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The prevalence and use of the psychological–medical discourse in special education

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ABSTRACT

Some students disrupt classrooms by shouting out, fidgeting, or running around. Others sit inattentively, glumly, or sullen. These are "difficult to teach" students. No doubt, they have always been present in schools and societies. The way we talk about troublesome to manage students, and hence the way we act toward them, has changed significantly from the origins of formal schooling to the present time. Today the dominant mode of representation is psychological–medical. Students are diagnosed as *having* a "learning disability," "an educational handicap," "attention deficit disorder (ADD), or "special needs." These representations place the problem inside the child's mind or brain (Hjörne, 2004; Hjörne & Säljö, 2008; Mehan, Hertweck, & Meihls, 1986). Current psychological–medical representations are supported by sophisticated measurement techniques such as IQ tests.

1. Introduction

Some students disrupt classrooms by shouting out, fidgeting, or running around. Others sit inattentively, glumly, or sullen. These are "difficult to teach" students. No doubt, they have always been present in schools and societies. The way we talk about troublesome to manage students, and hence the way we act toward them, has changed significantly from the origins of formal schooling to the present time. Today the dominant mode of representation is psychological–medical. Students are diagnosed as *having* a "learning disability," "an educational handicap," "attention deficit disorder (ADD), or "special needs." These representations place the problem inside the child's mind or brain (Hjörne & Säljö, 2008; Hjörne, 2004; Mehan, Hertweck, & Meihls, 1986). Current psychological–medical representations are supported by sophisticated measurement techniques such as IQ tests.

1.1. Moral and social accounts of troubled students

It has not always been this way. At earlier points in history, difficult to teach students were represented and treated in much different ways. They were cast in a moral discourse in Protestant-dominated countries in the 18th and 19th centuries. Reading primers of the time assumed that children were born sinful. The King James Bible provided the inspiration for many of the rhymes in the New England Primer (1777) and McGuffey's Readers (1836–1837), which emphasized children's sinful nature. Adult discipline, including corporal punishment, supported by Christian guidance were the optimal interventions to cleanse youngsters of their sinful ways presented in these educational materials.

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A competing, social, discourse emerged from the end of the 19th century into the early 20th century, influenced in large part by the transformation of society from rural to urban, agrarian to industrial. Commentators of the time claimed that urban, industrial society lacked the "sociability" and "sympathy" which in earlier, simpler days led "naturally" to social order (Durkheim, 1961; Park & Burgess, 1925). The lack of social integration in urban industrial societies led in turn to the disintegration of families. Parents who recently migrated to cities often came from economically impoverished conditions and brought religious beliefs, values, and language that led to unproductive child-rearing practices. Poor or faulty socialization caused by the disorganization of urban life led students to fall behind academically and adjust poorly to the social demands of schools. This new *social* understanding challenged the long-standing *moral* account of academic difficulties.

1.2. From sinful, to bad, to sick

Psychological and medical explanations increasingly compete with moral and social explanations of the academic challenges of difficult to teach students. The appropriation of a statistical definition of normality has supported this shift in discourse. While Binet (1916) is famous for developing a test that purported to measure "natural" intelligence, he did more than creating an intelligence test. By introducing a statistical sense of normality, he introduced an entirely new way of seeing behavior and classifying individuals. The statistical model defines abnormality in terms of a person's position on an assumed normal distribution relative to others tested in a population. Thus, a statistical definition of "normals" always produces "abnormals."

By 1918, paper and pencil tests were developed for the mass measurement of "intelligence" in public schools. Many of the large number of students had difficulty in managing the standard public school curriculum were diagnosed as "mentally retarded" by using IQ tests. By 1960, intelligence testing was accepted by the general public and the scientific community as a legitimate scientific procedure. Low test scores were interpreted as clear evidence of a mental deficiency, even when test scores were not accompanied by any biological signs (Conrad & Schneider, 1992).

1.3. The institutional basis of academic difficulty

The psychological–medical model shifts the discourse about academic difficulties from sinful behavior, to bad behavior, to illness. Included in the sickness category are "mental retardation," "disability," and "handicap." Researchers have challenged the psychological–medical representation, arguing that students' learning disabilities are related to the decision-making machinery of the school (Mehan et al., 1986; Mercer, 1974). The disproportionate number of poor, minority, and male students in special education classes and programs, even when they tested as well as their well-to-do, majority, and female contemporaries (Artiles, Harry, Reschly, & Chinn, 2002; Harry & Anderson, 1994; Ong-Dean, 2009), suggests that disability is not an inherent characteristic of the student. Instead disability makes its appearance when the school's sorting machine is turned on.

There are organizational reasons for diagnostic anomalies. The definition of disabilities varies from school to school, district to district, often influenced by local policies (Singer & Butler, 1987). If there are 30 seats for learning disabled students in a school, then there will be 30 students to fill those seats (Mehan et al., 1986). Often no more, no less. These organizational issues suggest that disabilities reside in the institutional arrangements of a school not in the characteristics of children.

Disabilities move in and out of fashion. "attention deficit disorder" (ADD) has recently been proposed to cover those students who are impulsive, distractible, and hyperactive. Although advocates of ADD maintain it is a neurological syndrome, the exact organic mechanism underlying ADD is unknown. No lesion of the brain, no neurotransmitter, no gene has been identified that triggers ADD. ADD is inferred from children's fidgety or inattentive behavior in school or at home. Because virtually all school children exhibit these behaviors at some time, the entire school population is potentially eligible for this new learning disability category.

Special education has a different meaning in rich and poor districts. In many wealthy school districts, a learning disability has become a socially acceptable way for parents to receive extra help for children having academic difficulty (Ong-Dean, 2009). Because ethnic and linguistic minority youth are over represented in special education programs in financially strapped schools, special education has been accused of becoming a dumping ground for unruly or misbehaving students (Artiles et al., 2002; Ong-Dean, 2009). These variations reflect differences in institutional identification practices, not real differences in student populations.

2. The contribution of the studies

The papers in this collection contribute to our understanding of special education by presenting research that addresses issues of how difficult to teach students are represented, understood, and accommodated in educational settings. We also see how some of the categories of the psychological–medical discourse are used in clinical settings. Taken together this set of papers reveals some of the constitutive processes that construct students as special education students.

2.1. The continuing predominance of psychological–medical representations

Hjörne and Säljö study pupil health teams that are organized to prevent school failure by providing assistance to children at risk. The task of the team is to analyze difficulties that appear in school and to suggest the supports that should be provided