

Words simultaneously reflect and reinforce our attitudes and perceptions; words shape our world. Many “disability labels” evoke feelings and imagery that perpetuate archaic and negative stereotypical perceptions. In turn, these perceptions create a powerful attitudinal

barrier, which is the greatest obstacle to the success and inclusion of individuals who have been labeled.

Using People First Language (PFL) is a step in the right direction. For example, using PFL, we put the person before the disability and use more respectful terminology as in, “He has a cognitive disability,” instead of, “He’s retarded.” (Visit www.disabilityisnatural.com to download the PFL article.) Many of us are consigning stigma-laden personal descriptors to the junk heap, such as “high/low functioning,” “developmental age,” “wheelchair bound,” and others. But one term—“special needs”—continues to be embraced by many. Because this term is so commonly used, we seldom consider what message it sends or what image it evokes.

“Special needs” is a loaded descriptor that has done nothing to improve perceptions and everything to reinforce negative images. As a parent, I once used this term to describe my son when he was very young. Why not? That’s what I heard coming out of the mouths of many: other parents, as well as therapists, educators, and others. But I stopped saying this years ago when I realized it’s a descriptor that generates pity. Tell a new acquaintance, “My child has ‘special needs.’” The response is predictable: a sad, “Ohhh...” accompanied by a sympathetic pat on the arm. Worse, some even add, “I’m so sorry...” And this conversation often takes place in front of the child! What must it feel like to be the object of pity, especially when it’s generated by the words of your own parent or someone else who professes to care about you?

Adults with developmental disabilities are our greatest teachers. I’ve never met one who likes “special needs.” They vehemently describe disliking the “special” label as children, and they absolutely detest it as adults.

When I share this information during presentations, many parents defend their use of the term and add, “But don’t all children have ‘special needs?’” or “Aren’t all children ‘special?’” I might agree if the term had positive connotations and if we really meant “special.” But it doesn’t and we don’t.

Once we use the “special needs” label, we stop thinking about an individual child and our ingrained assumptions take over. “Oh, yes, we know about those ‘special needs’

The Case Against “Special Needs”

Revolutionary Common Sense
by Kathie Snow

kids...” And at that point, we effectively rob a child of opportunities and put limits on her potential.

First, we’ve stripped her of the opportunity to define herself; what child can defend herself against the words and actions of her parents, teachers,

and others? Second, we continue our robber baron ways by stealing opportunities for the child to lead a typical life. When applied to children and adults with disabilities, the “special” descriptor frequently—and almost automatically—leads to segregation! If we say a child has “special needs,” then by extension, she must need “special (segregated) ed,” “special” activities, and “special” environments. If she has “special needs” then she must not be “regular,” and is therefore not entitled to participate in “regular” (typical) activities or live a Real Life. Too often, “special” has become a metaphor for “segregated.”

A parent may believe that her child can and should be included in school and the community. But if she uses “special needs” when describing her child to others, they may believe that inclusion isn’t an option—only a “special” environment will do. Labeling a child with the “special needs” descriptor puts her in a box—a box of our making, a box she never asked to be put into, and a box that limits hopes, dreams, high expectations, opportunities, and more. Many educators admit that they routinely have low expectations for children who are labeled with “special needs.”

If our society believed children with “special needs” were really special, wouldn’t every parent dream of having a “child with special needs?” But the opposite is true: our society so devalues children with disabilities that identifying and aborting them *before they’re even born* is recommended by many health care professionals, and practiced by many parents. And within the adoption world, “special needs children” are often at the bottom of the list of “desirable children.” So, again, just how special are children with “special needs?” Isn’t the term actually a harmful euphemism which means just the opposite?

What do we *really* mean by “special needs” anyway? Like other disability descriptors, it may initially apply to one aspect of a person’s life (a medical condition), but it quickly defines every aspect of a person like a terrible, dark shroud. Some people use the longer descriptor: “children with special health care needs.” What makes one type of health care needs different or more “special” from another? Where, exactly, is the dividing line between “regular” health care needs and “special” health care needs? Who made this

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rule? Is this written somewhere? Do children with disabilities go to "special needs doctors" or "special needs hospitals?" I don't think so! During visits to my son's pediatric orthopedic physician, we saw children who had permanent physical disabilities and others with broken legs or arms. Does the child with a developmental disability have "special needs," but the child with a broken leg has "regular needs?"

If we use the "special health care needs" descriptor with legislators or policymakers, don't we need to explain what we really mean, or is the "special needs" imagery ("those poor, pitiful children") so deeply implanted in people's minds that it's assumed we know who and what we're talking about? A child might need a specific type of health care services, a wheelchair, or other types of support, accommodations, or assistive technology. And these may be different from the needs of a majority of children. But what makes these needs "special?" They're not "special" to the child. They are, in fact, perfectly ordinary needs for him. Calling my son's needs "special" because he needs a power wheelchair for effective mobility and I don't (at the present time) is an arrogant judgment call on my part.

What about the "special ed students" descriptor? In one school district's report on its "inclusive practices," the terms "special education students" or "special needs students" littered every page. The very use of these terms contradicted the thesis of the report: that students with disabilities were "included." Exclusion and marginalization always begin with the language we use and the mental images evoked by our words. In schools that are truly inclusive, students who receive special education services are "students," first.

Who really benefits from the "special needs" label? Certainly not the children or adults who have been labeled! They've been set apart and, thus, marginalized. Supporters of this descriptor can argue that saying "children with special needs" was necessary when advocating for certain laws, programs, or services. However, the same outcomes could have been achieved without the use of this pejorative term. In too many instances, we have chosen to use "special needs" in order to gain our objectives (because it evokes powerful emotions), but at what price to those who have been labeled?

"Special needs" is everywhere! The term is used by many organizations, it's on hundreds of websites, and it's one of the best terms for pulling at heartstrings! Want to raise money for your organization? Promote it as a fundraiser

for "special needs kids," consider the imagery ("those poor, pitiful children"), and watch the dollars roll in. But again, at what price to the children who have been saddled with this sympathy-laden term?

Have we ever wondered how this descriptor might impact other children in the family? A brother might think, "If Mom says Katie is 'special,' what does that make me? Does Mom love her more?" The label can breed resentment and anger. But as the brother grows, he'll probably realize he doesn't want to be "special," especially if his "special" sister is marginalized, excluded, and pitied.

Far from being a compliment or an accurate term, "special needs" is a pejorative descriptor that creates a powerful attitudinal barrier to the inclusion of people who have been labeled. When using People First Language, we put the person first and also replace antiquated descriptors with words that are more respectful and accurate. But there is no singular replacement term for "special needs."

We can, however, use a variety of different descriptors, depending on the situation. In schools—and when it's appropriate—we can say "students who receive special ed services" (that's what it's *supposed to be*: services brought to the student, instead of making the student go to where the services are located). And we can use the generic, "children with disabilities" or the specific, "A child with (the name of the medical diagnosis)," when appropriate. But the use of any label should be restricted to specific times and places (at an IEP meeting, the doctor's office, etc.). Labels are, after all, simply medical diagnoses, and just as most of us don't share personal information such as medical diagnoses with every Tom, Dick, and Harry, we shouldn't be sharing the personal information of children and adults who have been labeled unless it's absolutely necessary, under certain circumstances, and with the permission of the person!

If we're serious about exploding disability myths and creating an inclusive society, do we dare set one group apart with the "special" descriptor? Shall we continue to perpetuate pity and marginalize people by using this label? Isn't it time to stop calling people names which they never chose to use about themselves? When we change our language, we change perceptions and attitudes. And when the Great Wall of attitudinal barriers falls, other barriers will also come tumbling down. Are the words you're using promoting a positive or negative image? Are they propping up the Great Wall of harmful perceptions or helping to tear it down?

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