The Case Against "Special Needs"

Revolutionary Common Sense by Kathie Snow, www.disabilityisnatural.com

Words simultaneously reflect and reinforce our attitudes and perceptions; words shape our world. Many disability descriptors evoke feelings and imagery that perpetuate archaic and negative stereotypical perceptions. And these perceptions create a powerful attitudinal barrier—the greatest obstacle to the success and inclusion of individuals with disabilities.

Using People First Language (PFL) is a step in the right direction. (See the PFL article.) And to speak more respectfully, many of us are consigning stigma-laden descriptors, like "high/low functioning," "developmental age," "wheelchair bound," and others, to the junk heap. 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 young son. Why not? That's what I heard from the mouths of other parents, therapists, educators, and doctors. But I stopped using it years ago when I realized *it 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 add, "I'm *so* sorry..." And this may occur *in front of the child!* What must it feel like to be the object of pity, especially when it comes from your own parent or someone who professes to care about you?

Many parents love this 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. Moreover, adults with developmental disabilities (our greatest teachers) vehemently disliked this term as children, and they detest it as adults. Shouldn't we learn from them and care how they feel?

Once we use the SPECIAL NEEDS descriptor, we stop thinking about an individual child, and ingrained assumptions take over. "Oh, yes, we know about SPECIAL NEEDS kids..." And then, 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 an ordinary life. When applied to children and adults with disabilities, SPECIAL NEEDS can automatically lead 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, she's not "regular," and is not entitled to participate in "regular" (ordinary) activities. SPECIAL has become a metaphor for "segregated."

A mother may *believe* her child can and should be included in school and the community. But if she uses SPECIAL NEEDS when describing her child, *others* may believe inclusion isn't an option—only a SPECIAL environment will do. The SPECIAL NEEDS descriptor puts a child in a box—a box of our making, a box she never asked to be put into, and a box that limits hopes, dreams, opportunities, and more. Many educators admit they have low expectations for children saddled with this descriptor.

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* is becoming common practice. And within the adoption world, children with SPECIAL NEEDS are the last to be adopted! So, again, just how SPECIAL *are* children with SPECIAL NEEDS? Isn't the term actually a harmful euphemism that 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 dark shroud. Some people use the longer descriptor:

CHILDREN WITH SPECIAL HEALTH CARE NEEDS. What makes one type of health care needs more SPECIAL than another? Where is the dividing line between "regular" and SPECIAL HEALTH CARE NEEDS? Do children with disabilities go to SPECIAL NEEDS doctors or hospitals? No! At the office of my son's pediatric orthopedic physician, we saw children with 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"?

A child may need a wheelchair or other supports or assistive technology. And these may be different from the needs of the majority of children. But what makes them SPECIAL? They're not SPECIAL to the child—they're perfectly ordinary for him.

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 contradicts 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, there are no SPECIAL NEEDS STUDENTS, but "students who receive special ed services"—they're students, first!

Who benefits from the SPECIAL NEEDS descriptor? Not the children or adults we assign to that category! They've been set apart and marginalized. Supporters of this descriptor can argue that using the term is necessary when advocating for laws, programs, or services, or during fundraising. It's 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 at what price to the children who have been saddled with this pity-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 descriptor can breed resentment and anger. But as the brother grows, he'll probably realize he doesn't *really* want to be SPECIAL, as he learns that 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 individuals who are so described. 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.

Instead, we can 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." 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 descriptor should be restricted to specific times and places (at an IEP meeting, the doctor's office, etc.). Disability descriptors are medical diagnoses, and just as most of us don't share *our* diagnoses with every Tom, Dick, and Harry, we shouldn't be sharing this personal information about children and adults with disabilities unless it's absolutely necessary, under certain circumstances, and with the permission of the person!

If we're serious about removing attitudinal barriers and creating an inclusive society, do we dare set one group apart with the SPECIAL NEEDS descriptor? Shall we continue to perpetuate pity and marginalize people by using this term? Isn't it time to stop calling people names *that 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?