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History Doesn't Repeat Itself, but Often Rhymes:
An Analysis and Extension of Models Influencing Special Education

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Senior Honors Project

**Submitted in partial fulfillment of the graduation requirements
of the Westover Honors College**

Westover Honors College

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Abstract

The American special education system is largely hailed as a beacon for inclusion and support of students with disabilities, but was developed on the back of a deep, complicated history of isolation, fear, and ignorance. This historical analysis examines special education in the context of parallel-developing models of how those with disabilities are perceived and treated in the United States. Rather than juxtaposing the widely-discussed models of disability (moral, medical, and social) with the development of special education, I argue that they are consistent with a wave pattern, initially proposed by disability scholar and advocate Wolfensberger (1969), that traces the rise of the persecution of people with disabilities. Further, through this discussion and review of the state of special education after the period of indictment, I propose two additional stages of the wave pattern, where the values have been inverted from the initial stages and continue into the modern day, reserving a stronghold in the education of individuals with disabilities in numerous ways. By placing these models in conversation with one another, the seldom-discussed complexities of what is taken for granted today are illuminated. People with disabilities deserve more than what they are allotted by the current education system, but until the wave cycle is broken, nothing will change.

Keywords: special education, education, disability, models of disability, Wolfensberger

**History Doesn't Repeat Itself, but Often Rhymes:
An Analysis and Extension of Models in Special Education**

Introduction

People with and without disabilities alike, beginning early in one's formal education, are taught that disability is synonymous with limitations, vulnerability, reliance on others, and being identifiably *different*. Humans typically identify with those who are most like them, and this clear division between ability facilitates an increasing chasm between those with and without disabilities. Today, though students with disabilities are legally protected in the American education system, the underlying beliefs and ignorance surrounding disability maintain a long history of bias, fear, and misunderstanding. The development of special education ran concurrently with the rise and fall of institutionalization, sterilization, and segregation of those with disabilities in the United States. As such, the American special education system and the history of how those with disabilities were treated are inseparably intertwined.

History is cyclical in the sense that what has happened before may not identically repeat, but similar events and ideologies may be observed, even if they take on a unique form. In the American special education system, the academic and functional needs of students are often disregarded, contributing to the decreasing quality of life of adults with disabilities and cultivating a growing sense of prejudice toward disability as a whole. The current state of special education, and, by extension, the quality of life of adults with disabilities, is often sugarcoated for the larger public, disregarding the history of those with disabilities, the foundations of the special education system, and how contemporary factors illustrate the perpetuation of a system that once sought to eradicate disability by any means possible.

The purpose of this analysis is to examine the history of special education in the United

States through identifying the intersection of the models of disability (moral, medical, and social) and Wolfensberger's (1969) wave structure, and applying the models to the American special education system. Within this analysis, I propose two additional stages onto Wolfensberger's (1969) initial three-stage wave and examine today's society in the context of the wave's repetition, arguing that the wave cycle is beginning once again. These conclusions are derived from a review of Wolfensberger's (1969) research, examination of various histories and evaluations of special education and disability history, and discussions of the modern state of special education.

For the purposes of this examination, person-first language is used with the intent of being as inclusive and respectful as possible, while following the most widely-accepted guidelines in education. Remnants of unacceptable terminology are often found in references to governmental organizations or legislation, public interest or support organizations founded in the time period, and quotations. When referring directly to someone and their disability must be mentioned, it is best practice to ask the person how they like to be referred to if possible. Due to how opinions change with no strict cutoff, the timelines surrounding language often blurs, but terminology does not exist in a vacuum, and it cannot be treated as such.

Model Overview

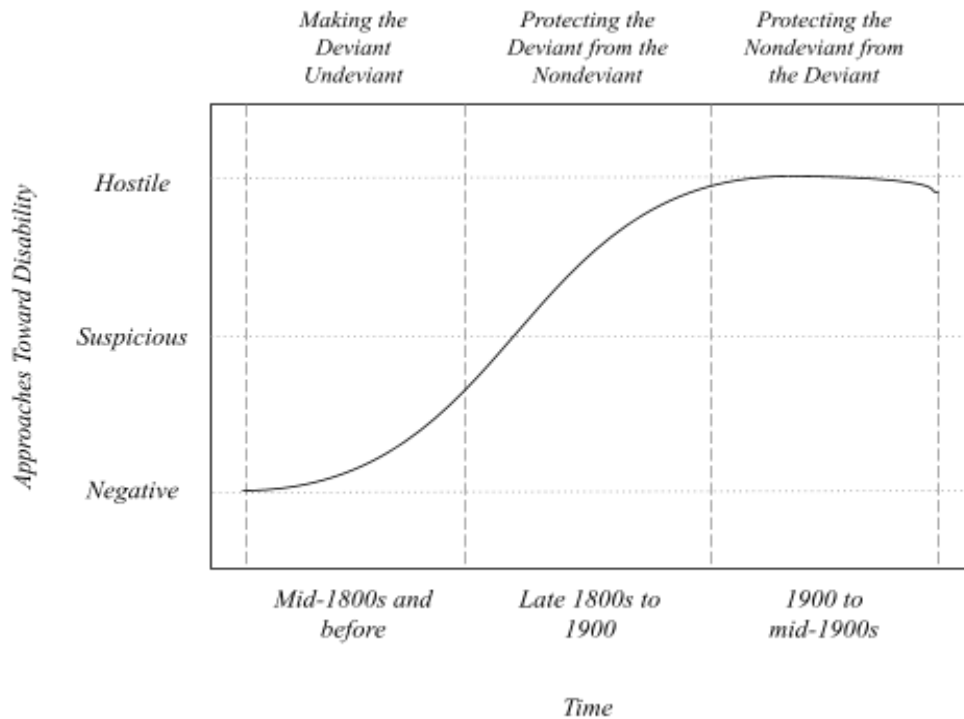
Dr. Wolf Wolfensberger (1934-2011) was, and continues to be, one of the most widely-known and respected scholars on disability. Wolfensberger was a prolific writer and researcher, having authored or co-authored over 40 books and more than 250 chapters and articles; a controversial, yet rousing, public speaker; and, in 1991, was selected as one of the most influential parties in the field of intellectual and developmental disability internationally in the 20th century (Mann & van Kraayenoord, 2011). Wolfensberger's work primarily centered on

ideologies and perspectives in human services, particularly with regard to those with intellectual and developmental disabilities, and influenced not only policy, but how people are treated and perceived on an individual level (Mann & van Kraayenoord, 2011). Throughout his lifetime, Wolfensberger aimed to not only protect the lives of those with disabilities, but to also “develop valued roles and better access to the good life for all marginalized and vulnerable people” (Mann & van Kraayenoord, 2011, p. 205).

In his 1969 publication, *The Origin and Nature of Our Institutional Models*, Wolfensberger proposed that, within the institutional history of the United States and perceptions of those with disabilities, there were three stages within a larger wave system: (a) Making the Deviant Undeviant, (b) Protecting the Deviant from the Nondeviant, and (c) Protecting the Nondeviant from the Deviant. Each stage of the wave corresponds to a period of history in the United States, particularly as they relate to how those with disabilities were treated. This wave was developed with the purpose of tracing the development of residential services for those with disabilities and analyzing the realities of American institutions through the early 20th century (Wolfensberger, 1969). Despite continuing to publish works until his passing in 2011, Wolfensberger did not expand on his initial wave model, leaving the period after his third and final stage unanalyzed. Figure 1 provides a visual representation of Wolfensberger’s (1969) three stages of the institutional model in the United States.

Figure 1

Representation of Wolfensberger's (1969) Evolution of the American Institutional Model



Note. Information from “The Origin and Nature of Our Institutional Models,” by W.

Wolfensberger, 1969, *Changing Patterns in Residential Services for the Mentally Retarded*, pp. 59-172.

I examine and discuss Wolfensberger's initial stages of the wave from 1969, giving particular attention to the education of children with disabilities. I propose two additional stages to the wave with regard to events and perspectives coming to fruition after Wolfensberger's (1969) publication. Further, I argue that the stages are influenced by the moral, medical and social models of disability, and cannot be considered in isolation.

Models of disability shape perspectives of people with disabilities, and individuals subconsciously ascribe to a specific model when they discuss, learn about, and interact with those with disabilities. From an outside perspective, these models may seem unimportant or

obsolete; the reality, however, is that they are not value-neutral and often serve as the primary vessel for discrimination, altering the lives of people with disabilities every day (Smart, 2004). As outlined in Smart (2004), models of disability often serve a number of purposes, including: defining disability; outlining (perceived) needs and support interventions; providing explanations as to *why* and *how* someone has a disability; influencing policy development and implementation; and shaping the self-identity and mental frameworks of those with disabilities.

Wolfensberger's (1969) first stage of the wave reflected the concept that disability was a result of a personal or familial failing, and that, if properly trained and educated, the individual with a disability could be cured and grow to become a productive member of society (Henderson & Bryan, 2011; Olkin, 2022; Retief & Letšosa, 2018). The second stage began the shift away from a morality-based perspective of disability and into a medically-based one, limiting the need for special education with the rise of residential schools and hospitals, as disability was viewed as a deviance from pathological normality that needed to be addressed (Retief & Letšosa, 2018; Smart, 2004). By the third stage of the wave, the focus was based entirely on the medical basis of disability and how to eradicate it, with special education being perceived as unproductive.

Through reviewing the stages proposed by Wolfensberger (1969) and analyzing trends after the mid-19th century, I devise and present another two stages to complete the wave structure. The fourth stage is characterized by a transition away from the institutional model itself and the transformation of the perception of those with disabilities, facilitated by the growing social awareness and acceptance of disability. The fifth stage introduces the social model of disability (wherein disability is a lived experience that is constructed by the society around an individual) and begins to recognize the rights of people with disabilities, describing the legal and social basis for what is experienced in the 21st century (Olkin, 2022; Retief &

Letšosa, 2018; Smart, 2004). Table 1 provides an overview of the moral model, the medical model, and the social model.

Table 1

Comparison of the Major Models of Disability: Moral, Medical, and Social

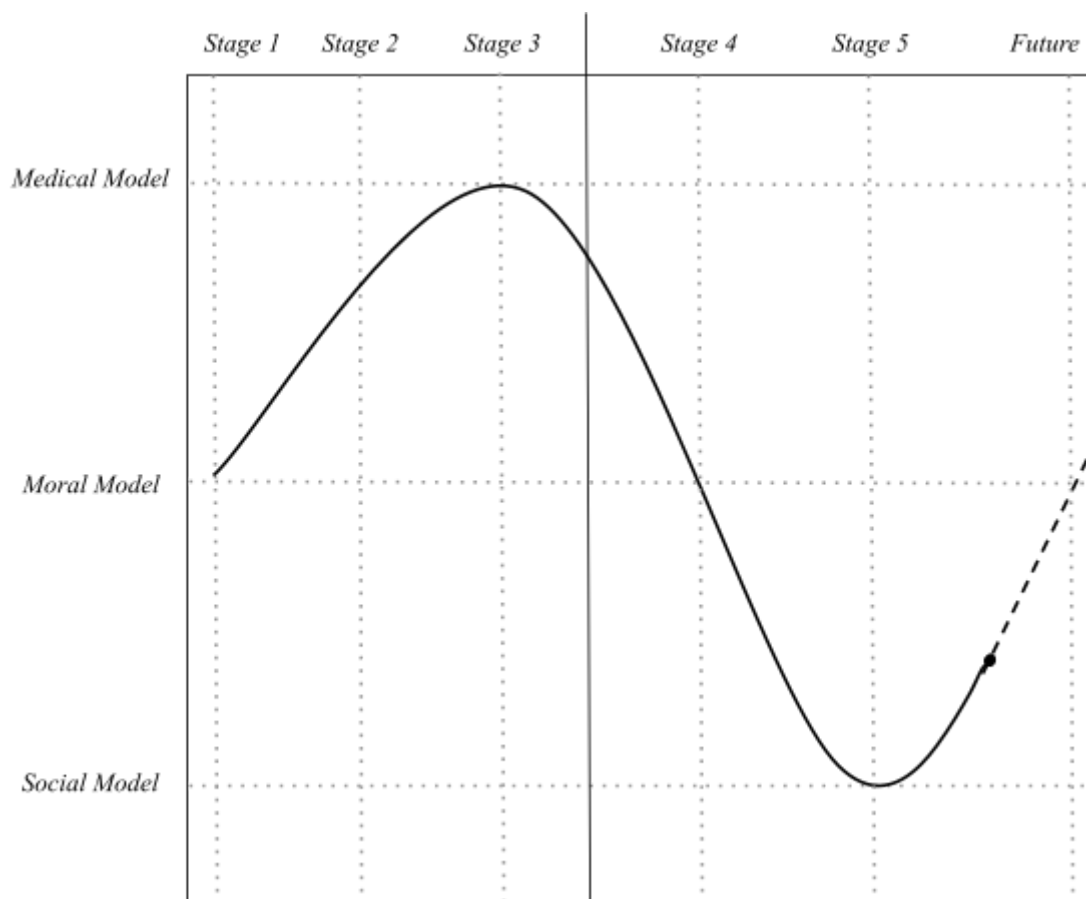
	Moral Model	Medical Model	Social Model
What is disability?	A defect caused by moral lapses, sins, or evil	An inherently abnormal and pathological defect	A social construct
Who, or what, is responsible for the disability?	The person that has the disability or their family	The person that has the disability	Society imposes disability on top of an impairment
What are the implications/effects of this model?	Brings shame to the person with the disability (and their family), ostracization, concealment and/or erasure of the person with the disability	Assigns one as a medical abnormality, can bring shame or unfair treatment, reliance on diagnosis, deficit-focused policy	Society has failed and oppressed its citizens, powerlessness in regard to societal change, increased sense of community, depathologizes disability
What are the origins of this model?	Oldest model, lost popularity in the mid-20th century	Developed in the mid-19th century, entrenched in most of American society	Developed in the mid-20th century, popularized in the U.S. in the 1970s
What is the goal of intervention?	Spiritual acceptance, redemption, salvation	To be fixed or cured, amelioration to the greatest extent possible	Increased baseline access and inclusion, representation

Note. Information compiled from “Could you hold the door for me? Including disability in diversity,” by R. Olkin, 2002, *Cultural Diversity and Ethnic Minority Psychology* 8(2), 130-137; “Models of Disability: A Brief Overview,” by M. Retief & R. Letšosa, 2018, *HTS Teologiese Studies / Theological Studies*, 74(1); and “Models of Disability: The Juxtaposition of Biology and Social Construction,” by J. Smart, 2004, *Handbook of Rehabilitation Counseling*, 25-49.

Close examination of disability perceptions and the development of special education illuminates how the stages of the wave are reframed – not eliminated – over time as they invert and continue.. Figure 2 provides a representation of the wave structure, with markers of the intersection of each stage and the corresponding model (medical, moral, or social), as well as a projection of the future direction of the wave itself.

Figure 2

Intersection Between the Models of Disability and Wolfensberger's Wave Model



Note. Stages one, two, and three are of Wolfensberger's (1969) creation. Stages four and five have been developed as part of this analysis, and the application of the current state of special education onto future proposals. The point after stage five represents American society's current position within the wave model, and the dashed line reflects projection into the future.

Wolfensberger's Wave

The three stages proposed by Wolfensberger (1969) are discussed within this analysis with consideration of historical significance, societal perceptions of disability, and the transformation of education at the forefront. Wolfensberger's (1969) stages were written with the understanding of the time and were limited in perspective to the institutional model itself, but I contend that the extension of the discussion to include both the prominent model of disability at the time and the impact of education, or lack thereof, on the development of each stage is necessary to develop a comprehensive understanding of the wave itself.

Stage 1: Amelioration, or Curing the Deviant for Society (Before Mid-1800s)

Wolfensberger's (1969) first stage of the wave, Making the Deviant Undeviant, reflects the idea that one's disability can be trained out of them, either through education or vocational instruction. People with disabilities had a chance to assimilate to the norm under this perspective, and the primary way of achieving this was through education itself (Wolfensberger, 1969). Once educated and trained, the person with the disability was deemed acceptable for life out in the community, who now wouldn't have to address the disability and personal differences. Initial special education was developed and residential care was popularized within this stage, paving the way for this curative perspective to flourish in relation to disability.

Foundations of Special Education

Early special educators saw the benefits of providing every child an education, but bought into the necessity of eliminating disability and its effects, with the hope that children could lead an average life one day. The voices in support of children with disabilities were few and far between, but the intent was largely positive and held a true belief in the power of education in eliminating disability.

The first prominent voice in the world of educating children with disabilities arose in 1799, when physician Jean-Marc-Gaspard Itard was made aware of an abandoned young boy who was found living in the forests of Aveyron, France. The boy became known as the Wild Boy of Aveyron, but used the name Victor and reportedly had a significant disability that led to his abandonment (MNGCDD, 2022). Victor underwent a strict and all-encompassing socialization process under Itard's care, learning how to communicate and interact with others. Of utmost importance, however, was the fact that Victor *could* learn and develop the skills he had been deprived of, signaling that all children could benefit from a structured education and establishing the concept of universal educability (MNGCDD, 2022; Winzer, 1993). Itard became widely regarded as the first to describe and publish a detailed education program for a child with a disability, especially one in a situation as unique as Victor's, paving the way for future special education efforts (Winzer, 1993). Victor was initially viewed as a blank slate, a soul that was functionally sheltered from corruption, but, rather than be saved, he was only deprived of the "language, guidance, comfort, and human affection" (MNGCDD, 2022) that is provided by integration into a community.

After Victor and Itard, discussion of educating children with disabilities was few and far between, and this was especially true in the United States until Dr. Samuel Gridley Howe, the first director of the Perkins Institute of the Blind, became a prominent American advocate for the education of children with disabilities. In 1848, Howe established the first residential program for individuals with developmental disabilities within a wing of the Perkins Institute, which later developed into The Massachusetts School for Idiotic and Feeble-Minded Youth (Polloway et al., 2021). Howe strongly believed in the importance and benefits of having a solid community, and aimed for his school to provide that for his students.

Itard, having set the foundational beliefs that every child had the ability to learn, and Howe, seeing the value in developing specialized schools and programs for children with disabilities, illuminated a path forward for education. This path, however, did not gain popularity among educators and legislators and was largely forgotten until the turn of the 20th century.

Exclusionary Education

Prior to the rise of institutions, care largely fell to family members of individuals with disabilities. Families supported their loved ones with disabilities, doing everything they could to raise a productive member of society (Nielsen, 2012). Communities attempted to meet people where they were, accepting when someone was a little different from them and helping where they could, but felt more indifferently than positively (Nielsen, 2012; Winzer, 1993). In severe cases where the family could not provide the care needed, people were locked in jails and poor-houses, where the living conditions in these environments were undoubtedly harsh, with overcrowding, neglect, and crime running rampant (Nielsen, 2012; Winzer, 1993). Wealthier families had the ability to keep their children with disabilities at home to care for them, but most were left with no option but to send their loved ones away.

Christians, particularly Quakers, were the first to put forth an organized effort to care for and educate those with disabilities in the United States, inspiring every state to have at least one government-run asylum by 1890 and housing well over half a million individuals (Nielsen, 2012; Winzer, 1993). The purpose of these organized efforts was largely to cure those with disabilities of their perceived shortcomings and assimilate them into society. This assimilation would come largely from formal and intensive education (Wolfensberger, 1969). Children with disabilities were typically only educated at home, learning as much as their families were able to teach them before plateauing and remaining at that level the rest of their lives. Many believed that with a

systematic education, children with disabilities could be reasonably trained out of their disability, the effects functionally eliminated.

In contrast to the general indifference and ignorance seen in day to day life, parents were adamant about not wanting their children in the same classrooms as children with disabilities, resulting in the push for the full segregation or removal of children with disabilities from the general education classroom. Early special educators believed that children with sensory disabilities could benefit from schooling and training in their youth, while those with significant disabilities were “beyond redemption” (Nielsen, 2012, p. 51). Public and private groups alike rushed to create institutions, community hospitals, and schools as a for-profit method of segregation, but the boards and superintendents who ran these schools were more interested in research and eliminating disability than truly helping children (Winzer, 1993).

Residential Training Schools

In the United States, training schools gained popularity in the mid-1800s, offering a fully-residential educational facility for children with disabilities to learn and grow up in. These institutions began with a positive purpose: to serve students and provide “opportunities for an enhanced life, particularly through education” (Polloway et al., 2021, p. 16). Placing children with disabilities in boarding schools where they would learn life skills in addition to standard instruction, would best prepare them for a proper school or life in the community (Wolfensberger, 1969). Not every child with a disability was viewed as worthy of an education, with officials noting that an institutional education was only for the “proper candidates” (Wolfensberger, 1969, p. 91), or those who had only a mild disability. In order to be able to reach as many as possible and have quick access to resources, the first American training schools were located in the “very hearts” (Wolfensberger, 1969, p. 92) of communities. Students could see

family regularly, get involved locally, and interact with other people, all while preparing for their future. The demand, however, quickly outweighed the availability, forcing the shift into the institutional model that Americans are familiar with today.

In 1841, a physician named Johann Jakob Guggenbühl established the first known residential care and education program, called the Abendberg, which sought to treat Swiss children of their disabilities, with the ultimate goal of fully curing them before assisting in their return to the community (Kanner, 1959). In the following years, countless children suffered due to the widespread neglect and abuse at the Abendberg, but, rather than attributing the faults to a failure of the training school model, the suffering was viewed as a personal fault of Guggenbühl's creation (Kanner, 1959). Having visited and been inspired by the Abendberg, Howe opened the Massachusetts School for Idiotic and Feebleminded Youth in 1848, introducing the residential training school model to the United States (Kanner, 1959). This model not only provided children with protection, care, and education, but gave the families the respite and support they were desperate for.

By the turn of the century, there were over 30 facilities across the U.S., primarily centered in the northeast (Nielsen, 2012; Winzer, 1993). The population of individuals under residential care subsequently skyrocketed, with 2,429 people across all institutions in 1880 and increasing to over 20,000 by 1910 (Polloway et al., 2021). Howe and other early educators warned against the rise of the newfound institutional model. Primary concerns focused on the growth being more rapid than could be sustained, the shift into more rural areas, and the clearer segregation of those with disabilities from society at large (Polloway et al., 2021). Despite this, early training schools were largely considered a success and a source of hope for families that previously had none.

The hope the families were given quickly disintegrated. People became disillusioned with the idea that a training school could fix everything – the transformation and cure that was assured never came to fruition – but communities did not have the resources or ability to accept their family members or peers home if they still needed extra support (MNGCDD, 2022; Polloway et al., 2021). Demand and admissions increased, but discharges became more difficult and occurred less often, due to families having limited resources to care for their loved ones at home and a broadening list of disabilities and impacts (Winzer, 1993). As a result, many training schools expanded to serve all types of disabilities and dropped the emphasis on education, orienting themselves nearer to a custodial institutional model.

Supremacy of Morality

The push for the creation of separate schools for children with disabilities arose from a strict adherence to the religious values of the 17th and early 18th centuries and the moralization placed on disability, thus allowing the moral model of disability to be the most prominent perspective throughout the entire first stage of the wave. Disabilities marked the individual and family with shame, serving as a clear indicator of sin, wrongdoing, or immorality to a highly religious and traditional community (Bickenbach, 1993; Olkin, 2022). As the moral model regards disability largely as a punishment for one's actions, this perspective led directly to the isolation, segregation, harm, and erasure of people with disabilities throughout history (Winzer, 1993). Perspectives driven by the moral model seek explanation for disability and know that it is caused by something, but without education or medical advances, religion and morality reigned supreme in explaining the unknown.

Children and adults with disabilities, under the moral model, *must* be ostracized from the community, lest they spread their sinful thoughts or influence others to act in the same way

(Retief & Letšosa, 2018). The high level of segregation demonstrates how children with disabilities were considered to be redeemable on some level, but still not worthy of being educated with peers. Families did not want a clear signal to their community about how they or their child were sinful, contributing to isolation in the home before being sent away to a school. Some children could be taught to overcome their family background or to be educated out of their disability, but it became clear that most would never reach the standard of rehabilitation expected of them (Winzer, 1993). If children were not entirely self-sufficient after aging out of these schools, they were often sent to an institution.

For the few children who were placed in a school, their isolated education didn't save them, but only prolonged their admittance into an institution that would strip their rights and dignity away from them. Education requires more than telling someone how to add numbers or teaching them how to read; education is the result of instruction, relationships, and experiences that prepare someone for the world that lies ahead of them, but the children in early special education were simply stored and kept docile rather than educated. Special education, subsequently, developed separately from the standard American school system, as children with disabilities were "even more completely dependent" (Winzer, 1993, p. 93) on school for their education, socialization, and moral success in life.

Stage 2: Protection, or Sheltering the Deviant from Society (Mid-1800s through 1900)

In moving to the custodial institution system in the middle of the 19th century, Wolfensberger's (1969) second stage, Protecting the Deviant from the Nondeviant, is characterized by a casting-off of the educational aspect of residential care. Rapid growth, overcrowding, and low funds could not support the education of residents, fueling the idea that

people with disabilities could not learn and were destined to forever have a disability because of parental or personal wrongdoing (Wolfensberger, 1969).

Gradual Medicalization of Disability

A rise in scientific breakthroughs and standardization of medicine led to religion and morality playing less of a public role in the ways people with disabilities experienced the world around them. The medical model was highly influenced by the moral model, having adopted the view that people should hold personal responsibility for their disability and that they need to be cured (or otherwise be saved) (Retief & Letšosa, 2018).

The most prominent belief within the medical model is that one's disability must involve a "deficit, deficiency, dysfunctionality, abnormality, failing, or medical 'problem'" (Bickenbach, 1993, p. 61) within themselves – something is *wrong* with them. The personal tragedy, as viewed in this model, relieves society of any responsibility they had to afford full rights to that individual, attributing the challenges they have to a lack of effort or being ill-adjusted (Smart, 2004). If someone puts forth the required amount of effort to adapt or seek treatment, consideration of their social and physical environment is unnecessary. When this perspective is held, education is unproductive and is not conducive to the healing of disability, as it is something within the person, and institutionalization is uplifted as the most appropriate option for those with disabilities.

Custodial Institutions

In the years leading up to the mid-1800s, institutions experienced increasing admissions, but relatively few discharges, causing a steadily-growing institutionalized population. Due to the social and economic upheaval in the years leading up to the American Civil War, the few

discharges that did occur often resulted in readmission, as families did not have the resources or support to care for a loved one with a disability at home (Wolfensberger, 1969).

Moving to a custodial care model of institutionalization, Wolfensberger (1969) argued, presented three dangerous trends: enlargement, economization, and isolation. Institutional populations grew more quickly than could be realistically supported and, with always-decreasing discharges, there was high pressure on institutions to grow – a task that was unfeasible in the city, due to a lack of physical space and the economic means to purchase a larger property. The idea of the small, individualized institutional care was abandoned in favor of the large state institutions in rural areas (Wolfensberger, 1969, p. 98). In these pastoral, seemingly idyllic institutions, superintendents were under additional financial pressure; as a result, the physically able were pushed to work to make the institution as self-sufficient as possible, doing jobs such as farm labor, manual work, gardening, cooking, and laundry (Wolfensberger, 1969). Isolation, justified by the argument that it was better for the residents if they only associated with others with disabilities, provided physical protection and avoidance of the “persecution and ridicule of the non-deviant” (Wolfensberger, 1969, p. 97) that existed outside the gates.

The isolation, initiated by the migration away from densely-populated areas, resulted in citizens developing an increased fear of the unknown and acquiring the view that people with disabilities were no longer worthy of pity, but instead should be feared (Nielsen, 2012; Winzer, 1993). People quickly developed a suspicion of those with disabilities, primarily due to the mystery and isolation created by rural institutions; the limited transparency and interaction resulted in people with disabilities being utilized as scapegoats for the main societal issues (Winzer, 1993). This change launched the dehumanizing process that was a hallmark of

American institutions, as they increasingly isolated residents from the outside world and treated them more as a head of cattle than a person (Nielsen, 2012; Polloway et al., 2012).

Elimination of Special Education

Societal attitudes in the late-1800s shifted from believing that those with disabilities could be taught and trained to be productive members of the community, to viewing the same people as lost causes due to their disability (Wolfensberger, 1969). This perspective shift was mirrored by the gradual elimination of the term *school* from the names of the facilities themselves, with most favoring *asylum* or *institution* (Winzer, 1993; Wolfensberger, 1969). School, after all, was a place where children could learn and develop; if a child had a disability and wasn't able to learn the same way as other children, they only needed the "loving care and protection" (Wolfensberger, 1969, p. 95) that could be provided within an institution. The familial and community-based care system of early residential schools was essentially forgotten.

With this shift, children with significant disabilities were excluded from local schools and sent to institutions. Children with more mild disabilities attended school, but were sent to special classes that often "served as clearinghouses to eliminate low-grade children" (Winzer, 1993, p. 333) from the general education classroom and placed them on a "conveyor belt to hasten their exit" (Winzer, 1993, p. 333) from the school system. The term *special education* itself reflected these separate classes, and was popularized in 1884 by proud eugenicist Alexander Graham Bell (Winzer, 1993). In dropping the emphasis on education and training, residents lost their humanity and became simply a number, resulting in institutions becoming a mere place to live. Providing people with disabilities a source of safety and shelter, institution superintendents argued, was the best they could do; educating their inmates was just not feasible due to the resources and population they had.

Stage 3: Accusation, or: Indicting of the Deviant by Society (1900s through 1940s)

Wolfensberger's (1969) third stage, Protecting the Nondeviant from the Deviant, reflected the growing feelings of fear and suspicion toward those with disabilities and the spread of the social menace ideal throughout American culture in the early 20th century. Beginning in the mid-1800s, small groups sounded the metaphorical alarm on people with disabilities, attempting to convince others to persecute rather than pity (Wolfensberger, 1969). Throughout the protection phase of institutionalization, there was a marked rise in accusations about those with disabilities, with professionals arguing that disability was synonymous with abnormality at best and deviance at worst, as well as asserting that people needed to be cured of their disability. Moving into this third stage, however, the professionals asserted that the abnormality was a direct threat to the stability of the social fabric and must be entirely eliminated.

Medical Elimination of Disability

The medical model experienced a sharp increase in popularity in the first half of the 20th century, as prevailing perspectives on disability focused on deficits and placed shortcomings above all else. Institutionalization was at an all-time high, and as a result, legislators, medical professionals, and institution superintendents doubled down on the idea that people with disabilities deserved to be in such places in order to prevent the development of further social ills (Winzer, 1993).

Reliance on the medical system and full trust in clinicians created the widespread implementation of the practices seen in institutions, such as experiments, sterilization, lobotomies, and, though not nearly as common, euthanasia (Winzer, 1993). These practices were often implemented with little to no medical reason or scientific backing, placing the physician in a position to be able to manipulate and alter lives forever, providing them a level of power that

further entrenched the belief that institutions were the best place for people with disabilities (Winzer, 1993). Physicians quickly assumed this power, now utilizing biased diagnostic criteria and pseudoscientific reasoning to continue the practices; now attached to reasoning and data that was presented as ethical and scientific, the designation of disability as abnormality became more widespread than ever, exposing countless people to ongoing harm and stigma due to their “incurable disability” (Retief & Letšosa, 2018, p. 3).

The rise of eugenics, and the abhorrent practices that arose as an attempt to limit the social menace – disability – was a marker of the total trust of the clinician and a foundation for the functional elimination of those with disabilities. Rather than attempting to educate and prepare people with disabilities for a life outside of the institution, the focus was eliminating disability as a whole, and if that could not be achieved, then those with a disability were destined to a life within institution walls.

Eugenics

Eugenics, coming from the Greek *eugenes* and meaning *good in stock*, was derived from a popularization of a form of Social Darwinism and Mendelian genetics, both of which would be manipulated to advocate for the elimination of disability in the United States, rather than serve as explanations of naturally-occurring adaptations and personal differences (Nielsen, 2012; Polloway et al., 2021; Winzer, 1993). While the percentage of the American population that was struggling skyrocketed due to the increased rates of poverty in the early 20th century, the viewpoint that bad traits – such as criminal activity, poverty, immorality, promiscuity, and disability – were a genetic predisposition grew in popularity, causing eugenicists to draw a bold line connecting these unsavory traits to the society’s “undesirables” (Winzer, 1993, p. 284). Rather than addressing the root causes of social issues, eugenicists argued that these issues are

derived from – and would simply not exist without – bad genetics (Winzer, 1993). From the beginning of the second stage to early in the 20th century, perception of and treatment toward those with disabilities had shifted from improvement efforts and education to pure segregation and dehumanization. The fences around the rural institutions were erected with the intent of protecting the residents from the dangers that may await them, particularly if they did not have the necessary education or training to succeed, but quickly became an isolating tool, protecting society from them instead.

Americans, based on the information they had been provided by doctors, scientific researchers, and political leaders alike, genuinely feared people with disabilities and were certainly terrified of the influences they could have on the makeup and values of the United States. Hereby labeled a menace to society, people with disabilities had little chance of the conditions they were living in becoming better or being treated with respect. The supposed threat that people with disabilities posed, when paralleled to the rise in American immigration, illustrates a country so fearful of those who were not exactly like them that they were willing to do nearly anything to hold onto the status quo (Nielsen, 2012). Desperate people latched onto professionals and scientists, who, in turn, fed them a manipulated form of genetics that justified their prejudice.

The primary method utilized by medical professionals to identify those with intellectual disabilities was the intelligence test, popularized in the United States by Lewis Terman in 1916 (Winzer, 1993). Mental testing streamlined the classification process of intellectual disabilities and identified countless children as having a cognitive disability, who were subsequently either placed in a special class or sent to an institution (Wolfensberger, 1969). Medical professionals

and educators quickly latched onto intelligence testing, as it finally provided an accessible and tangible measure of who was “normal” and who was “deviant” (Winzer, 1993).

Misinformation ran rampant, perpetuated by pseudoscientific facts, resulting in the public believing people with disabilities were amoral, dangerous, and capable of changing the genetic makeup of the United States forever (Nielsen, 2012; Winzer, 1993). Controlling the disabled population was a necessity in the minds of politicians, economists, superintendents, and medical professionals alike. The available evidence, as biased as it was, concluded that disability was the primary cause of juvenile delinquency, crime, immorality, the spread of disease, sex work, illegitimacy, pauperism, and all “other forms of social evil and social disease” (Wolfensberger, 1969, p. 102). When considering population growth in this context, another layer to the argument began to rise, in which members of society began to worry that they would soon be outnumbered by people with disabilities (Winzer, 1993).

Sterilization

As time passed and more was perceived to be learned about the cause of the societal ills, the outward indictment of those with disabilities became “more direct, severe, and shrill” (Wolfensberger, 1969, p. 102). Many institutions expanded from housing only those with the most severe disabilities, to being forced to take in anyone and everyone believed to have a disability. Conditions worsened shockingly quickly, and soon, institutions became “little more than warehouses for the storage of human beings” (Winzer, 1993, p. 280). The physical isolation of the institutions now served a twofold purpose: housing more residents, but also segregating residents from the outside community. With a segregation mindset, the already-low discharges became virtually unheard of; rather than having to be asked to allow someone to stay, people were legally committed to the institution to spend the rest of their lives (Wolfensberger, 1969).

With the formation of a demarcation between what was appropriate and what was not – normal and what was not – the concept of the *threat of the feeble-minded* arose to widen the gap and provide a so-called solution to the problems their society was facing (Cohen, 2016; Wolfensberger, 1969; Winzer, 1993). Politicians and medical professionals alike agreed that there was only one way to eliminate the threat posed by those with disabilities: completely isolate them and do whatever possible to prevent procreation by the “markedly unfit” (Winzer, 1993, p. 281). With this newfound perspective, it was finally socially acceptable to put people with disabilities in institutions with the sole purpose of removing them from the public eye, rather than using education or a cure as an explanation. Along with people with disabilities, people of color, people living in poverty, and sex workers were often admitted to an institution. Even the most radical solutions, under the right conditions, can appear to be rational. The institutionalized population was seven times larger in 1930 than in 1900, resulting in overcrowding, worsening conditions, and increasing debt (Polloway et al., 2021; Winzer, 1993). Taxpayers and politicians opposed higher taxes to support institutions, and began to call for a more permanent resolution to the perceived threat disability posed.

Rather than allowing the dangers to go on, professionals decided it was time to use the “strong ax of prevention” (Wolfensberger, 1969, p. 105) on the perceived root cause of all societal ills: disability. Medical professionals and institution superintendents found the perfect strategy in sexual sterilization – a person could be taken to an institution, screened, sterilized, and released after recovery for significantly less cost than housing and feeding them for the rest of their life. As far as eugenicists were concerned, it was a win-win situation; there would be fewer wards of the state, lowered taxes, and the population of individuals with disabilities would experience a sharp drop-off (Winzer, 1993). The fully-realized isolation and the growth of

institutions to a colossal extent established an environment where rights were stripped and superintendents were able to orchestrate any conditions they wanted (Wolfensberger, 1969).

Lynchburg, Virginia played an integral role in having involuntary sterilization be upheld in the United States judicial system . The woman at the center of the *Buck v. Bell* (1927) sterilization case, Carrie Buck, was an inmate at the Colony for Epileptics and Feeble-Minded, later known as the Central Virginia Training Center (Cohen, 2016). Carrie, her mother, and her daughter were all determined to have an intellectual disability, despite intelligence tests and personal functioning abilities that proved otherwise, leading to Carrie's sterilization (Cohen, 2016). *Buck v. Bell* served as a test case for Virginia's sterilization law, and the driving forces in this case made certain that it was upheld in the Supreme Court (Winzer, 1993). Chief Justice Oliver Wendell Holmes, in the decision, determined that “three generations of imbeciles are enough” (Cohen, 2016, p. 2) and metaphorically signed the sterilization forms for over 60,000 Americans in thirty states through the 1970s, by allowing institution superintendents to make medical decisions for the residents on no basis other than disability (Cohen, 2016; Nielsen, 2012; Winzer, 1993). Furthermore, the Nazi regime used the American institution and sterilization model to refine their own extermination practices that had up to 100,000 people with disabilities killed, with *Buck v. Bell* cited in the Nuremberg Trials as a defense of the sterilization and euthanasia of those with disabilities in Nazi concentration camps (Cohen, 2016).

Eugenics, seemingly overnight, transformed “from a fad into a fashion ... it was not only a science, not only an art, but also a national creed amounting to an almost religious faith” (Chesterton, 1922, p. 180). The deep faith in eugenics lasted several decades, condemning thousands to either spend their entire lives in an institution or be forcibly sterilized, and most had no say in the matter.

Reemergence of Special Education

The focus on the inherent threat posed by people who were disabled and the sharp rise in institutionalization coincided with a reintroduction of special education in 1900. Under the alarmist perspective that so many held in this time, education was viewed as ineffective and unable to adequately avoid “depravity” (Wolfensberger, 1969, p. 126) in children as they developed. Special education itself, limited as it was, was promptly assumed as a means of identification for institutionalization (Wolfensberger, 1969). After the shift from training schools to institutions, special education largely fell by the wayside. Most children with disabilities went straight into an institution, and if they did go to school, it was just long enough to be identified as having a disability (Winzer, 1993). The reintroduction of special education began with the efforts of two women across the globe from one another.

Dr. Maria Montessori and Elizabeth Farrell, independent of one another, worked to develop an educational system where all children were valued and had someone who believed in their ability to learn. Montessori, inspired by Itard and other leading educational minds, sought to establish new educational practices for young children, particularly those with disabilities. Montessori established her own school in 1907 in Italy, where she placed heavy focus on child-centered education and the positives that can come with personal differences (Faryadi, 2007; Winzer, 1993). Through an emphasis on autonomy and guidance, the Montessori method emphasizes where each student is in their own development, then provides them the skills needed to thrive in both academic and functional settings (Faryadi, 2007). Meeting students where they were and aiding them in their educational journey gained Montessori international recognition, and continues to do so long after her death. Farrell originated the concept of an ungraded class for children with disabilities, working with students to help them learn both

academic and adaptive skills (Razon-Fernandez, 2019). Farrell adapted the general class' curriculum and instruction in order to differentiate instruction for her students, resulting in a more individualized educational experience for each student (Razon-Fernandez, 2019). By specifically addressing the students most neglected by the general education system, Farrell demonstrated each child could learn when provided the appropriate support and environment (Razon-Fernandez, 2019). Her New York City class inspired countless others, and serves as the general structure for adaptive special education today.

Teachers in public schools were not exempt from the rhetoric of the time about the threat disability posed to the fragile social fabric, and most sought to move their students with disabilities to special classes, schools, or institutions (Polloway et al, 2021; Winzer, 1993). In order to educate the students who remained in the school system, schools turned to institutions to develop a school of their own or to train teachers to effectively teach students with disabilities (MNGCDD, 2022). By the mid-1920s, just before the push for sterilization, some institutions' superintendents began to recognize the benefits of special education. They held onto their belief that disabilities could be cured and eradicated, but added the provision that education had the ability to mitigate the effects until they were cured.

The fear and suspicion toward those with disabilities did not stop at the schoolhouse gates. Despite increasing numbers of teachers believing in the benefits of special education, students could not escape the indirect harm their teachers caused them through their bias and apprehension. Education in the early 20th century saw children with disabilities as the *Almots* – almost human, but not quite – and labeled them for lifelong stigmatization (MacMurchy, 1920). The concept of the *Almots* led to further entrenchment into the theories proposed by increased institutionalization and eugenics, leading more and more families to bypass the school system in

favor of an institution, where they would be out of sight and out of mind. An institutional and educational system developed alongside one another in the United States, and they are irreparably intertwined.

Extension of the Wave

Wolfensberger's (1969) stages provide an insight into the wave prior to the mid-20th century, but as time has passed, new perspectives and developments have emerged. I propose that two additional stages be considered as part of the wave, reflecting the continuing presence of the models of disability and overall stigma toward those with disabilities. Looking into the future, I predict that the wavelength is beginning to repeat, with a decreasing focus on individual rights and an increasing concern with assimilation. The education and personal development focus of the initial stages in the wave are evidenced in modern perspectives, even if the end goal is now inclusion, but there is a growing stigma and ignorance-driven fear reminiscent of the move into Wolfensberger's (1969) second stage.

Stage 4: Deconstruction, or Fighting for Visibility (1940s through 1960s)

As a mirror image of the second stage, this period of special education came to fruition alongside a nation full of uncertainty, then hope. Rather than a rapidly growing institutionalized population, there was an initial tapering-off of institution populations and the very beginnings of a movement into the education of all with disabilities. This period, rather than hiding people away, brought them into the light.

Growing Social Momentum

Due to the economic and social implications of World War II, most Americans lost their interest in attacking people with disabilities in the 1940s. Underlying bias and negativity still existed, but there was a significant decrease in blatant aggression and persecution of those who

had disabilities (Wolfensberger, 1969). Through the early 20th century, the populace had been so thoroughly “indoctrinated ... regarding the menace” (Wolfensberger, 1969, p. 130) of disability, that the concept of viewing people with disabilities as actual people was still daunting and would take decades of work to become the popular perspective. The upheaval, caused initially by the Great Depression before being followed by the second World War, served as an influential force and inspired a more thorough examination of the quality of life of some of America’s most disenfranchised. More people than ever were developing disabilities in young- and middle-adulthood, particularly veterans who fought in WWI and WWII, somewhat normalizing disability and increasing the visibility of it within communities and cities (Nielsen, 2012; Winzer, 1993). Along with this, the conditions in institutions were beginning to come to light, but stories were too few and far between to make a tangible impact.

Parents’ Movement

In the 1950s, the parents of children with disabilities began to rise as advocates for their children’s well-being and education; they learned more about disability and what adults with disabilities had the potential to achieve in life, resulting in increasing awareness and acceptance of disability (Polloway et al., 2021). Some children were beginning to be included more often in school and vocational training, but the majority remained out of school or institutionalized due to conflicting messages from medical professionals and a deficit in reliable, accessible information (Wolfensberger, 1969). Decades of neglect, isolation, and abuse in institutions drove parents to begin to demand better services for their loved ones, beginning what is recognized as the Parent’s Movement (MNGCDD, 2022; Polloway et al., 2021). This movement ran parallel to the civil rights movement, reflecting a deep desire and drive toward a more inclusive and accessible future for those forgotten and dehumanized for so much of American history.

Increasingly, families wanted their loved ones at home, instead of locked in a faraway institution. Others still believed conditions within institutions could be improved. Institutions in affluent areas could afford to appropriately train enough staff and maintain a somewhat decent quality of life for their residents, but this experience was far from the norm (Winzer, 1993). The belief in improvement waned when it became clear that the conditions would never improve in the majority of institutions, resulting in the newfound push for *normalization* and the provision of services and support within communities (Winzer, 1993). Parents and families of institutionalized people took it upon themselves to begin offering community services in homes and community centers, recognizing that the support would not come from legislators when institutionalization was still the norm (MNGCDD, 2022). This level of personal dedication and input simply was not a feasible option for many, resulting in perpetually-growing populations in institutions, despite the unfavorable perception of them and inhumane conditions. In order for the lives of those with disabilities to truly improve, a major shift was necessary.

A New Morality

New information and understanding of disability by and large eliminated the view that a person with a disability was a menace to society, but the perspective that someone must be cured was reinvigorated. New buildings and research centers were a visual reminder of the resurgence of the medical focus that was seen in the transitional phases of training schools into institutions, and many top researchers proposed that their funding was a better use of money than if it were used for education or community services (MNGCDD, 2022). Disability was still medicalized, even without the outward acceptance of it.

Despite this clear shift, there was still a defined slot within how disability was discussed for morality. People with disabilities were no longer perceived as a danger, which is undoubtedly

a positive, but the Parents' Movement popularized the idea of the *holy innocent* – that those with disabilities did not have the capacity for evil or wrongdoing, particularly because they could not understand the concept, but would benefit from inclusion and education (Winzer, 1993; Wolfensberger, 1969). While different from the moralization of disability seen in stage one, there is still a clear message that there is some form of a higher power attributing value to both those with disabilities and the presence of disability as a whole. Families of people with disabilities utilized the idea of the holy innocent to convince the American populace that inclusion and acceptance was the way to approach disabilities, and many accepted it, but upheld the view that people with disabilities were somehow less human – without emotions, consideration for others, and understanding of the world around them. Accepting flaws, strengths, and personal differences is a major step toward truly humanizing and valuing another person, but most were not quite prepared for that level of change.

Deinstitutionalization

The work of the Parent's Movement brought the plight of institutionalized people into the public eye, but little changed until the 1960s. By 1967, there were 194,650 people being held in institutions for disabilities, and another 450,000 in psychiatric-specific institutions – an 80-fold increase from the model's rise in 1880 (Polloway et al., 2021). The governmental and medical professionals' carefully-orchestrated social panic about disability throughout the first half of the century did exactly what it was meant to, placing approximately 3.25% of all Americans in an institution when the tide finally began to turn and the conditions within institutions began to be widely exposed (Polloway et al., 2021).

Rosemary Kennedy, a long-hidden sister of former President John F. Kennedy, inspired another one of her siblings to speak up about the horrors of institutionalization. Rosemary was

institutionalized in 1941 at the age of 22 – following seizures, mood swings, and a lobotomy – and remained in an institution for the rest of her life (MNGCDD, 2022). In 1965, Senator Robert Kennedy made a televised visit to Willowbrook State School in New York, documenting the uninhabitable conditions for the entire country to see and making it clear that this was a systemic failing, rather than an isolated instance (MNGCDD, 2022; Polloway et al., 2021). This visit was the first time that the subpar conditions in institutions were shared on such a significant scale; coming only four years after President Kennedy’s development of the President’s Panel on Mental Retardation, and two years after the assassination of President Kennedy, the Kennedy family were well-known and in the forefront of the public eye – increasing the impact that Senator Kennedy would have in speaking out about what so many experienced. People were ultimately upset by what they saw in the broadcast, but the realities were still carefully sanitized in order to be acceptable for viewing by the general public. The next year, however, Burton Blatt, a professor, and Fred Kaplan, a photojournalist, would provide so much evidence that it could no longer be looked over.

Blatt and Kaplan set out to expand on Kennedy’s visit and provide the uncensored reality of life in institutions, secretly capturing images of a number of institutions in the northeast and mid-Atlantic via a camera attached to Kaplan's belt. The book, a photographic essay titled *Christmas in Purgatory*, was published and met with a stunned, widespread audience. Initially, only one thousand copies were created in 1966 and sent specifically to legislators, professors, and mental health and disability advocate groups across the United States (Pennhurst Memorial & Preservation Alliance, n.d.). As those recipients read Blatt and Kaplan’s book and subsequently distributed it amongst their peers, the demand grew, and the essay would later be published in *Look! Magazine* in 1967 and would continue to be published by Allyn and Bacon

publishers for an even more widespread readership (Pennhurst Memorial & Preservation Alliance, n.d.). *Christmas in Purgatory* was the first time many Americans were exposed to the raw, uncensored reality of life in an institution. Blatt declared that “there is a hell on Earth, and in America there is a special inferno – the institution” (Blatt & Kaplan, 1974, p. v), setting the scene for what the reader was about to see for the first time. Blatt showed and discussed the blatant dehumanization, neglect, and abuse taking place within the walls of American institutions, juxtaposing the white-washed mission statements and smiling faces of superintendents that met them at the front gates upon their arrival (Blatt, 1969; Blatt & Kaplan, 1974).

Several of the institutions visited by Blatt and Kaplan claimed to provide special education services for the children in their care, but the programming observed at these state schools “bore no resemblance to what [Blatt] would consider to be ‘education.’ But, it was special” (Blatt, 1969, p. 45; Blatt & Kaplan, 1974, p. 34). The loosely-coined special education that Blatt and Kaplan witnessed was a loose amalgamation of the most substandard learning environments that either of them “ever had the misfortune to witness” (Blatt, 1969, p. 45) in their lives. These programs, or nauseating lack thereof, were never the main focus of the essay, but highlight a commonality within special education: children, once labeled and placed into the appropriate space for them, were forgotten. Training schools were transformed into warehousing institutions and students with disabilities were cast out of the general classroom and institutionalized, and neither are extensively spoken of today. The impact the essay had on the public was integral to the subsequent shift in public opinion and push for deinstitutionalization. Prior to the distribution of *Christmas in Purgatory*, many still held hope that the system could be

reformed if enough attention and resources were invested, but the images and descriptions in the book finally convinced people institutions could not be fixed.

In due time, with institutional reform having been proven logistically and socially unattainable, social outcry and legislation began to force the end of state-run institutions. In the four decades following the Willowbrook visit and the publication of *Christmas in Purgatory*, there was an 81% drop in institution populations and a decreasing number of operating institutions (Polloway et al., 2021; Winzer, 1993). Those with disabilities in the mid-20th century had had the same tangible life experiences in institutions that individuals endured one hundred years before, and any true betterment needed to come from legislators to be properly implemented.

Stage 5: Education, or Defining Disability (1970s to Present Day)

With the custodial institution model abandoned in the United States, the focus turned to educating and including children with disabilities in day to day life. The 1970s brought a flurry of legal battles and passed bills to officially include people with disabilities in society, with the rights and liberties that every other American had been afforded. The dehumanization seen in institutions would have no place in schools; rather, schools would, ideally, be places of inclusion and acceptance under the new special education system. Educating students with disabilities is reminiscent of the initial stage of Wolfensberger's (1969) wave proposal, in that students are being shaped for the world after school (although without the focus on a cure) and marks a restarting of the wavelength of education.

Social Creation of Disability

After experiencing such prolonged and tangible mistreatment for so many years, people with disabilities craved more respect and access to equal rights in American society, resulting in

the popularity of the social model of disability. In the social model of disability, a disability is not something within an individual or a diagnosis, but is a state determined by one's social environment and interactions with the world around them, effectively imposing limits on others that they would not impose on themselves (Retief & Letšosa, 2018; Smart, 2004). The social model considers disability to be a social construct, or an arbitrary measure of separation based on the values of the culture they reside in (Smart, 2004). Deinstitutionalization and the Parent's Movement focused on recognizing that those with disabilities were not only people, but people who were deserving of respect and equal rights, contributing to the acceptance of the social model.

In 1975, the British Union of the Physically Impaired Against Segregation (UPIAS) released their manifesto document: the *Fundamental Principles of Disability* (FPD). This document is widely regarded as one of the most significant works of modern disability scholarship, as it directly led to the development of the social model itself (Retief & Letšosa, 2018). The FPD was the first to officially propose and promote the notion that, rather than being a biological state, disability is socially constructed, emphasizing that the society manufactures and defines disability (Retief & Letšosa, 2018; UPIAS, 1975). UPIAS (1975) asserted that disability was not mutually exclusive of other life circumstances, in that "no one aspect such as incomes, mobility, or institutions [should be] treated in isolation" (p. 3), recognizing the intersectional nature of disability and the idea that no single aspect related to disability can be considered without addressing the whole individual. Without considering the social aspect, it follows that people would believe that disability must be eradicated (as it is an illness or tragedy), but with the social model, the focus shifted to center on outside influences and removing barriers to access.

The social model's popularity was driven by the activists of the disability rights movement, particularly Judy Heumann. Heumann was denied access to an education in kindergarten, placed in subpar and entirely isolated special education classes in fourth grade, and eventually blocked from obtaining a New York teaching license due to her disability (Hikes, 2021). This block would be overturned when Heumann sued the New York Board of Education, allowing her to be awarded a teaching license to become the first wheelchair user to teach in the state (Heumann Perspective, 2023). Heumann would go on to become known as the mother of the disability rights movement in the United States, leading San Francisco's 26-day 504 Sit-In in support of Section 504 of the Rehabilitation Act being signed into law – the longest sit-in protest at a federal building in American history (Heumann Perspective, 2023; Hikes, 2021). Her international advocacy was wide-ranging, including serving as an advisor for Presidential committees, the World Bank, Human Rights Watch, and the Ford Foundation; founding the Berkley Center for Independent Living; co-founding the World Institute on Disability; and authoring a memoir to share her story (Heumann Perspective, 2023). In leading the change for increased rights of those with disabilities, Heumann played an integral role in shaping the impact that the social model of disability had in the United States and leading more to truly grasp the level of oppression that people with disabilities experience daily.

With the social model gaining popularity in the 1970s, more people learned about how those with disabilities were completely and purposefully isolated from their communities, which resulted in people with disabilities themselves desperate to finally be recognized as another “oppressed group in society” (UPIAS, 1975, p. 3). This level of oppression manifested itself in every major facet of life, including education, healthcare, work, housing, and civil rights (Smart, 2004; UPIAS, 1975). With this understanding at the forefront, people without disabilities began

to recognize the prolonged oppression of those with disabilities, contributing to the substantial gains in the social standing of people with disabilities. When individuals are seen as people, not a disability, their humanity is valued and they are afforded the rights they are owed.

Litigation and Legislation

Throughout the mid-20th century, a handful of states and locales adopted special education provisions for their public school systems, but few had the funding to expand or be truly inclusive of all students. In order for special education to reach all children, federal action was necessary. *Brown v. Board of Education of Topeka* (1954), the Supreme Court case that prohibited racial segregation in American public schools, was not directly related to students with disabilities, but took on a new meaning with the Parents' Movement of the 1950s and 1960s. With schools officially integrated, disability advocates and families of those with disabilities argued that disability was merely a personal difference, same as race, and that segregation or elimination of students from the school environment based on disability was also unconstitutional (Winzer, 1993). Later legislation surrounding disability has its roots in *Brown v. Board's* concept of inclusion and set the precedents for key court decisions in 1971 and 1972.

The first federal legislation for the education of Americans with disabilities didn't come until 1975, but small, positive steps were taken in the 1950s and 60s. The Educational Bill of Rights for the Retarded Child was published in October 1953 as a position statement from the Association for Retarded Children (ARC). This Bill of Rights, for the first time, stated that every single child, regardless of cognitive ability, has the right to an education that is tailored to their individual needs and is provided in the environment that is most conducive to that child's learning (MNGCDD, 2022; Winzer, 1993). The Elementary and Secondary Education Act (ESEA) of 1965, in order to promote increased instruction of children with disabilities, provided

states with direct federal grant assistance to put toward special education (MNGCDD, 2022; Polloway et al., 2021).

Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania (1971) and *Mills v. Board of Education of District of Columbia* (1972) confirmed that children with disabilities have the right to a free and appropriate public education and placed procedural safeguards in place to ensure every child received it (Polloway et al., 2021; Winzer, 1993). The Rehabilitation Act of 1973, particularly Section 504, established the rights of those with disabilities in the public sphere by ensuring civil rights protections in programs that receive federal financial assistance and formed the basis for the Americans with Disabilities Act (ADA) to be signed into law in 1990 (Winzer, 1993). Following these decisions, the Rehabilitation Act, and an additional twenty-seven court cases, the first American federal legislation for students with disabilities was signed into law in 1975.

Public Law 94-142, or the Education for All Handicapped Children Act, formed modern special education, mandating that all eligible students be provided an appropriate public education, where the child would be placed in the least restrictive setting possible, at no cost to the family (Polloway et al., 2021; Winzer, 1993). A student is eligible for special education services if they meet the qualifications of a category of disability outlined within the law. In order to make sure educational needs are met, an individualized education program (IEP) is a requirement for each student. An IEP includes discussions of the student's present performance, annual goals, short-term objectives, descriptions of services, progress measurements, least restrictive environment, and accommodations or modifications (IDEA, 2004).

In 1990, P.L. 94-142 was reauthorized to be the Individuals with Disabilities Education Act (IDEA) in order to reflect changing terminology. IDEA kept the mandates established by its

predecessor, but also solidified early intervention services and support in the transition from K-12 to adult life (Polloway et al., 2021). IDEA was reauthorized in 1997 and in 2004 as the Individuals with Disabilities Improvement Act, though the primary tenets remained: Free and Appropriate Public Education (FAPE), which guarantees the right of a student to a comparable public education to that of their peers without disabilities; Individualized Education Program (IEP), which is specifically designed by a team of parents, educators, professionals, and the student when appropriate, to meet the unique educational needs of each student; Least Restrictive Environment (LRE), which requires students with disabilities to be included in the general education classroom to the maximum extent possible, or in the closest appropriate setting; Appropriate Evaluation, which ensures that the student is in the appropriate placement, ensures monitoring of their progress at regular intervals, and informs the IEP; Parent Participation, which involves parents or guardians in the IEP and educational process for their student and consists of regular communication between the family and teacher; and Procedural Safeguards, which determine that the legal rights of the student are being met, the student and family understand their rights and responsibilities, and that both parties are involved in the educational life of the student (IDEA, 2004).

ADA (1990) prohibited discrimination on the basis of disability in the public sphere. In protecting people with disabilities in employment, state and local government, public accommodations and transportation, and telecommunications services, the ADA (1990) enshrined the basic rights to access for people with disabilities into law. Most recently amended in 2008, the ADA is unique in that it does not specifically name all covered impairments, but defines disability as a physical or cognitive impairment that results in the significant limitation of at least one major life activity, causing the potential coverage of a significantly larger portion of

the population than any other disability rights legislation at the time. When considered in combination with IDEA, the ADA finally solidified the long-awaited rights of those with disabilities to be included in society.

American legislation surrounding disability, beginning with the most basic tenets of education and culminating with IDEA and ADA, has slowly worked toward not only tolerating people with disabilities, but fully including people with a disability. The path to modern policies was long and arduous, and no policy structure is without its faults, but these legal steps helped facilitate an initial perspective shift toward normalizing disability.

Normalization and Inclusion

IDEA and ADA enshrined the concept of inclusion into law in the United States, but they are largely based on the concept of *normalization*. Niels Erik Bank-Mikkelsen worked closely with families of those with disabilities throughout the mid-20th century to petition the Danish government for better treatment of those with disabilities through the concept of normalization (Mann & van Kraayenoord, 2011). Comprehensively examined and popularized by Wolfensberger in 1972, normalization does not refer to making someone normal, as the name may suggest, but rather living according to a normal pattern, one that someone without a disability would (Mann & van Kraayenoord, 2011; MNGCDD, 2022). Normalization provides the basis for civil rights and liberties for those with disabilities, and provides measures for inclusion wherever is possible. The concept that a person could have a disability and still be considered a worthy, productive member of society was still a foreign idea to many, but through the concept of normalization and the social model, people began to see that disability and acceptance are not mutually exclusive.

The 1990s saw a sharp increase in awareness of and advocacy for mainstreaming, now referred to as inclusion. Inclusion, especially in the context of IDEA, was accepted as the ideal approach to how education should function in the United States. In 2000, however, investigators working for the National Council on Disability determined that every U.S. state was out of compliance with the requirements of the IDEA, and while it is less common today, there are still instances in which students are not allowed their educational rights, as more districts move to a full inclusion model and make decisions with the purpose of bettering their special education statistics (MNGCDD, 2021). Inclusion is reflected in the premise of the least restrictive environment, and is legally protected, but it is more than being educated in the same room. Meaningful and beneficial inclusion in education is not only inclusive classrooms, but interaction between peers, accessible resources, and providing the necessary accommodations in order for each student to be successful.

Future Wave Projections

American society, as a whole, is still primarily within stage five of the wave, as personal differences are still outwardly accepted and celebrated, individual rights are protected, and the social model of disability is ascribed to. When putting a magnifying glass to the current state of special education and life outcomes for those with disabilities, however, it becomes clear that the United States is in a transitional period and is moving toward the beginning of a new wave, reminiscent of Wolfensberger's first stage from 1969. Since the 1970s' shift to promote inclusion, a significant number of positive changes have been made in regard to how those with disabilities are viewed, addressed, and treated in the U.S. The nature of time, however, causes the pendulum to swing back; the foundational negative attitudes toward those with disabilities in the later half of the 19th century can be increasingly identified today.

Blending of the Social and Moral Models

For many Americans, the medical model may be the model they ascribe to without even realizing it, viewing disability as a condition or illness that someone has to overcome or seek a cure for – acting in direct contrast to the outward expression of the values of respect, inclusion, and acceptance seen in the social model (Smart, 2004). While an improvement from the medical model, the social model is often discussed as though it were flawless, when in reality it is increasingly utilized as a method of covert bias and ongoing oppression.

Language plays a large role in how both in-groups and out-groups identify themselves, and disability has a long, muddled history of terminology. Historically, the language used to refer to people with disabilities was assigned by people who do not have disabilities, but the disability community began to linguistically advocate for themselves with the disability rights movement. The social model presents a terminology-based discrepancy: people with disabilities versus disabled people. Disability activists and scholars argue that, even though the intent is for inclusivity, the term *with a disability* perpetuates the values expressed in the medical model, with *disabled* more closely reflecting the oppression faced by so many people (Retief & Letšosa, 2018). By saying that someone is a *person with a disability*, theorists argue, the societal influence is disregarded in favor of indirectly avoiding the word *disabled* itself (Retief & Letšosa, 2018). Modern social systems overwhelmingly use the person-first format, potentially further illustrating the ongoing disconnect between the disability community and professionals. Those that do not have disabilities, rather than respecting the wishes of those that do, continue to impose their understandings and perspectives of the world onto others, facilitating continued silencing of the voices of those with disabilities.

Disability activists and scholars increasingly utilize *disabled* when discussing themselves or the disability community, and, like many other terms, has been reclaimed by many after a history of pejorative use. A challenge with streamlining language regarding disability, however, is the range of personal identities, functioning abilities, support levels, and intersectionality within the disability community. No two people with disabilities have all the same characteristics, and will inherently have different preferences on how they are referred to, further dividing the community rather than connecting it. In this new stage of the wave, those with disabilities place value and define disability for themselves, but are continually disregarded and compelled to align with the societal perception of what disability is and how it impacts one's life.

The slow erosion of the rights of disenfranchised communities begins with a breakdown of the strength of the community and increased apathy toward other people's experiences. Henderson and Bryan (2011) argued that the philosophical basis for the moral model "rests just below the surface of human emotional reactions" (p. 7), subsequently, a morality-based perspective can easily reappear under conducive societal conditions, rather than solely within religion. Fear of the unknown is a natural response, and when reason is not at the forefront of one's mind, it's difficult to know what one will revert back to and rely on ideologically. The divide between those with and without disabilities is extended by a greater social divide, perpetuated by politics, media, and other societal institutions (MNGCDD, 2022). Without equal and full involvement and acceptance in society, the legal backing for personal rights becomes a minor concern.

Current State of Affairs

More students than ever receive special education services in the United States, but this system is far from ideal and contributes to the perpetuation of the wave pattern. In the 2018-2019

school year, 9.7% of the U.S. population between the ages of 6 and 21 received special education services, with this rate increasing steadily from 8.4% in 2010 (National Center for Education Statistics, 2022; U.S. Department of Education, 2021). These rates increased into the 2020-2021 school year, rising from 6.5 million students receiving services to 7.2 million – identifying 15% of the total public school enrollment as students that require individualized support to learn and achieve success in their educational lives (National Center for Education Statistics, 2022).

The students grow and eventually age out of the education system, facing a world that is, at best, indifferent and uncaring toward their needs. The challenges are often swept under the rug of acceptance, and the steady increases in concerns are left disregarded; there is a gradual stripping of rights occurring in the United States for many minority populations, but those with disabilities are continually left out of the larger conversation. A blatant disregard for education – particularly special education – alongside the diminishing quality of life and rapidly increasing presence of ableism in the United States, suggests that the wave pattern is beginning again, moving away from inclusion and back into an era of moralization and limited educational rights.

Breakdown of Special Education. With the passage of the Education for All Handicapped Children Act in 1975, students with disabilities only began officially having the right to an education 50 years ago, and the first civil rights legislation for those with disabilities, the Americans with Disabilities Act (ADA), was not passed until 1990. There is little discussion within special education regarding the origins and implications of the history of how those with disabilities have been treated throughout American history, and an increased understanding provides a perspective that may be able to prevent the repetition of a harmful cycle.

Children in general education classrooms are increasingly exposed to their peers with disabilities with inclusion, but with this, the potential for a stronger *us vs. them* mentality arises

in the classroom environment. Children begin to understand in-group versus out-group dynamics around 4 years old, developing positive feelings toward those they affiliate with through proximity and interaction, which can facilitate positive interactions between students with and without disabilities (Babik & Gardner, 2021). As children age, however, they are more likely to break off into more homogenous groups due to real or perceived disconnects in ability between them and their peers, forming the divides between students who have disabilities and those who do not that are very difficult to overcome (Babik & Gardner, 2021). Classroom dynamics impact academic learning, and can place stress on the students and teachers alike.

Educators, as a whole, are overburdened in the United States, and this is especially true of special educators. Between the passage of IDEA and the early 2000s, the education sector experienced significant growth in both the number of special education teachers and the number of students with disabilities (Peyton et al., 2021). In approximately 2005, despite an ever-growing demand for special education teachers, employment began to notably decline, and by 2015, the number of special education teachers had dropped to the level of the early 1990s – all while the number of students receiving special education services only declined by 1% (NCES, 2021; Peyton et al., 2021). Currently, 49 states report shortages of special education teachers, and, within teacher preparation programs, enrollment is lower than ever before (Peyton et al., 2021). In 2014, the average special education teacher had a caseload of 15.4 students, but in 2019, that ratio had increased to 16.2 students per teacher, further creating a divide where teachers are overwhelmed and unable to provide students the individualized support they are entitled to (U.S. Department of Education, 2021).

Similar to the classifications made within the score brackets on intelligence tests, the Union of the Physically Impaired Against Segregation (1976) called attention to the widespread

notion that some disabilities are considered acceptable while others are not. Society does not equally discriminate across disabilities, forming “degrees of exclusion” (UPIAS, 1975, p. 14) based on how significantly someone’s disability impacts their life and how they interact with the world around them. The primary example of this is people who wear glasses; if one only needs the support of glasses to see, then they are still fully included in society because their disability is considered mild, but if someone is fully blind, then they experience total or near-total exclusion (UPIAS, 1975). The same schema would apply to someone with hearing loss versus a Deaf person or someone who acquired the need for a wheelchair versus someone born with a disability that limited their mobility. These arbitrary hierarchies are still prevalent in the realm of education, placing more importance on truly including those students with less-significant needs, as it is simply easier and requires less accommodation or modification, and merely placing students with significant needs in those same classrooms without the intensive support they would receive in a more individualized setting.

In an attempt to combat the social hierarchies of disability, a major push in the realm of special education has been full inclusion into the general education classroom, rather than utilizing a continuum of placements, including separate self-contained classrooms for students with more significant needs. In 2019, 64.8% of students receiving services were educated in the general education classroom at least 80% of the day, which is considered the ultimate goal of the inclusion movement (U.S. Department of Education, 2021). Despite this being singularly regarded as a positive for special education, there was only a 4% increase from 2010 to 2019 of students with disabilities in the general education classroom despite a significant increase in overall population and in understanding of disability (U.S. Department of Education, 2021). Full inclusion undoubtedly has myriad benefits, but the well-being of all the students in the classroom

and the teacher themselves are often disregarded in the name of boosting inclusion rates. One of the primary tenets of IDEA (2004) is that students should be educated in the least restrictive environment (LRE) possible; for some students, their LRE is a self-contained classroom or alternative environment, as that is the best for their own development and education, and the drastic measures taken in the move toward full inclusion deprive students of this right.

Bolstering statistics does not end with inclusion, but extends throughout the entire educational life of students with disabilities, ending when they graduate or age out of the K-12 system. Graduation from high school is widely regarded as a major life event, but considering students with disabilities, only 47.1% of students receiving services in 2019 graduated high school with a regular diploma, with another 10% dropping out before graduating (U.S. Department of Education, 2021). Graduation rates of students in all disability categories, with the exception of those with multiple disabilities, increased since 2010, but there is a qualifying factor specific to those with more significant disabilities that is often overlooked (U.S. Department of Education, 2021). When developing graduation rates and collecting data, students receiving alternative diplomas, graduation certificates, or aging out after 21 are typically left out of these measures, facilitating a less-than-comprehensive view of the state of special education and unrealistic expectations for outcomes of those with significant disabilities (Polloway et al., 2021; U.S. Department of Education, 2021).

Due to these complexities in standards, population, and outcomes, there is a concerning divide in how the IDEA (2004) is implemented in schools. In the 2021-2022 school year, a mere 22 states fully met the requirements of the IDEA, with another 38 demonstrating a need for assistance (U.S. Department of Education, 2022). This worrisome statistic is worsened when considered in context of the last five years; since 2018, an average of only 21.8 states met

expectations, 35.4 demonstrated a need for assistance, and 2.8 required federal intervention (U.S. Department of Education, 2022). For the millions of students receiving special education services in the United States, the individualized education they are legally provided is not up to par with the expectations of the law. By not providing the students with the accommodations and supports enshrined in law, the special education system sets them on a path of limited quality of life and an increased chance of difficulty.

Lowered Quality of Life. In a society reliant on capitalism, the ability to work is valued above all else, and when someone cannot work, they themselves are blamed for it, rather than the intersecting factors at play. People with a disability in the United States are twice as likely to be unemployed as those without a disability, with only 21.3% of adults with disabilities being employed (U.S. Bureau of Labor Statistics, 2022). Of those adults employed with a disability, only 70.1% are employed full-time, compared to 84.2% of those without a disability working full-time (U.S. Bureau of Labor Statistics, 2022). While a number of adults with disabilities reside with a family member or have another housing arrangement, a significant number of the unhoused population in the United States also have a disability. A 2018 point-in-time count concluded that one out of every four individuals experiencing homelessness have some form of disability, and nearly 70% stay in a dangerous location (e.g., under bridges, on sidewalks, building alcoves) rather than in a shelter (Thomas & Vercruyse, 2019). These rates are a direct result of limited opportunities for employment, limited educational options, and federal economic policies, and further contribute to a negative quality of life and increased fear of disability on the part of society.

As a minority group, people with disabilities are uniquely targeted for victimization, as the status of the group ebbs and flows with the passage of time and perception. Estimates suggest

that a person with a disability is four times as likely to be one of those victims than a person without a disability (Nielsen, 2012; Polloway et al., 2021). People with disabilities are less likely to be able to recognize dangerous situations, protect themselves, advocate for themselves, and acquire assistance or care in the event of something negative happening (Polloway et al., 2021). The direct effects of disability, when in conjunction with the socially-enforced expectations and roles of those with disabilities, create an intersection wherein individuals are both erased by the justice system and experience higher victimization. When life outcomes for those with disabilities are poor, disability becomes a figure of what society fears – victimization, poverty, and dependence – and justifications begin to be made for bigoted beliefs and understandings.

Rising Ableism. The ADA (1990) functionally redefined what disability is in the eye of the law and introduced the concept of reasonable accommodations into the public sphere, growing public awareness of disability but having little influence on the perception of disability. To examine the presence of implicit bias against disability, Harder et al. (2019) analyzed the data of over 300,000 Americans – with and without disabilities – who completed the Disability Implicit Association Test on the Project Implicit website over a period of 13 years. The results of the analysis conducted by Harder et al. (2019) suggested that bias against those with disabilities is still common in the 21st century, but has taken a new form. In the prior iteration of the wave, most incidents of bias and stigma were outright and clear in their purpose, but today these views are internalized, likely for fear of being socially rejected for their views (Harder et al., 2019). The data revealed that bias typically increased with age of respondent, but respondents were less likely to outwardly express their negative feelings in favor of providing a positive, socially-accepted answer (Harder et al., 2019). Furthermore, those who had positive, meaningful interactions with people with disabilities exhibited less bias against disability, demonstrating the

importance of exposure and interaction with people from other backgrounds and life experiences (Harder et al. 2019).

Charlesworth and Banaji (2022), similar to Harder et al. (2019), analyzed trends in implicit and explicit bias, utilizing over seven million responses to bias inventories on the Project Implicit website over the course of 14 years. Charlesworth and Banaji (2022) found that, between 2007 and 2022, implicit disability bias only declined 3% – whereas sexuality-based bias dropped by 64% and racial bias declined by 26% – marking a long-lasting stability in a world that has otherwise encouraged positive change. Alternatively, outward bias against disability experienced a 37% decline in the same time frame, leading to the possibility that all bias toward disability may be implicit and automatic for a significant period of time (Charlesworth & Banaji, 2022). Attitudes and perceptions are complicated and often come with a number of unforeseen turns, but the stigma surrounding disability is markedly consistent and harmful, despite the differences in expression.

After the passage of the ADA (1990) and IDEA (2004), perceptions of those with disabilities did not change as much as politicians and educators hoped or hypothesized, and the lack of meaningful interaction perpetuates the stigma. According to past movement rates and regression analysis, Charlesworth and Banaji (2022) assert that it may take over 200 years to reach a level of zero bias toward disability, but if disability continues to be framed as a private, silent issue, the bias will survive much longer. Exposure and interaction are widely regarded as the most effective ways to decrease prejudice, but due to physical and psychological barriers, contact is limited between those with and without disabilities in the public sphere (Harder et al., 2019). The functional isolation between the two groups breeds misunderstanding and stigma

associated with disability, and an overall rise in bias against a long-disenfranchised group occurs once again.

Breaking Free from the Wave

IDEA and the ADA, the foundations of the special education system and accommodations, are largely the same today, despite the world being largely unrecognizable by any other measure. Advancements in the understanding of disability and education are currently applied to a system that could not have accounted for them. In order to take these developments into account, the legislation surrounding special education and disability rights must be revisited and reauthorized, ensuring that the rights of every individual are truly protected and enshrined in the law. Developing this legislation would require centering the voices of people with disabilities, addressing the intersectionality of disability, and acknowledging the shortcomings of current policy. Without clear and consistent policy regarding disability and special education, covert discrimination will continue, subjecting countless more students to a subpar educational experience. Legislation and policy will never be able to right all the wrongs, but it is the first step toward doing so.

Increasing awareness about disability and further normalization of personal differences is the only way to divert America's wave pattern regarding those with disabilities. Facilitating early and meaningful communication and interaction between students with and without disabilities will contribute to future acceptance of others and foster a sense of empathy toward those that one does not directly affiliate with. With the increased rights and liberties provided by the new legislation and the social model, people with disabilities could finally express to the larger society that they do not want a "larger slice of the cake for [their] own blind/deaf/mentally ill/physically impaired members, [but instead assert that] the cake must be made bigger to

provide equally for all disabled people, whatever their impairment” (UPIAS, 1976, p. 22), fighting for equity.

Honoring individual needs, accepting the significant range that disability presents, and truly listening to people’s lived experiences is the only way to aid the United States in breaking free of the wave. While many are still unaware of the struggles of those with disabilities, or are unwilling to learn, making the attempt at education and improvement is necessary for the future generations of people with disabilities.

Conclusion

The wave structure, divided into five stages, illustrates a society that believes in education and training, begins to abandon it when other perspectives prevail, and subsequently villainizes those who have a disability. Throughout the course of this analysis, I examined Wolfensberger’s (1969) original three stages of the wave and proposed two additional stages that complete the wave cycle, with particular attention to the models of disability and the special educational landscape of the United States. I argue that this pattern is beginning anew, the wavelength having made a full cycle and the foundation set for an increasing stigma of and bias toward disability.

Through the rise of ableism and the increased stress placed on the American education system, today’s conditions mirror those found within the first stage of the initial wave and predict a more significant negative perception shift in the years to come. The United States is currently moving toward a state wherein students with disabilities are provided with the minimum education possible, with their individual needs disregarded in favor of a more positive statistic, and adults with disabilities are vulnerable and increasingly disenfranchised. The systems meant to protect and advocate for people with disabilities barely adhere to the letter of the law, and

while this is due to a number of reasons, it is necessary to shift perspective in order to carry out the intention and motivation behind the laws to protect vulnerable populations.

Institutionalization is not the standard any longer, but the attitudes that set the stage for its development are still evident today. An increasing fear of, and bias toward, disability are the foundation for the repeating of the wave, and American society has already charted a course that is conducive to repetition. Further awareness of disability and special education history, in order to prevent this wave from repeating, must include it all – even the parts that are shameful, chilling, and challenging to come to terms with. Without discussing the history of those with disabilities in the United States, and taking a critical, comprehensive view of the current state of education, the wave will continue into a stage that is hallmarked by fear, ignorance, and division. Inclusion, despite how it is seen across media and education alike, is more than having a student with a disability in the same room, but is fostering a welcoming and accepting environment. Every individual, whether they have a disability or not, has a unique set of needs, strengths, and interests; humanity is not stifled by personal differences, but accentuated, and it must be treated as such.

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