Beyond Inclusion:

Disability Studies in Early Childhood Teacher Education

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The principal distortion, of course, is the institutional practice of special education, which reaffirms the paradigm by removing students for whom it does not work. In effect, this prevents teachers from recognizing anomalies in their paradigms, and thus, ultimately, removes a valuable source of innovation from the system (Skrtic, 1991, p. 169)

In this sense, disability is a teacher. It disrupts our conventional views of the "normal body," of what it means to educate and be educated, and of what it means to be human. Thus, the trouble of disability, when reconceived as the "disruption of teaching," can become the rich and fertile ground from which we can cultivate the desire to understand…difference (Michalko, 2008. P. 414)

Since its inception the field of early childhood special education has been steeped in deficit model understandings of disability. From this vantage point, disability has been reduced to a set of problems or deficiencies inherent in individuals' bodies. Entangled with problematic ideologies of racism and classism, disability labels soon became a tool for othering "other people's children" (Delpit, 1996) resulting in the overrepresentation of students of color in special education. Recently, however, scholars in Disability Studies in Education have begun the task of troubling these shared histories of exclusion (Ferri & Connor, 2006) and rewriting the very text of dis/ability (Kliewer, 2006). Central to this work involves troubling taken-for-granted ideas about diversity and difference as well as our responses to difference in the classroom. As Michalko (2008) explains, "Disability is not merely something to be educated about, thereby contributing to the solution to the trouble of disability" (p. 414). Nor, he argues, should we as educators seek to ignore or homogenize difference. Instead, he argues that disability, like other aspects of diversity, must be embraced as an essential aspect of what it means to be

human and what it means to live in a community. As Skrtic (1991) contends, disability should be valued in education because it invites complexity and serves as a "valuable source of innovation" (p. 169)

In this chapter we will explore what it might mean to embrace a disability studies perspective in early childhood special education. Specifically, we will explore how this shift would entail: 1) confronting ableism in theory and practice; 2) adopting an ethic of belonging and becoming; and 3) moving beyond inclusion toward honoring disability identity, culture, and politics.

Confronting Ableism in Theory & Practice

From its infancy, the science of child development sought to establish universal stages of normal maturation. Cognitive as well as other aspects of development were thought to develop in a linear and predictable progression. In the various classification systems and developmental models that followed, the unstated normative reference point reflected dominant codes of power (Baker, 2002; Harry, Rueda, & Kalyanpur, 1999). In other words, so-called universal parameters of normal development reflected the experiences of the privileged classes and pathologized people who were poor or from non-majority racial and ethnic backgrounds.

Influenced by prevailing theories about normal development, children who did not conform to these norms, according to conventional wisdom, came to be defined as having special needs (Kliewer & Raschke, 2002) or as being "at risk" (Mutua, 2001). Thus, when children were seen as not keeping up with normative conceptualizations of development or standardized curriculum, they themselves became constituted as abnormal or "at risk." With this new designation, when schools failed to teach all

students, these failures were seen, not as failures of curriculum, pedagogy, or of the underlying normative assumptions of child development, but of deficits inherent in the bodies and minds of individual learners. This left schools off the hook for accounting for their own failures. The designation of "at risk" was also disproportionately applied to children who were poor or from racial minorities. Over time, and drawing legitimacy from the science of psychometric testing, a great deal of power was concentrated in those invested with the ability to define the boundaries between normalcy and abnormalcy (Skrtic, 1991).

Drawing from pathology or deficit models of medicine and statistical models of norms borrowed from psychology (Kalyanpur & Harry, 1999, p. 31), a new field of early childhood special education soon emerged to serve these "special" populations (Kliewer & Raschke, 2002). This new branch of early childhood education drew from a completely different set of intellectual traditions and discourses than its predecessor. Focusing on a "functional" curriculum, behavior modification, and clinically-focused remedial instruction, early childhood special education (ECSE) modeled itself after a laboratory or clinic rather than the constructivist, student-centered, and holistic early childhood classrooms, where young children were encouraged to develop through language experience and symbolic play.

Paralleling this same trajectory, segregated classes in public schools arose in the U.S. during the Progressive Era[1] as a way to deal with social changes brought about by increased urbanization, immigration, and industrialization (Danforth, Taff, & Ferguson, 2006). Ideas about mental "fitness" were grounded in eugenic ideologies of the time— such that the cognitive abilities of children from racial/ethnic minorities, immigrant

backgrounds, and working class families were assumed to be delayed or deficient compared to children from more privileged backgrounds (Baker, 2002). Along with the proliferation of special classes, a whole set of professions gained legitimacy during this time, including special education, school psychology, and social work. As Skrtic (1991) argues, however, special education emerges historically to contain general education's failure to teach all students. The host of professions that emerged as a result of the creation of the category of disability share one thing in common—they are all in *need* of (special) needs students to justify their existence. In this symbiotic relationship, the field must continue to produce the problem it was created to serve.

Unfortunately, many of the ideas that first informed ECSE continue to hold sway. Recently, however, scholars in disability studies have begun to critique traditional developmental models and disability classification systems for creating disability and reinforcing difference in negative ways. By adhering to deficit models of disability, schools function as gatekeepers—sorting out students who are deemed unfit or defective from those who are seen as normal. Such widespread dividing, sorting, and classification practices were informed by eugenic ideologies. Although these practices permeate all aspects of schooling, they are perhaps most pronounced in the early grades, where there is a heightened "production of and hunt for different forms of disability, unreadiness, and at-risk-icity" (Baker, 2002, p. 673).

Rather than address hegemonic notions of normalcy or the adverse social, economic, and political factors that give rise to the category of "at risk," when a child's development strays from rigidly defined frameworks, these differences are cast as "deficits" within the child. In what Baker refers to as a "hunt for disability," discourses of

risk are codified in social policy, early intervention programs, and educational discourse, working together to pathologize children who are poor or who are from non-dominant backgrounds. Moreover, as Mutua (2001) suggests, the designation of "at risk" is increasingly applied to poor children long before the child even enters school or experiences academic difficulties. The IDEA (Individuals with Disabilities Education Act), further reifies this "hunt for disability" (Baker, 2002) under the child find mandate. According to this federal mandate, states are required to have in place a system that will "identify, locate, and evaluate" all children with disabilities who reside in the state, (34C.F.R.§§ 30.125(a)(2)(i)). For very young children, early intervention regulations (34C.F.R.§§ 303.321) mandate that states must locate and identify children who are simply suspected of having the potential to be diagnosed as disabled. These mandates place all children, but particularly those from non-dominant backgrounds, who are subject to what Collins (2003) has called "ability profiling," at risk of being hunted out as disabled.

Once labeled "at risk" the child is then funneled into a host of ever more restrictive programs, such as early intervention services and ECSE (Mutua, 2001). As Michalko (2008) explains, early childhood practitioners conceive students with disabilities as having "special" needs—"not the 'ordinary troubles' that all children bring with them into the classroom. They are extraordinary troubles and these troubles require extraordinary solutions such as a degree in special education" (p. 413). Thus, through the use of labels and categories of disability, schools function as a "social sieve," identifying, sorting, and separating children in the guise of better meeting their needs (Mutua, 291). Early intervention programs position children as objects to be treated or fixed. Students

who are deemed abnormal during early years become the target of individualized interventions, which attempt to "fix" the problem of disability and make such "deviant" children more normal.

Yet, rather than uncritically assuming that it is the child who has "special needs," we might do well to consider whose needs are really served by early childhood special education programs? We would argue, in fact, that it is often the school's (or the general education teacher's) need for "order, calm, routine, and predictability" that is transmogrified as the child's need for special services (Thomas & Glenny, 2000, p. 286).

Moreover, although its focus on individual instruction and planning is often believed to be the most *special* aspect of early childhood special education, this focus on individual deficits and individualization can have problematic consequences (Harry, Rueda, & Kalyanpur, 1999; Kliewer & Landis, 1999). What is typically meant by the focus on the individual child is that early childhood special education either aims to alter the child or remove them from his/her typically developing peers (Kliewer & Landis). In other words, because the child is seen as so different from his or her typically developing peers, he/she is believed to require any number of specialized instructional programs, thought to require a completely different classroom setting and led by a specially trained professional. Referring to the way that individuals who are seen to *have* problems come to be seen *as* problems, Michalko (2008) calls for us to question the conventional "problem/solution dichotomy" upon which much of early childhood special education has been based.

Underlying this rush to label is a fundamental belief system, grounded in ableist thinking. According to Hehir (2005) ableism involves the uncritical assumption that it is

"better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check" (p. 15). When ableism grounds educational practice, teachers hyperfocus on a child's weaknesses or individual characteristics rather than changing educational structures and practices that create unnecessary barriers for children who operate differently. Moreover, as we have seen, these individual characteristics become the justification for the child's exclusion. When we forget that there is "more than one way to walk, talk, print, read, or write," we create barriers to active and full participation. Yet, settings that are responsive to difference allow a wide range of people to actively participate. As Hehir states, "where people sign, deafness is not disabling, [likewise] buildings that are ramped allow people who use wheelchairs equal access" (p. 45). From a disability studies framework, the goal of education then is to honor different ways of learning and being in the world in ways that ensure equal access and active participation. In the remaining sections of this paper, we will discuss ways that a disability studies orientation would shift the ways we might think about early childhood teacher training.

Adopting an ethic of belonging and becoming

In the title of this chapter we put forth the idea that we need to move beyond inclusion. Although this statement feels a bit premature when so many children with disabilities continue to be excluded in schools, as well as in community and neighborhood settings, we nonetheless want to shift the conversation from merely including students with disabilities to adopting an ethic of belonging and becoming in schools.

Danforth and Gabel (2006) provide several places where we might begin to reformulate early childhood teacher education from this ethic. First, they argue for the need to expand our notions of diversity to include disability. When thought of this way disability shifts from being a deficit within an individual to being recognized as an identity—an identity connected to a history of struggle for access. Like other marginalized identities, disability also exceeds social inequality and has come to be thought of as a culture. This recognition is important because it reminds us that "normalization" is not the goal, nor is erasure of difference (Michalko, 2008). Rather, our classrooms must be places where differences are honored and respected—and where teachers and students come to understand that difference, diversity, and heterogeneity *is* normal. This infusion of disability as diversity should permeate all aspects of teacher education, beginning with early childhood.

When disability is seen as expected and inevitable (Brantlinger, 2006b), teachers can focus on ways to accommodate the inevitable differences students will bring with them. The approach we are advocating is at its core a pragmatic stance—involving a shift in focus from individual student differences that we cannot (and perhaps even should not) change, to our own practices, which we most certainly can change. Rather than viewing disability as an individual tragedy or problem in need of a solution, disability becomes a respected way of being in the world (Hehir, 2005) and a source of innovation and growth (Skrtic, 1991). As Michalko argues, disability *is* a teacher—it can teach us quite a bit about how to improve our practice, not just for a particular student, but for all learners. The focus must shift from everyone being expected to operate in the same way, to learning from students how they best learn and adjusting our teaching to capitalize on

those ways of learning. According to Ware (2006), a goal of such an approach would attempt to shift how teachers perceive, imagine, and think about disabilities—so they can then help their students shift their perceptions too.

Finally, to eliminate ableism in our practices, teachers must be willing to shed conventional meanings of disability as well as the special needs knowledge base of the field (Allan, 2006; Kliewer, Fitzgerald, Meyer-Mork, Hartman, English-Sand, & Raschke, 2004). Teachers must be encouraged to question the very constructs of disability and normalcy, regardless of how natural or obvious these categories have come to seem. Placing less faith in knowing children from a medical or clinical lens, means that children are regarded as always exceeding any of the categories that have been ascribed to them. Knowing children this way means that we put less stock in their labels and more of a focus on the whole child. A very simple, yet critical step is to first presume that each and every child is competent. We view this statement, elegant in its simplicity, as a kind of Hippocratic oath of inclusive teaching. When you presume competence, you recognize every child as becoming, growing, and learning. You do not ask, "Is this child smart?" but rather, "How is this child smart?" You do not question whether a particular child belongs, but rather ask yourself how can I ensure that this child can meaningfully participate?

Honoring disability identity, culture, and politics

When teachers begin to trouble their taken-for-granted assumptions about dis/ability[2], the next step is to shift from a medical model focus on "fixing" what is wrong with individuals to creating classrooms that are built upon values of "equality, solidarity, and respect" (Danforth & Gabel, 2006, p.1). In many ways the values

espoused by disability community provides a model for what this kind of classroom community might look like. As we have already stated, a disability studies inspired classroom community would be skeptical of norms. Instead, teachers would encourage students to find creative ways around any obstacle. They would also work to ensure that their classroom structures do not create unnecessary barriers to learning or participation.

Such a classroom would place a high value on interdependence. Like other inclusive methods, interdependence pays dividends to more than the child with a disability. For instance, when students participate in cooperative learning they are more likely to perceive others as friends and experience a sense of belonging (Johnson & Johnson, 2001). Students and teachers alike would be seen as having strengths and weaknesses and the classroom would be a community where all students would feel supported and challenged. Rather than a competitive atmosphere, students would share in each other's successes. Thus, creative adaptation would be celebrated and encouraged.[3]

All students and teachers would value diversity and difference as something that contributes to the life of the classroom. In particular, teachers would infuse disability content into the curriculum. Early childhood educators have an immense influence on children's perception of diversity and difference, through daily practices, pedagogy and curricula (Robinson & Jones-Diaz, 1999). Students will often take their cues from teachers in weighing the relative status of individual peers. If the teacher welcomes and values a child's contribution to the class, the students will often follow this lead. Unfortunately, the opposite can also hold true, where students come to take up negative perceptions held by teachers (Collins, 2003). Curricular examples that include people

with disabilities as integral members of the community can also have an important impact on how students perceive disability.

Finally, as in the oft cited disability mantra, "Nothing about us without us" (Charlton, 2000), inclusion must be seen as a privilege or one of a menu of placement options, but as an issue of civil rights. When we teach students about the history of the civil rights movement, we should include the struggles of disabled people for access and accommodation. Just as students with and without disabilities should be taught to advocate for themselves and one another, teacher education candidates should see student advocacy as an integral part of their own professional ethic.

Conclusion

The emphasis of early childhood special education professional development and teacher education often focuses on intervention outcomes and efficient service delivery. Many current texts emphasize applied concerns and consist primarily of recommendations for "dealing with" the special needs child who does not follow linear trajectories of "normal" development (Mallory & New, 1994). As Brantlinger (2006b) explains in her analysis of "big glossy" textbooks used in many university teacher education programs, however, rarely is the concept of normalcy or the "normal" child problematized (p. 51). Children with disabilities are presented as "imperfect," "abnormal" and requiring specialized professional intervention. Although cultural-deficit perspectives are pervasive in these texts and in the field of special education more generally, questions about overrepresentation of racial and ethnic minorities and the structures of school practices are left largely unexamined and unquestioned.

Yet, these perceptions do not arise in a vacuum. Cultural perceptions of disability have accrued slowly over time, and have largely been informed by normalizing discourses from medicine and psychology and reinforced by institutions such as schools. Biological and cognitive sciences have also shaped educational practices. Due to such limited and deficit-based understandings, people with disabilities are often stereotyped as weak, pitiful, passive, dependent, and tragic (Ware, 2001; Gilman, 1985). As Brantlinger (2006a) argues, disability does not exist outside the social world that constructs it.

By understanding how concepts of normalcy are created and reified, we can see how the parameters of these concepts are socially constructed. The idea that disability is constructed relative to particular social, political, and cultural practices, independent of any individual corporeal or cognitive difference, has been taken up by many social theorists and disability studies scholars (Berube, 1996, Bogdan & Knoll, 1995; Kalyanpur & Harry, 1999; Goode, 1992). Instead, following a social model of disability, "obstacles to education, as well as to employment and personal relations [are seen to] exist, not due to inherent incapacities, but to the physical and attitudinal barriers socially and politically constructed by the environment" (Peters, 1991, p. 363).

According to Davis (2006) we must look further into the concept of the norm in order to fully understand the construct of disability. Davis tells us that there are seldom any places in contemporary life where the norm has not been calculated. We constantly compare our own activities against the "average" person. We "rank our intelligence, our cholesterol level, our weight, height, sex drive, bodily dimensions along some conceptual line from subnormal to above average… Our children are ranked in school and tested to determine where they fit into a normal curve of learning, of intelligence" (p.3). Of

course, the "norm" has thus been constructed, and indeed relies on disability for its very existence. Therefore, it only against this social idea of normalcy, founded later in human society, that disability categories become pathologized as negative and deviant.

There is much to gain by early childhood educators learning to critique and understand cultural and historical processes of disability. Using a disability studies perspective can help teachers problematize a range of unexamined beliefs, attitudes, and assumptions which work to hinder students with disabilities (Ware, 2001; Davis, 1995). It is critical that we encourage teachers to question taken-for-granted assumptions about ability and disability, normalcy and abnormalcy. Moreover, because early childhood teachers are often invested with the task of making life-changing decisions about disability referrals, it is thus vital for teachers to question the construction of these categories. Binaries which inform social categories such as race, class, gender, ethnicity, sexuality, and disability continue to powerfully operate in educational practices and policies. Thus, by challenging oppressive ideologies and practices that regardless of intension cause more harm than good (Brantlinger 2006), more libratory practices, informed by an ethic of belonging, can emerge.

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[1] For a more detailed discussion of the history of special education and ECSE see

Danforth, Taff, & Ferguson (2006); Franklin (1989); Kliewer & Raschke (2002).

[2] We use a slash in the word dis/ability to signal that both ability and disability are socially constructed categories.

[3] An activity I (Beth) like to do with young children is something I call "40 ways to get there." In this activity I have a class line up on one side of the classroom. One at a time students think of a new way to get across the room. Some walk, some hop, some skip, some roll. All ways of moving are celebrated—so that the child that wheels simply offers one more, equally valid, way of getting from here to there. We finish the game by talking about regardless of how we do things, the important thing is that we all get to the same place and we all have fun! I do this activity for several reasons. Rather than thinking about disability as a deficit—this person can't move the way that I do—the game puts the focus on the ways that disability often involves creative adaptation. In other words, you and I may get there differently, but we both get their in our own ways. The game also puts no hierarchy on the normal way to get from here to there—all ways are valued equally. It also does not rely on simulation, a practice that although is common, is seen as problematic and demeaning by many disabled people, who see them as provoking pity rather than mutual respect. Finally, the game focuses on the end goal of making sure we all get to the same place, regardless of the path we take.