

# Stigma, Special Education, and the Decision of Higher Education

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## ABSTRACT

*Stigmas are an unfortunate part of everyday life in middle school and high school. The negativity they impart on an individual can have long lasting effects; psychologically, emotionally and socially. This study focuses on the reasons for stigmatizing, theories of how to cope with being stigmatized and the effects of special education. In addition, we will look at data that focuses on the respondents collective experiences of being stigmatized. Specifically, we will look at the rates of stigmatized students who have delayed entrance to college as a direct result of being stigmatized. We will explore a real life situation of being severely stigmatized and the extreme consequences that can happen. Finally, we will look at two current successful college students and their experiences of being stigmatized.*

## Introduction

Middle school and high school are some of the most developmentally important years of an individual's life. Throughout these years, a child enters adolescence and their personality becomes shaped by their surroundings. "Developmental theory suggests that, during adolescence, individuals form an identity, engage in peer relations outside the family, and use the school environment as a site for developing a sense of self-esteem, independence, and self-efficacy" (as cited in Kranke, 2009). School is a place of tremendous social pressures that put many stresses on a person. Too often however, students look upon others as unequal. They call other students negative names, tease them relentlessly, and otherwise torment an individual with far reaching negative effects. High school specifically, is an environment occupied with social groups and cliques. Often, these groups or cliques occupy the top of the social hierarchy and see themselves as superior to those of a lesser category, hence inequality. Another reason for this inequality stems from the reproductive model which states in essence,

Parents from a higher social class can ensure that their children receive quality education in prestigious academic institutions. Reproductive theorists also point to the differential treatment of individuals in social institutions (especially the educational system) which reflects and supports the prevailing class system (Corsaro, p. 10, 1997).

Stigma, while a broad field of study, is still in its infancy in a broad range of studies. Erving Goffman's seminal 1963 book *Stigma: Notes on the Management of a Spoiled Identity* defines stigma as an "attribute that makes [a person] different from others in the category of persons available for him to be...he is thus reduced...from a whole and usual person to a tainted, discounted one." When this happens, several negative consequences can occur. The stigmatized person can have negative psychological, social and personal issues. Even though negative stereotyping is unfortunately a part of

middle school and high school, many do not realize the significant impact it can have on a person throughout their life.

So what constitutes an individual for selection of being stigmatized? Human beings--while 99.9% genetically identical--have thousands of differences from one to another. Link & Phelan (2001) state that:

The vast majorities of human differences are ignored and are therefore socially irrelevant. But other differences, such as one's skin color, IQ, sexual preferences, or gender are highly salient in the United States at this time. The point is that there is a social selection of human differences when it comes to identifying differences that will matter socially (p. 367).

High school is said to be some of the best years of one's life. After that, many are expected to begin college and their professional career path. However, a stigmatized individual may be so severely affected by their experience in high school that he or she forgoes college immediately after graduation. Because of the negativity experienced in high school, some may feel that the same will happen in college or their low self esteem seemingly forbids them from attempting college. This study will focus on such individuals. By surveying college students on their experiences of being stigmatized in high school, several interesting and somewhat shocking results have emerged that may help educators and school administrators reduce the effects to a stigmatized student.

In today's economy, it has become even more important to gain a college degree. In the constantly changing world, education and knowledge have become highly prized elements of one's resume. More and more employment opportunities are requiring higher education. The Bureau of Labor Statistics (2009) states, "In general, occupations in a category with some postsecondary education are expected to experience higher rates of growth than those in an on-the-job training category."

While there are many articles written on the subject of stigma, none were found that deal specifically with stigmatized students and their decision to delay entrance to college as a direct result of being stigmatized. Thus, this research is a pilot study.

### **Personal Discussion**

While it may be unorthodox to speak on a personal level in scholarly writing, the author believes it is important to discuss his own personal experiences and his reasons for conducting this research.

When I was in second grade, I was placed into special education classes. I was labeled and stigmatized by my guidance counselors and teachers as being "emotionally disturbed." From second grade until my sophomore year of high school, I was literally separated from the rest of my classmates and put into "special" classes aimed at dealing with my unique needs. At that time, not much was said about what was expected of me. My parents took what the guidance counselors said without question. In hindsight, if my parents would have known what happened during my schooling, they would have looked at other avenues to assist me and my apparent needs.

During this time, I was ostracized, singled out and tormented. Not just by fellow students, but also by teachers and school administration. Because I was in special education classes, I was unable to participate in activities that everyone else was. I felt I was a liability and a burden to those around me. This eventually led me to be unable to complete high school in the "regular" school system. I was forced to begin alternative high school and work toward my High School Equivalency Diploma (H.S.E.D.). I was immediately seen as taking the easy-way-out and that I could not handle "normal" high school. When I graduated and earned my H.S.E.D., I was so traumatized by my experiences of high school that I had no interest to begin college. I was afraid that college would mirror high school and that the stigmatizing, stereo-typing and personal trauma would simply continue. Thus, I did not begin college for nearly a decade after graduation. Because of my experiences, I wanted to determine if others also delayed college entrance as a result of being stigmatized in middle school or high school.

As we begin, we need to understand the two most direct components of being stigmatized; self perception and public perception. These two theories address reasons as to why students become

stigmatized. We will also look at the circumstances around an extreme consequence of being stigmatized, the suicide of 15-year-old Phoebe Prince in January, 2010.

### **Self Perception vs. Public Perception**

Psychologist Daryl Bem developed the Self-Perception Theory which states that an individual's attitudes are developed by observing their behavior, and understanding what attitudes caused that behavior. However, one fundamental flaw in the theory is that a person's attitude comes before their behavior. That is, their attitude is already cemented and that their behavior is a direct result of their attitude. The person typically does not address their internal cognition or moods before behaving. More deeply addressed in a person's self perception is their personal environment. One would assume that an individual from a lower socioeconomic status would likely have a more negative self perception compared to that of someone from a privileged background. Self perceptions (in many ways) are a direct result of their surroundings, both environmental and social. It can obviously be inferred that positive surroundings can induce a positive self perception, whereas the opposite can also be inferred. Cocker and Major (1989) consider this to be a self-fulfilling prophesy type of stigma. They state that "targets often come to behave in ways that are consistent with the expectations of others and may alter their self-concepts as a result of this behavior" (p. 610). In this case, "others" can be referred to as the people surrounding the individual in their either lower class or privileged backgrounds.

While one would assume that an individual's low self-esteem or poor self-perception is a direct result of being stigmatized, it may not necessarily be true. There is a scarcity of research showing a correlation between being stigmatized and that of low self-esteem. Cocker and Major (1989) offer several theories, mechanisms or "protective properties" if you will, of why there may not be a correlation and may also help to explain some of the results discussed later.

We begin with "attributing negative feedback to one's group membership." This mechanism "attributes negative feedback...to the prejudiced attitudes of others toward their group" (Cocker & Major, 1989). Meaning, a stigmatized individual may not know if their stigma is attributed to their personal characteristics or inadequacies, or if the evaluator was racist. Cocker and Major (1989) state that, "this ambiguity about the causes of negative events may protect the self-concept of [a] Black person because a racism explanation may often be a plausible explanation" (p. 612).

The next mechanism is that of "ingroup comparisons." "Stigmatized persons tend to compare themselves with similarly stigmatized others, whose outcomes are also relatively poor" (1989). Cocker & Major (1989) continue to explain that this happens for three reasons.

(A) as a consequence of segregated environments (a proximity effect), (b) to obtain accurate self-evaluations (a similarity effect), or (c) to avoid unpleasant or painful social comparisons (a self-protective effect). As a result of any one of these processes, ingroup comparisons allow the stigmatized to avoid the self-esteem threatening consequences of outgroup social comparisons (p. 614).

Other mechanisms (without going into detail) include "selectively devaluing the stigma" and "concealability of the stigma."

While self perception is the personal view of an individual's internal expressions, public perception (in essence) is what internal expressions you choose to project and allow others to see. Public perceptions can be deceiving. Because most of us want to make a good first impression, we typically only show what we want others to see. "During the period in which the individual is in the immediate presence of the others, few events may occur which directly provide the others with the conclusive information they will need..."(Goffman, 1959, p. 1). We tend to act in a different manner, speak more appropriately, change our body language, and show a generally positive attitude. This however can simply be a façade. Public perceptions, then, are simply a biased extension of the self perception. Public perceptions can often be mirror opposites of the self. Both self and public perceptions are determined by

the environment of the individual. There are however cases when even the most positive environments cannot contribute to an individual's self perceptions.

In the fall of 2009, 15-year-old Phoebe Prince and her family emigrated from Ireland and moved to Massachusetts. She then began her freshman year at South Hadley high school and quickly found herself a target of the other students. Phoebe was by all accounts, a typical happy teenager, but because she was from another country, she was seen as "different" by her classmates, and almost immediately Phoebe was tormented, bullied and tortured by her classmates. This included threatening text messages, emotional and psychological abuse, physical harassment and public humiliation. The cause of the torment was due to Phoebe's brief relationship with a popular senior football player and another male student. Phoebe was stigmatized and labeled as an "Irish whore" and "Irish slut." Arguably, this was due to the apparent socially unacceptable relationships Phoebe was engaged in.

This abuse culminated on January 14, 2010 when Phoebe committed suicide by hanging herself. She was found by her twelve-year-old sister that afternoon. Even after her death, the torment continued. Several crude comments were left on the memorial page for Phoebe on the popular social networking website Facebook.

Phoebe's mother and parents of several other students had previously contacted the school and reported the harassment their children were facing on a daily basis. By all accounts, their reports went unnoticed. After Phoebe's death, the students accused of tormenting her were allowed to stay in school and cries of dissatisfaction poured out from the public. The school administration was accused of ignoring the obvious problem at their school. It was not until two and a half months later that nine teenagers were indicted as adults on felony charges ranging from statutory rape, criminal harassment, and even assault with a deadly weapon. A separate battery charge was placed against one of the female assailants after she attacked another student who appeared on TV speaking about the abuse that went on at South Hadley high school.

Although the investigation eventually found no fault in the school administration, it was seen as a shame that more was not done by the school to prevent such occurrences. School environments are supposed to be seen as places of safety. Yet until this incident, there were very few anti-bullying laws in place. Since Phoebe's death, state lawmakers rushed to enact anti-bullying laws and on May 3, 2010 it was signed into legislation in Massachusetts. New York State quickly followed suit with similar legislation. "Phoebes Law" has also been proposed as a national anti-bullying law. As for her high school, in July 2010, South Hadley High School adopted a much more comprehensive policy against bullying.

With stigma being such an important topic, we now turn to look at previous scholarship on the subject of stigma; specifically, the mechanisms of being stigmatized, and theories to cope and overcome stigmas.

### **Literature Review**

The subject of stigma has slowly become a hot topic issue in the social psychology arena. Between 1965 and 1989, there were only 603 articles on the PsychInfo database and from 1990-2004 that number exploded to 2,321 articles (Major & O'Brien, 2005).

Stigma has many negative denotations. Being stigmatized is a reflection of several aspects of a person's life. Most importantly are the individuals self-perceptions and as a direct result, their public perception. That is, the way a person sees and thinks of themselves is in direct relationship to how the public will perceive that person. The idea of a first impression is important in terms of public perception. This section will explore perceptions and also the psychological, social and personal consequences of being stigmatized.

Erving Goffman (1959) suggests that "when an individual enters the presence of others, they commonly seek to acquire information about him or to bring into play information about him already possessed" (p. 1). This is a common occurrence when meeting someone for the first time. We often make distinctions about that person based upon what we see and the interactions that occur immediately. Goffman states that we tend to conceal our true attitudes and beliefs. This happens because we naturally

want to give a positive first impression. “The expressiveness of the individual (and therefore his capacity to give impressions) appears to involve two radically different kinds of sign activity: the expression that he *gives*, and the expression that he *gives off*” (p. 2).

Stigmas affect a person in many ways including psychologically, socially and personally. In 2005, Major and O’Brien’s article addressed the issues faced by those who were stigmatized. They discuss the mechanisms of stigmatization such as negative treatment and discrimination, expectancy confirmation processes, automatic stereotype activation-behavior and stigma as identity threats. Their work enlightens the subject by bringing to light the negativity a stigmatized individual faces. Individuals are often faced with discrimination through many facets of their life. Major and O’Brien (2005) state that “humans have developed cognitive adaptations that cause them to exclude (stigmatize) people who possess (or are believed to possess) certain attributes” (p. 395). In addition, they propose that “many classic perspectives on the effects of stigmatization assumed that the stigmatized internalize the negative view of them held by society at large” (p. 406). This is a direct example of the personal consequences associated with stigma. The stigmatized individual may feel as though they are only as good as the public sees them. When this takes a negative tone, the stigmatized individual inherits the negative connotations and applies it to their personal life. This internalization parallels those that are not stigmatized. The self-esteem level of a stigmatized individual mirrors that of the un-stigmatized.

William A. Corsaro (1997) states in the constructivist model that children have come to be seen as “active rather than passive, involved in appropriating information from [their] environment to use in organizing and constructing [their] own interpretations of the world” (p. 11). Corsaro continues, “from the first day of infancy [children] interpret, organize and use information from the environment, and they come to construct conceptions of their physical and social worlds” (p. 12). This goes to show that the environment surrounding a child is important in shaping their views of the world. They actively pursue to obtain as much information as possible to construct their conceptions. Corsaro mentions Vygotsky’s notion of internalization, “every function in the child’s development appears twice: first on the social level, and later on the individual level; first, *between* people (*interpsychological*) and then *inside* the child (*intrapsychological*)” (as cited in Corsaro, 1997).

This research would not be complete without understanding how stigmatized individuals can overcome and cope with being stigmatized. The body of sociological study of stigma has uncovered many ways to cope with being stigmatized. Several techniques have emerged including: Neutralization, excusing, denial, concealment, rationalization and manipulation (to name a few) (Gramling & Forsyth, 1987, p. 401). With these techniques, the stigmatized individual may be able to completely ignore and excuse the stigma, or at the very least, be able to minimize the effects imposed upon him or her. Others are simply able to ignore the stigma all together and contain the mental and personal capacity to not allow the stigmas to affect them. Gramling and Forsyth (1987) explain that:

Virtually all stigmas...have some exploitable aspect(s) that can be manipulated to alter relationships. Once an individual is unavoidably and unalterably in possession of a mark or stigma, the extent to which that mark is displayed and exploited, over and above the “normal” limitations accompanying a specific stigma, becomes largely a personal decision (p. 413).

In 1993, David A. Kinney conducted extensive interviews and observations and was able to see how students who were “unpopular” in middle school were able to overcome their stigmas. These students were able to “recover by becoming self-confident and reconstructing themselves as ‘normal’ within a changing school social system” (p. 21). Kinney mentions that “the form identity takes during adolescence is presumed to have a significant impact on their later life” and “that teenagers are about to crystallize an identity, and for this [they need] others of [their] generation to act as models, mirrors, helpers, testers, foils” (p. 22). In order for students to “regain” their status in the social hierarchy of high school, they need a “relevant social structure and cultural landscape that provides fertile ground for the growth of individual’s identity” (p. 22). Kinney continues to explain that the transition to high school affords students many more opportunities for social interaction. Activities such as a wider range of

athletics, student activities and organizations and other extra-curricular activities enable the “unpopular” to interact with the social system and broaden their interests. This however can be a double-edged sword. By experiencing more diverse activities, the individual allows themselves more interpersonal interaction, however this also opens them up to more ridicule by being much more exposed. “Students entering high school confronted a more diverse social structure that consisted of a greater number of peer cultures and peer groups” (Kinney, 1993).

We turn now to incorporate these theories into real life data. We now look at collected data and examples of current college students to get a better understanding of the effects of stigmas.

### **Methodology**

This research and resulting data was conducted and collected at the University of Wisconsin-Superior between April 1, 2010 and July 29, 2010. Data collection was done by surveying students in classrooms throughout a range of disciplines, thus, the ability to get a random sample was at the highest possibility. All classes surveyed were general education classes. This was done to ensure a wide range of majors and minors. Three remedial classes were also surveyed to find a possible distinction between students placed in remedial classes and those who were not. At no point through the data collection was anyone purposely excluded based upon age, sex, ethnicity, socioeconomic status, religious affiliation, physical or mental disabilities, or academic abilities. Twenty classes were surveyed resulting in 470 completed surveys. Forty four were from remedial classes and 426 from general education classes. In addition to surveying, two students participated in a voluntary and confidential interview (for interview questions and informed consent form, see appendices A and B). By getting in-depth opinions and experiences of stigmatized individuals, ideas and concepts are able to be better understood.

All materials (survey, informed consent form and interview questions) used during the survey and interview process have been approved by the Institutional Review Board (protocol number 557) at the University of Wisconsin-Superior on March 30, 2010.

For this survey and personal interviews, the term stigma has been defined as: Any label(s), stereotype(s) or name(s) given to you in middle school or high school which created a negative self-image and/or negative psychological effects.

During the survey process, students were given a brief summary and explanation of the research being conducted and were then asked to complete a voluntary, confidential and anonymous survey (Appendix C). The survey consisted of demographics and questions regarding their experience of stigmas in middle school and high school and how or if the stigmas affected them.

This research will focus on three particular populations; all students at the University of Wisconsin-Superior (UW-S) as a representative capacity, those that have been stigmatized and are present at UW-S and finally, students in remedial classes at UW-S. These three populations will be used to generate hypotheses for future studies of broader populations.

### **Survey Statistics and Results**

A total of 470 individuals completed the survey. They range in age from 18-60 years of age with an average age of 22. 45.2% are female, 52.88 % male and 1.92% declined to answer. When asked about their ethnicity, the largest percentages are: 82.55% Caucasian, 4.68% Native American, and 3.19% Asian.

All information collected from the surveys was coded and entered into Minitab 15 statistical software. After all data were coded and input, several initial results were calculated through Minitab (Appendix D).

During the survey, participants were asked specifically if they have been negatively stigmatized. Of the 470 respondents, 348 (74.04%) responded yes to being stigmatized and 28 (8%) of those 348 said yes to delaying entrance to college as a direct result of being stigmatized. The lower percentage of students delaying college can be explained by the self-protective mechanisms discussed previously. It can be inferred that the majority of students were able to cope, or handle being stigmatized in some fashion. Of the 470 respondents, 36 (7.65%) had a delay between high school and college of at least five

years with an average of over twelve years. Also, of those 36, eleven (30.5%) also delayed college as a direct result of being stigmatized, average delay of 12.36 years. However, of those 28 that delayed college, eleven (39.2%) of them had a delay of at least five years or more, again, with an average delay of over twelve years. The importance of identifying the length of delays is because the longer one is out of school, the harder it tends to be to restart.

To expand on the basic results, in-depth results were calculated in an attempt to show distinction between the remedial classes and general education classes. Also, results were determined based on sex, ethnicity, and other opinions based upon how the respondents answered the multiple choice questions.

Female students had a higher rate of being stigmatized at 55.2%, while male students were at 44.8%. Students in remedial classes had a higher rate of delaying college due to being stigmatized. Of the initial 28 who delayed, six (21.4%) were in remedial classes. Those six had a delay of over ten years. The fact of being stigmatized and the average length of the delay can be a possible explanation of the need for remedial classes. This is strong evidence to support that if more students had been surveyed in remedial classes, the average of students delaying college as a direct result of being stigmatized would have stayed much higher than those not in remedial classes.

Students were asked their opinion as to who gave them their stigma; this was a multiple choice question as several people may have been the ones who gave the stigma. Of the 348 who were stigmatized, parents or family members were listed 74 times, students 336 times, school administration 64 times, and other 22 times. However, the most shocking result from this question is the fact that teachers were listed 115 times as the ones who gave the stigma. This seems somewhat outrageous considering that we typically look to our teachers for support and guidance. When the students were asked their opinion as to the reason for being stigmatized, appearance and personality were listed the most with 202 and 193 respectively. This result makes perfect sense considering that an individual's appearance and personality are two of the first attributes that others notice. Athletic abilities and academic performance were listed 128 and 122 times respectively. In keeping with the multiple choice questions, when asked how they felt the stigma affected them, socially was listed the most at 250 times followed by psychologically or emotionally with 178 and academically with 96. Finally, through the collected data and the 470 surveys we found that over 66% of all students felt that schools do not do enough to stop the stigmatizing of students.

Based upon these results, we can easily see where the trouble lies. The fact remains that (beside students), teachers and school administration have been listed far too many times for comfort. Also, because the surveyed students felt they were harmed socially and psychologically or emotionally above all else shows that something needs to be done to alleviate this problem. These results can be seen as a possibility for the growth rate of special education students (discussed later). Students that feel a direct social and/or psychological effect can easily develop emotional problems throughout their adolescence.

Beyond these results, we will now look at two more real life examples of stigmatized students. In addition to surveying, two students participated in voluntary interviews. Subject one is a non-traditional male student and subject two is a traditional female student. Their responses to the interview questions reveal real life examples of many theories previously discussed.

### **Discussion of Interview Subjects**

Both of the interview subjects felt they were stigmatized at an early age. Subject one felt that he was seen as being too girly while subject two was overweight as a child and was called "fat." These two subjects, while vastly different in age were both stigmatized based on physical appearances. When asked about their feelings towards those that stigmatized them, they both mentioned deeply emotional responses. Subject one felt fear. Subject two--while not fully understanding at the beginning--felt hatred towards those that stigmatized her. However, as she grew older, she began to internalize her stigma and began to feel hate towards herself. "I hated them for saying mean things to me, but I hated myself more for being the way I was" (personal communication, July 26, 2010). Because of the importance of special education to this research, both subjects were asked if they were placed into any special education classes; i.e. Emotionally Disturbed (ED), Learning Disability (LD), or enrolled in an Independent

Education Program. While neither subject has, subject two was placed into counseling at the age of 15 due to her father's views of her.

Both subjects were asked if they felt their identity in high school has played a significant role in their life up to the present time. Subject one (who is homosexual) felt that heterosexual people were always seen as being "better" in his mind. That feeling, mixed with fear, caused him to change his behaviors to better fit in. Whereas subject two stated:

Very much so. I actually had the most troubles in 6<sup>th</sup> grade and that was what led up to my self-consciousness in high school. I was told I was not good enough and that was something I continued to feel. I wasn't pretty enough or skinny enough to get a boyfriend. Going to school with the same 30 people (give or take) from kindergarten to graduation was tough, especially when one year you're best friends, then the next you're kicked out of the group. Where do you go when you're socially out-casted from your group of friends? (personal communication, July 26, 2010).

Both subjects also felt socially out-casted while in high school. Subject one was able to cope with this by becoming an "overachiever."

He mentions that,

Society's roles in the 70's and 80's were not cool about gay people and for me growing up, anytime anyone would make a general statement, my self-worth would go down...for me to counteract that, I would get the perfect grades. I would dress in plaid, and get my 4.0's, to prove that I was worth something (personal communication, June 25, 2010).

Conversely, subject two felt that she was never able to cope with being stigmatized. She felt that rather than make new friends, she would rather sit by herself. She did not want to become friends with the "uncool" kids, because they are the ones she used to tease. When she became one of those "uncool" kids, she chose to be by herself, yet she kept hoping to again be accepted by her former friends.

Both subjects felt a drop in the social hierarchy in school due to being stigmatized. In order to counteract this, subject one began to associate with the "stoners, dweebs, punks (like cool rockers in the 80's) to feel accepted." Subject two felt the drop in middle school rather than high school. She began to feel that everyone was better than herself. She felt that she was not worth anything and that it became a battle with herself and not other people. However, when asked if they attempted to counteract the stigma, subject two stated that,

I got really mean to people who attempted to tease me and I also took it out on myself. I went through a lot of seriously bad feelings towards myself to where I would just sit and think about how much I hated myself. I went to drugs and alcohol at an early age, but I've always worked hard at everything else I did to make up for it. I worked hard in school and took a job at an early age and worked hard there. It's like I just needed things to keep me busy. To date I still work hard and now strive every day to work hard in everything I do, which is the most important and something I could never get myself to do. Do I still get down about myself? Absolutely, but I will not give up on myself, and I will never be how I used to (personal communication, July 26, 2010).

Subject two seemed to conceal and slightly ignore her stigma. She was able to indulge herself with hard work and the ability to look towards a positive future. Whereas, subject one said that in order to counteract his stigma, he would neutralize his stigma by conforming. He would get the good grades as expected. Also, he would wear more masculine clothing and did not express his true self.



While these two subjects are on seemingly opposite spectrums, they both felt negativity through being stigmatized. Psychological and social problems ensued throughout their lives, yet they were both able to overcome their stigmas and are now both highly successful in the higher education setting.

We now turn to a discussion of students that may not be able to counteract their stigmas. Special education students are routinely subjects of stigmatization, yet the number of students being placed in special education saw an alarming growth rate for over a decade.

### **Discussion of Special Education**

In 1975, Congress promised to pay 40% of the cost to help pay for the needs of special education services. However, the typical yearly funding dropped to 8-16 percent, leaving state and local governments to fund the remaining. Because of the failure to fund 40% as promised, Congress has undermined the efforts of special education programs across the country. In 1990, the federal government enacted the Individuals with Disabilities Education Act (IDEA). In essence, this piece of legislation was to ensure equal educational rights to students with special education needs. In the years between 1993 and 2004, the rate of children requiring special educational needs saw a cumulative growth of 27%, and peaked in 2004 at 32% (Appendix E). Specifically, the rate of autism saw a staggering 971% increase from 1993 through 2004. Educators and policymakers are conflicted when attempting to address the reasons for the increases.

Jay P. Greene (2002) has theorized a reason for the overwhelming increase in special education students.

The rate of growth is accelerating and shows no sign of slowing down, and policy makers are anxious to determine why. Critics of the U.S. special education system argue that it creates perverse financial incentives to label children as disabled. School districts have traditionally received state funding based on the size of their special education programs, so in effect they receive a bounty for each child they place in special education. Critics claim that this rewards schools for placing students in special education unnecessarily. Some defenders of the system argue that special education enrollment is growing because the real incidence of disabilities in children is growing, but this explanation does not withstand scrutiny very well. A number of researchers are now pointing towards still another culprit: perverse incentives arising not from funding systems but from high-stakes testing. When schools are held accountable for students' performance on standardized tests, they have an incentive to remove the lowest-scoring students from the testing pool by placing them in special education, where they will be exempt from testing requirements.

Two other theories have emerged. Some say that the increase simply stems from the number of students being undercounted. However, others say that the vague definition of "learning disabled" is to blame for the explosive increases. The federal government defines the term "children with specific learning disabilities" as,

Those children who have a disorder in one or more basic psychological processes involved in understanding or in using language spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (Fairfax County School Board Auditor, p. 4, 2001).

The problem encountered by the federal definition is the exclusions such as emotional disturbance, environmental, cultural or economically disadvantaged students. In the same period of 1993-

2004, the rate of emotionally disturbed students saw a 21% increase. Mental retardation also saw a 7% cumulative increase and peaked at 15% in 1999-2000. The same trend goes with all the disabilities the federal government excludes. So the question remains, why are students with a specific disability excluded under this definition?

The idea of special education as an institutional program places almost immediate possibilities to the students to be stigmatized. In the social hierarchy of school, students in special education are placed at the bottom on the proverbial ladder. Thus, they are immediate targets of those above them.

### **Recommendation for Future Studies**

It was determined that it would be of value to ask the intended major of the participants. Because being stigmatized places possible far reaching effects on the individual, it would be of interest to see if the person takes their experiences into their educational life. For example, does someone who was highly stigmatized engage into an educational career in psychology, sociology, social work, or perhaps any of the social sciences in higher numbers? One would think that a person who has had the experiences of being highly stigmatized would want to go into a profession to help others with the same problems, and to also help eradicate the problem all together.

It would also be beneficial to ask in the survey if the participants have ever been placed into any type of special education programs. This will give a definitive view of the correlation to being stigmatized and being in special education classes.

Because of the previously mentioned federal government's definition of children with specific learning disabilities, it would be of interest to examine why certain individuals are excluded in the definition. Also, due to the aforementioned growth rates of special education students, and the theories of higher funding for higher rates of students in special education, it would be valuable to find the rate of funding from the federal government. Does the rate of federal funding coincide with the rate of students placed into special education?

### **Conclusion**

As we have seen throughout this study, stigmas are an everyday part of life in high school. There are many reasons to become stigmatized, yet just as many ways to cope and handle being stigmatized. This collected data has shown us the rate of being stigmatized, and the frequency of who attributes the stigma. We have seen the rate of how stigmas affect an individual. We have also looked at the extreme circumstances that can occur when an individual is pushed too far and we have gotten firsthand accounts of two current successful college students. Problems have been raised with the educational institution of special education. But the question remains; how can we stop students from becoming severely stigmatized? How can we assure students an equal ability for a positive education in a safe environment? The data has shown us that much of the problem rests in the very teachers and school administration that students look to for positivity and guidance. Legislation can be passed, laws put into place. But to stop the problem, we need to start at the very foundation; the schools, teachers and administration that are supposed to be guiding children.

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## Appendix A

Shane Verber  
McNair Scholars Program 2010  
Faculty Mentor: Dr. Marshall Johnson  
Dept. of Social Inquiry

### Voluntary Interview Questionnaire

(ALL information collected is anonymous and will be kept strictly confidential)

- 1) Can you tell me specifically when you obtained the Stigma?
- 2) Please describe the circumstances surrounding the event, (why were you stigmatized)?
- 3) What were your feelings towards those that stigmatized you?
- 4) At any time, were you placed into any special education classes? i.e. E.D. (Emotionally Disturbed), L.D. (Learning Disability), or enrolled in an Independent Education Program.
- 5) Do you believe that your identity in high school has played a significant role on your life up to the current time?
- 6) Were you socially out casted? How did you cope with this?
- 7) Did you feel a drop in placement in the social hierarchy due to being stigmatized?
- 8) Did you attempt to counteract the stigma, or did you change yourself to avoid being stigmatized?

## **Appendix B**

Shane Verber  
McNair Scholars Program 2010  
Faculty Mentor: Dr. Marshall Johnson  
Dept. of Social Inquiry

### **Interview Consent Form**

#### **1. Purpose:**

The purpose of this study is to determine if Stigmas given in middle or high school are a determining factor in delayed entrance to college after graduation from high school. Also, to determine if socioeconomic status, race or religious affiliation are factors in the frequency of such Stigmas.

#### **2. Procedure:**

You will be asked a series of questions to get an in-depth analysis of your experiences. This conversation will be voice recorded to assure that no details are misrepresented. However, you have the option to decline being recorded. The recording will be kept strictly confidential. The interviewer (Shane Verber) and Dr. Marshall Johnson of the Dept. of Social Inquiry will be the only ones with access to the recording. When the study is complete, the recording will be either returned to you or destroyed at your preference. During the study and resulting paper, there will be no identifiers that can link you to any part of the research.

There is a possibility that some quotes may be used as part of a poster session or used in presentations at conferences. Again, there will be no identifiers that can directly link you to the research.

Do you agree to be recorded? Yes\_\_\_\_\_ No\_\_\_\_\_

#### **3. Time required:** 30-60 minutes

#### **4. Risks:**

During the interview or during your completion of the survey questionnaire, there is a possibility that some traumatic events and emotions may be brought to light. In the event of this happening, you will be referred to the Student Counseling Center in Hawkes Hall 216. 715-394-8236

#### **5. Your rights as a subject:**

(i) The information gathered will be recorded in a confidential form. Data or summarized results will not be released in any way that could identify you. The recording will be on tape, and will not be uploaded anywhere.

(ii) If you want to withdraw from the study at any time or if you wish to refrain from answering any specific questions, you may do so without penalty. If you choose to end the interview, the information collected up to that point will be destroyed if you so desire.

(iii) At the end of the session, you have the right to a complete explanation ("debriefing") of what this interview was all about. If you have questions afterward, please ask your interviewer or contact:

Dr. Marshall Johnson

Dept of Social Inquiry, UW-SUPERIOR, (715) 394- 8039

Also, once the study is completed, you may request a summary of the results.

6. If you have any concerns about your treatment as a subject in this study, please call or write:

Jim Miller, IRB Coordinator

Telephone: (715) 394-8396

Email: *JMILLER@uwsuper.edu*

This research project has been approved by the UW-Superior Institutional Review Board for the Protection of Human Subjects, protocol # \_\_\_\_\_

**I have read the above information and willingly consent to participate in this interview.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C

Shane Verber  
McNair Scholars Program 2010  
Faculty Mentor: Dr. Marshall Johnson  
Dept. of Social Inquiry

### Voluntary Research Survey

(By filling out this survey, you consent to the information collected to be used in this research.  
ALL information and data collected is anonymous will be kept strictly confidential)

- 1) Are you 18 years of age or older? Yes No (If no, please **do not** continue)
- 2) Age: \_\_\_\_\_ 3) What is your sex (please circle): Male Female
- 4) What year did you graduate high school? \_\_\_\_\_
- 5) What year did you begin college? \_\_\_\_\_
- 6) Ethnicity (How do you identify yourself?): \_\_\_\_\_

*For this survey, **Stigma** is defined as: any label(s), stereotype(s) or name(s) given to you in middle school or high school which created a negative self-image and/or negative psychological effects.*

- 7) At any time during middle school or high school, were you ever labeled or stereotyped?

Yes No If yes, please describe:

\_\_\_\_\_

- 8) Who gave you this label or stereotype?

\_\_\_ Parent(s)/Family Member(s)

\_\_\_ Student(s)

\_\_\_ Teacher(s)

\_\_\_ School Administration

Other: \_\_\_\_\_

- 9) What is your opinion as to why you were labeled or stereotyped? (check all that apply)

\_\_\_ Socioeconomic Status

\_\_\_ Race

\_\_\_ Religious Affiliation

\_\_\_ Appearance

\_\_\_ Physical disabilities/Handicaps

\_\_\_ Athletic Abilities

\_\_\_ Academic Performance

\_\_\_ Personality

Other: \_\_\_\_\_

10) How did this label or stereotype affect you? (check all that apply)

Socially (Friendships/Relationships)

Psychologically/Emotionally

Academically

Other (please explain): \_\_\_\_\_

11) Did the given label or stereotype cause you to delay entrance to college upon graduation from high school?

Yes No Explain: \_\_\_\_\_

12) How much did this label or stereotype affect you?

1-Not at all

2-A little

3-A Lot

4- Severely

13) Do you think schools do enough to stop the labeling and stereotyping of students?

Yes No Explain: \_\_\_\_\_

14) Would you be willing to participate in a voluntary, confidential interview for use as a case study?

Yes No

If Yes, please contact Shane Verber at [sverber@uwsuper.edu](mailto:sverber@uwsuper.edu)

By participating in an interview, you understand that all information collected in the interview will be kept strictly confidential, and any information collected through interview process will be anonymous when used as a case study.

## Appendix D



- Of the 470 total respondents, 348 or 74.04% said they were stigmatized.
- Of the 348 who were stigmatized, 28 or 8% said yes to delaying college as a direct result of being stigmatized.
- Of the 470 total respondents, 36 or 7.65% had a gap between high school and college of at least five years; average gap of 12.3 years.
- Of the 28 in the delay college category, eleven or 39.2% had a delay of at least five years; average delay of 12.36 years.
- Of the 36 in the five year delay category, eleven or 30.5% also delayed college due to being stigmatized; average delay of 12.36 years.
- Of the 28 in the delayed college category, six or 21.4% were in remedial classes. The rest were in general education classes.
- Of the 348 stigmatized, 115 or 33.05% listed Teachers as giving the stigma.
- Of the 348 stigmatized, 64 or 18.39% listed School Administration as giving the stigma.
  
- Of the 348 stigmatized students, the rate of their opinion of who stigmatized them:
  - Parents/family=74
  - Students=336
  - Teachers=115
  - School Administration=64
  - Other=22
  
- The rate as to the reason(s) for being stigmatized:
  - Socioeconomic Status=50
  - Race/Ethnicity=40
  - Religious Affiliation=30
  - Appearance=202
  - Physical Disability/Handicap=16
  - Athletic Ability=128
  - Academic Performance=122
  - Personality=193
  - Other=46
  
- The rate at which they feel the stigma affected them:
  - Socially=250
  - Psychologically/Emotionally=178
  - Academically=96
  - Other=30

## Appendix E

### Rate of Growth of Special Education Students

