as the processes of investigation, surveillance, exclusion, treatment, confinement, and medicalization these professions have developed and engaged. I also examined the knowledge tradition which has led educators and practitioners to believe in the legitimacy of their discourses, thereby deconstructing these by exposing the inconsistencies, contradictions, and silences contained in their knowledge for the purpose of clearing the way for restructuring them in a manner that avoids unintended negative consequences. My intent has been to raise doubts as to the legitimacy of these educational structures. However, beyond the purposes of this work, the goal of future research must be recognize and reconcile the contradiction between the democratic ideals and bureaucratic practices of education. Special educators must find the courage and insight to deconstruct and continuously reconstruct their professional knowledge, as well as seek and bond with other committed and convicted colleagues to do the same.

Tolstoy (in Christian, 1978) writes:

Education is a difficult and complicated affair only as long as we wish to educate our children, or anyone at all, without educating ourselves. But if we understand that we can only educate others through ourselves, then the question of education lapses, and we are left only with the questions of living: how ought one to live oneself?

The challenge then becomes for us to develop, both for children and professionals, approaches to education which help us preserve rather than obstruct the real experience of living.

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