

Part I

The Roots of Dehumanization

COPYRIGHTED MATERIAL

1

Intellectual Disability

History and Evolution of Definitions

Our friend Clyde was a man with, according to his case records, moderate mental retardation. Although he worked in a sheltered employment center, Clyde slipped away from work to smoke cigarettes as frequently as possible, despite his doctor's warnings about their danger to his health. In his free time Clyde liked to visit with relatives who lived nearby, and to ride horses. One of his greatest pleasures was to eat dinner and drink coffee at a truck stop café, where he could imagine himself traveling the open road in a cross-country truck. Clyde was one of those people who can spot an old friend in the crowd nearly anywhere they go; and if he didn't see an old friend, it didn't take Clyde long to make a new one. He always lived near the boundaries of socially acceptable behavior, often taxing the ingenuity and the patience of his family, friends, and caretakers. Yet, despite life's challenges, including myriad health problems and frequent conflict with program staff, friends, neighbors, and others, Clyde never thought of himself as a person with mental retardation. He was just a man trying to get along, to live as well as he could in the circumstances of his own life.

We talk today about people with *intellectual disability*, at least in part as a departure from former labels that individuals and their advocates came to see as demeaning or dehumanizing (Parmenter, 2011). This reflects a fairly recent change; for example, until 2006 the American Association on Developmental and Intellectual Disabilities (AAIDD) was known as the American Association on Mental Retardation (AAMR), and before that the American Association on Mental Deficiency. That same organization came into existence in 1876 as the Association of Medical Officers of

Intellectual Disability: Ethics, Dehumanization, and a New Moral Community, First Edition.
Heather E. Keith and Kenneth D. Keith.

© 2013 John Wiley & Sons, Inc. Published 2013 by John Wiley & Sons, Inc.

American Institutions for Idiotic and Feeble-minded Persons. As Berkson (2006) observed, the terminology describing what we now call developmental disabilities or intellectual disabilities has typically changed once or twice in each generation. Times change, and so does language—in ways that can be critical to people who are categorized and labeled. So, we might ask, what does it mean to talk about people with intellectual disability, how have we arrived at the words we use to describe them, and how do these words affect our thinking?

Thinking in Categories

The penchant for organizing things (including people) into groups is a natural, universal human tendency. Even when the differences between and among people or objects are subtle or gradual, we tend to draw lines and place them into groups (Macmillan, 1987). Although some categories (e.g., colors, emotional expressions, or geometric shapes) may be universal, the ways people group many other things vary, depending on context or culture. Categories may include *objects* that possess common characteristics or attributes—the kind of groups that we call concepts; or categories may be used to group *people*, based on perceived common characteristics—the kind of groups that we call stereotypes. Thus the objects constituting a concept like “chair” have features such as: furniture; has a seat, legs and a back; and useful for people to sit upon (e.g., Matsumoto & Juang, 2008). These characteristics of chairs are the common attributes that define the concept. Similarly, we may group people and form stereotypes according to our perceptions of their salient attributes (e.g., race, sex, abilities, religion, intelligence, nationality).

Categorization results in a tendency to consider each member of the category as equivalent to other members, and different from nonmembers (Rosch, 1978); and stereotypes, according to Allport (1954), are characterized by oversimplified generalizations about the people who belong to the category and may play a role in justification and rationalization of behavior directed toward people who are members of the stereotyped group. Further, categories may be based on taxonomic classification (defined by similar attributes of members of the class) or thematic classification (defined by relations among class members; Markman & Hutchinson, 1984). The latter distinction is key to understanding the foundations of categorization in differing cultural contexts, which, as we will see, is a critical issue for people with intellectual disability.

People with different cultural experience have different grouping styles and they pay attention to different things in their perceptions of groups (Ji, Nisbett, & Zhang, 2004). In Western cultures (such as the US), individuals are likely to group according to perceived specific attributes of group members (taxonomic classification), whereas people of Eastern cultures may be more likely to group members of a class according to their relationships to one another (thematic classification). Chiu (1972), for example, in a study of American and Chinese children, found that the Americans grouped according to such common characteristics as size, while the Chinese grouped according to relationships, such as parent and child. Easterners (e.g., Asians) are also more inclined than people of Western cultures to use external referents and context in their perceptions (Choi, Dalai, Kim-Prieto, & Park, 2003; Chua, Boland, & Nisbett, 2005; Miyamoto, Nisbett, & Masuda, 2006). The latter tendency (external vs. internal referents) also plays a role in how people perceive others in their environmental context, how they judge the behavior of others, and how they think of themselves.

Perceiving People in Context

Do we think of people with intellectual disability in terms of a single defining feature (e.g., intelligence or physical aspects) or do we think of them as they exist as people in relation to family, community, or other aspects of their environmental context? Research on human perception may shed some light on this question. For example, Norenzayan, Smith, Kim, and Nisbett (2002) studied the perceptual patterns of European Americans, Asian Americans, Koreans, and Chinese people whom they asked to identify common characteristics among groups of 20 visual stimuli. European Americans were more likely to make unidimensional judgments (similarity based on a single common characteristic) than were the Asian Americans and East Asians, who made more complex judgments based on patterns of similarity. Kitayama, Duffy, Kawamura, and Larsen (2003) used a different test (a line-drawing task) to evaluate the tendencies of American and Japanese students to attend to specific or whole aspects of a stimulus, and drew a similar conclusion: Americans more often made judgments based on absolute characteristics of the stimulus, and Japanese students were more likely to focus on the relational characteristics of the task.

These findings are interesting, but do they apply to people? Masuda, Gonzalez, Kwan, and Nisbett (2008) provided at least a partial answer in a study involving Caucasian American, African American, Chinese, Japanese,

Taiwanese, and Korean participants. The researchers provided instructions in use of the focus and zoom controls on a digital camera, and asked people to take portrait photographs of a model. The Americans made portraits that were more object-oriented and individual-focused, with significantly larger depictions of the face of the model; on the other hand, the Asians' portraits were more context-inclusive, showing the person in relation to the larger contextual background. In previous research Masuda and Nisbett (2001) compared Japanese and American perception and memory using video clips of a complex scene involving objects and background. The Japanese participants were much more likely to be influenced by the background, and they were able to provide much more contextual information than were the Americans. Taken together, these studies suggest that perceptual judgments are intimately related to both immediate context and cultural backdrop—facts that may constitute an important foundation for our judgments of people.

These studies, consistent with many others, suggest that the US, like numerous other Western countries, is a low-context culture, and others, including East Asian and some South American cultures, are high-context. In high-context cultures people tend to be more deeply involved with each other (Hall, 1976), with strong bonds among family members, community, friends, and the general society (Kim, Pan, & Park, 1998). In a low-context culture, people are more highly individualized, relatively less involved with others, and more likely to withdraw or move away from others when things are not going well (Kim et al., 1998). In other words, in the low-context setting the focus is on the individual; in the high-context culture, the focus is on connection to the group. This individual-oriented vs. other-oriented distinction is also apparent in views of the self. People of Western, individualistic cultures view the person as an independent, separate entity; in non-Western collectivistic cultures the self is seen as inseparable from, and interdependent with, important others—family, friends, co-workers (Markus & Kitayama, 1991). We will see this distinction, and its consequences for moral relationships, again in later chapters.

Why People Act as They Do

Perceptions of people and their characteristics are related to the attributions individuals make for the behavior of others. If we think in high-context, interdependent ways, we are likely to emphasize the relation of people to

their environment, and the power of the situation, to account for their behavior. On the other hand, if we think in a low-context, independent way, we will be more prone to see the behavior of others as a product of their individual dispositional characteristics—the kinds of characteristics that lend themselves to formation of stereotypes.

The tendency to disproportionately attribute others' behaviors to characteristics of the person (dispositional attributions), even in the face of obvious situational constraints, is pervasive in Western cultures and is known as the fundamental attribution error (also called the correspondence bias; Jones & Harris, 1967; Ross, 1977). However, people of interdependent Eastern cultures are less likely to make the fundamental attribution error, and are instead more inclined to use situational (contextual) attributions to account for the behavior of others (Gilbert & Malone, 1995; Miller, 1984). For example, Americans may describe people whom they know as "irresponsible" or "proud," while Hindus are more likely to use situational explanations such as social roles or duties (Miller, 1984).

Some evidence suggests that caregivers are more likely to make dispositional attributions for challenging behavior of people with intellectual disability if the disability is mild (as opposed to severe; Tynan & Allen, 2002), and caregivers who perceive individuals to be in control of their own challenging behavior may experience negative emotions toward those individuals (Wanless & Jahoda, 2002). Weisz (1981) found that university students were more likely to attribute failure or low expectancy for success to "insufficient ability" in children identified as "mentally retarded" than in an unlabeled child. And interestingly, Palmer (1979) reported that classroom teachers' attributions for the *success* of "normal achieving," "educationally handicapped," and "educable mentally retarded" children were not affected by background information about the students; however, the teachers' attributions for student *failure* did show the influence of background information. Information about the students, Palmer suggested, may have led teachers to expect that handicapped and intellectually disabled students would experience academic difficulties.

It should not be surprising therefore, that in American culture individuals may form stereotyped views of groups of people based on perception of salient characteristics of the person, independent of relationships or context. In nineteenth-century America, for example, a common stereotype of the Irish characterized them as obese, violent, and wasteful (Heine, 2012). People with intellectual disability have similarly experienced stereotyping, and the list of labels they have worn is lengthy (e.g., childlike, defective,

incompetent, dumb, immature; Beirne-Smith, Patton, & Ittenbach, 1994). When people are labeled, others of course view them differently (Farina, 1982), and the effects of the labels can be powerfully stigmatizing (e.g., Page, 1977), taking on a life of their own (Rosenhan, 1973). What are the labels, popular and professional, that have described individuals with intellectual disability? We recognize, of course, that “individuals with intellectual disability” is also a label that we are choosing to use in this discussion.

Labeling Individuals with Disability

The history of the field of intellectual disability has long included reports of the ancient Greeks’ practice of “allowing the mentally deficient to perish, or, as was done in Sparta, of directly exposing them to death—peril” (Barr, 1904, p. 24). However, although the Greeks may have chosen not to rear some infants with physical anomalies (and the evidence for this practice is not as clear as some may presume; Edwards, 1996), we cannot assume that people of the early Greek era would have recognized intellectual disability in the modern sense, especially in infancy (Goodey, 2011). Nevertheless, such scholars as Aristotle and Hippocrates recognized such conditions as epilepsy, and probably mental deficiency (e.g., Whitney, 1949). The vocabulary used by the Greeks to describe the types of infants exposed to death was vague and imprecise (Edwards, 1996), and they thus left no clear labels for intellectual disability. In the Roman era, Latin had several words that have been translated as “mental disability” or “cognitive disability,” and the Roman physician Galen apparently associated what would later be known as “idiocy” with big ears (Evans, 1945). By the end of the second century CE the Mishnah (a gathering of Jewish oral law) used the Hebrew word *shoteh* to mean “imbecile,” although it has also been translated as “mentally defective” or “mentally deficient” (Berkson, 2006). The practice of labeling people with intellectual disability had been established.

The construct of intellectual disability diverged from the generic idea of mental illness sometime prior to the thirteenth century (Neugebauer, 1996; Stainton, 2001a), although centuries later both “idiots” and “lunatics” still lived in the same asylums (Race, 2002). Thirteenth-century British legal doctrine distinguished between “idiots” and “lunatics” (the former unable to inherit property due to supposed mental deficiency; Clarke, 1975; Rushton, 1988). By the seventeenth century, case reports in Wales sometimes referred to those considered mentally deficient with such labels as “idiot,”

“fool,” “not *compos mentis*” [not of sound mind], and “innocent” (Rushton, 1988, p. 37). Itard (1962/1801), in his account of the storied “wild boy” of Aveyron, discovered at the end of the eighteenth century, referred to the child as a “savage.”

“Idiocy” was recognized in both the law and the religion of Puritan colonial New England (Wickham, 2001), and the colonists also used other terms—“incapashous, simplish, and natural fool” (p. 148)—to refer to idiocy. The term “idiot” was well entrenched from the middle (Howe, 1851) to the end of the nineteenth century (e.g., Bateman, 1897). “Cretin,” sometimes used synonymously with “idiot,” probably dates from the eighteenth century, and was also a French word for Christian—perhaps as a reminder that those with disabilities are nevertheless Christian or human. The British Parliament, in the Mental Deficiency Act of 1913, wrote the term “idiots,” along with “imbeciles,” “feeble-minded persons,” and “moral defectives,” into law (Race, 2002). At about the same time Tredgold (1914) proposed use of the term “amentia” (*a*, without; *mens*, mind; p. 1) to denote those whose minds had never attained normal development, and American psychologist Henry H. Goddard (1912, 1927) added “moron” to the litany of words used to describe those considered “dull.” The term “retarded” seems to have first occurred in the work of Ayres (1909), who used it to denote children who failed to progress in school, and who simply meant it to refer to intellectual slowness.

Sometimes labels have been idiosyncratic, developed by administrators or professionals to suit their own unique circumstances or time. Blatt and Kaplan (1966), for example, reported a curious misunderstanding that occurred when they could not comprehend an assistant superintendent’s discussion of “materials” and “items.” Eventually they realized that, in this particular facility, people with disabilities were “materials” and staff members were “items.” These state administrators used labels to dehumanize not only patients, but paid professionals as well. What, we might ask, are the effects of these labels, for those who are labeled and for those who apply the labels?

Although the term “mental retardation” was in common use in the US for a half century or more (Wolfensberger, 2002), in the early twenty-first century the AAIDD changed the term to “intellectual disability” (Schalock et al., 2007). According to Schalock et al., the construct of disability involves limitations of individual functioning that are a disadvantage to the person and that occur in a social context, and intellectual disability exists within the broader notion of disability. These authors describe an evolution of

understanding of disability that recognizes the social construction of disorders, the blurred distinction between social and biological causes of disability, and the multidimensional nature of human functioning. This approach reflects a changing perception of disability from a person-centered trait (“deficit”) to a social-ecological concept reflecting the interaction between person and environment, the role of individualized supports to enhance individual adjustment to environment, and efforts to develop “disability identity” based on such attributes as well-being, pride, and self-worth (Schalock et al., 2007). Current use of the term intellectual disability denotes a changing recognition of the locus of the disability; earlier terms (e.g., mental retardation, mental deficiency) saw the disability as a defect lying within the individual, whereas the current conception suggests that intellectual disability is a state of functioning reflected in the relation between individual and context (Wehmeyer et al., 2008). This recent development reflects a potentially significant departure from labeling as it has existed for most of the history of concern with intellectual disability, and has been incorporated into the most recent procedures for definition and classification (Schalock et al., 2010).

Effects of Labels

Sticks and stones, according to the old saw, may break my bones, but words can never hurt me. Or can they? Consistent with the processes by which humans label all kinds of concepts and people, labels applied to such groups as “retardates” connote generalizations about the people to whom we apply the labels (Goffman, 1963). And labeling has typically suggested deviance (e.g., Becker, 1963; Memert, 1951) and stigma (Edgerton, 1993). People with intellectual disability identities acquire the label because others see them as differing from a culturally defined standard of “normal” intellect (Manion & Bersani, 1987). Investigators have often viewed people with intellectual disability as objects of study, sometimes overlooking the fact that these “objects” are humans with all the feelings, thoughts, opinions, and complexities of experience that characterize any humans (Castles, 1996).

Effects on Individuals with Intellectual Disability

The field of mental retardation, Blatt (1985) argued, has too long perseverated on the “educability” issue, with assignment of labels driving

expectancies about the abilities of individuals. Although the categories to which we assign people may be important, they are nevertheless, Blatt asserted, inventions—individuals are retarded because someone (e.g., an agency or organization) said so. The result, according to one person receiving such a label, may be devastating:

The problem is getting labeled as being something. After that you're not really as a person. It's like a sty in your eye—it's noticeable. Like that teacher and the way she looked at me. In the fifth grade—in the fifth grade my classmates thought I was different, and my teacher knew I was different (Bogdan & Taylor, 1976, p. 48).

In a review of literature on the social identity of people with intellectual disability, Beart, Hardy, and Buchan (2005) concluded that the label “intellectual disabilities” is powerful and dominant, over-riding such other identities as gender (Burns, 2000). This is also a label that is likely to stay with the person for a lifetime (Harris, 1995), and that may be accompanied by awareness of the stigma connected to it (Rapley, Kiernan, & Antaki, 1998), although there is some evidence (e.g., Beart, Hardy, & Buchan, 2004) that self-views may be to some extent malleable in response to such activities as self-advocacy. Some writers have assumed that people with intellectual disability are unaware of the effects of their own labels, but interviews with these people have suggested otherwise (e.g., Lea, 1988).

Wolfensberger (2002), writing about what he called the “language wars” centered on the words used to describe those with intellectual disability, identified 10 principles for selection and use of language. These principles suggest that those using disabilities language should: respect longstanding meanings of words; use terms to communicate (and not for other purposes, such as political correctness); be clear (i.e., not euphemistic) when referring to devalued people; observe the rules (e.g., grammatical principles) of the language spoken; not unnecessarily or deliberately degrade people's images; not resort to “term-hopping,” abandoning old terms for new ones that may be no better; adopt new terms only if they are clearly an improvement; analyze new terms with an eye to the amount and relevance of the information they communicate; avoid coercive means to change language conventions; and recognize that language and communication are imperfect processes. Realistically, Wolfensberger (2002) concluded, no term is likely to meet his ten criteria; nevertheless, his plea was for clear, honest communication about people and their characteristics.

The use of language intended to be politically correct or euphemistic may actually harm individuals with disabilities Wolfensberger (2002) contended, because if descriptors do not accurately characterize a person, others may expect more or less of the individual, make poor decisions, or even become angry with those providing poor information, and generalize their negative emotions to the person with disabilities. Thus there is danger of exacerbating the already existing tendency to blame victims for their own circumstances (e.g., Finerman & Bennett, 1995), a phenomenon known as defensive attribution (Shaver, 1970). There is an element of defensive attribution, for example, in the phenomenon Wolfensberger (1975) termed “the retarded person as a menace”—resulting in a tendency to blame people with intellectual disability for social and genetic problems and in response to treat them with vindictiveness or persecution.

Despite modern efforts to escape the limitations of labeling, labels have made life difficult for many people with intellectual disability. They have attributed defective traits, often medical in nature, to individuals, creating limiting self-fulfilling prophecies (Dunn, 1969). But the effects of labels are evident not only in the lives of the individuals carrying the labels. They also affect others in the cultural context surrounding individuals with disabilities.

Effects on others

Contemporary authors have recognized the connection between conceptions of intellectual disability and public policy (Shogren & Turnbull, 2010). However, the idea that perceptions of people with disability can influence the actions of others is not new. For example, Édouard Séguin, the French-American physician known for his pioneering work in educational techniques, was generous in his attitudes toward “idiots,” but harsh in his views toward “imbeciles” (whom he saw as more capable; Trent, 1994).

Wolfensberger (1975) detailed the ways in which perceptions of individuals with disabilities served historically to determine institutional models of care. These perceptions (and their accompanying labels) included the retarded person as “sick,” “subhuman,” “menace,” “object of pity,” “burden of charity,” “holy innocent,” and “developing individual” (pp. 5–17).

The retarded person as sick It is noteworthy that the organization that would later become the AAIDD was known, at its founding in 1876, as the Association of Medical Officers of American Institutions for Idiotic and

Feeble-Minded Persons. The superintendents who gathered to establish the group were all physicians, and they had been denied membership in the Association of Medical Officers of American Institutions for the Insane—a group that limited itself to the superintendents of lunatic asylums (Trent, 1994). So from its beginning, the major professional organization concerning itself with intellectual disability was responding to intellectual disability as a disease or illness—labels that persisted well past the middle of the twentieth century (e.g., American Medical Association, 1965). As Wolfensberger (1975) noted, facilities responding to individuals as sick were marked by a medical ethos, as evidenced by the pervasive use of medical language (e.g., “hospital,” “infirmary,” “nursing care,” “patients,” “disease,” “diagnosis,” “patient charts”) and procedures (medical-style staff uniforms, hierarchical relations between types of staff, physicians as decision makers, medically related disciplines and treatments taking priority over non-medical approaches). As we will see later in the stories of affected individuals, one consequence of this approach in institutions was that there was little time or concern for residents’ emotional and psychological well-being (e.g., Sienkiewicz-Mercer & Kaplan, 1989).

The retarded person as subhuman Wolfensberger (1975) related an anecdote in which Martin Luther, apparently referring to a child with severe or profound mental retardation, considered the child a changeling (the offspring of some sort of legendary creature, left in place of a human child) and advocated the child’s drowning. When this failed, Luther prayed for the child’s death. Vail (1967) described the kinds of dehumanizing practices associated with the subhuman expectation. These included emphasis on indestructible environments (unbreakable glass, heavy-duty furnishings, shielded light fixtures, heavy locked doors, barred windows), environmental control (inaccessible control of water temperature, lights, room temperature), and efficient management of people (drug-based behavioral control, large dormitories, soil- and stain-proof floors and walls, mass showers). Individuals seen as subhuman were not, of course, expected to develop or learn sufficiently to become fully human.

The retarded person as menace Humans have long tended to denigrate or fear the “other,” those people who are different in customs, appearance, language, or other salient characteristics. Sumner (1906) coined the term “ethnocentrism” to describe this practice, and noted that it involves not only elevating one’s own group, but also seeing the other group as inferior

and threatening. In institutional care for people with intellectual disability, such attitudes have resulted in segregated facilities and perceptions of individuals as violent, criminal, or otherwise socially menacing. The label of menace creates in others the perception of individuals with disabilities as an out-group. Further, Gelb (1995) argued that degeneracy—a perspective shaped by Christian religious views—was a contributing factor to the view of the “feeble-minded” as a public menace. According to Gelb, this view arose from two assumptions: first, that humans and animals were different creations, leading to the notion that “primitive” and “savage” people were less than human; and second, that sinful living produced degenerate people. Individuals with intellectual disability were, of course, considered degenerate, and therefore the kind of menace that Goddard (1912) described in *The Kallikak Family* (about which we will hear more in Chapter Three). In Chapter Two we will discuss in more detail the changes that produced the evolution of the “menace” perspective.

The retarded person as object of pity Labeling a person as an object of pity may cause others to see the person as a child who never grows, is not accountable for his or her behavior, and who “suffers” from his condition (Wolfensberger, 1975). Other people may be prompted to behave in paternalistic ways that protect the person and make minimal demands. People may also create environments free of the risks of normal life, with a focus on trying to make the person happy.

The retarded person as burden of charity This label appealed to people whose conscience dictated that individuals with disabilities should receive basic care and shelter, but little enrichment or stimulation. Individuals should be grateful to these people, who would expect (perhaps begrudgingly) to provide basic subsistence needs, with nothing that could be considered a luxury. This view of persons with disabilities comes naturally from the history of some institutions as outgrowths of earlier homes for orphans, paupers, and others (Bartlett, 1967).

The retarded person as holy innocent The term “holy innocent” derives from the story of Herod the Great, who is supposed to have ordered the killing of young boys in Bethlehem to avoid having one of them become King of the Jews and replace him. The legend holds that these children were the first Christian martyrs, and hence “holy innocents.” The holy innocent label prompts others to see the individual as a child of God, largely blameless and

lacking capacity for willful evil (Wolfensberger, 1975). Unfortunately, this perception of lack of capacity has also encompassed such areas as capacity for moral growth and human development.

The retarded person as developing individual Seeing people as developing individuals is likely to prompt others to respond in optimistic ways, perceiving the possibilities for growth and learning. Programs and facilities are likely to foster interaction, with both environment and other people, and individuals are afforded opportunities for responsibility, dignity, privacy, the amenities of normal home life (e.g., personal control over environment, opportunity for normal life risks, individualized programs and living arrangements; Wolfensberger, 1975). The developing individual label may help others to see the person with disabilities as less deviant and more like other people.

In an effort to further explore the meaning of labels for other people (in this case professionals), Carroll and Reppucci (1978) studied the reactions of teachers and mental health workers to three labels: mentally retarded (MR), emotionally disturbed (ED), and juvenile delinquent (JD). Teachers (more than mental health workers) considered children in all the labeled conditions less likely to finish high school and less motivated for school. Teachers rated themselves as less knowledgeable and willing to work with any of the labeled children (as compared to average children), and mental health workers considered themselves less knowledgeable and willing only with the MR group. The labels were associated with a variety of perceptions that differed from the norm, with some particularly interesting findings for the MR group; the professionals were less motivated to work with children labeled MR, and they thought the MR group unlikely to achieve future skilled employment. Carroll and Reppucci concluded that professionals attach different meanings to different labels, and that different professional groups may respond differently to labels.

Millington, Szymanski, and Hanley-Maxwell (1994), observing that people with intellectual disability are often unemployed or underemployed, investigated the effect of the label “mental retardation” on employers. Millington et al. found not only that a number of skills influenced employer perceptions, but also that the presence of the label of mental retardation lowered expectations of potential employers about the skills of people with the label.

We can conclude that labels not only facilitate the grouping and stereotyping of people based on salient characteristics, but that they also have

important effects on the people who are labeled and on others who react in various ways to labels. We can also say that the label that prevailed for a half century—mental retardation—has often been applied to people who are more different than they are alike (Gelb, 1997). Despite the variations in people who have carried the label, the term “mental retardation” has been pejorative and stigmatizing (Smith & Smallwood, 2007), and Danforth (2002), consistent with Wolfensberger (2002), pointed out that changing the words to terms assumed to be free of stigma is not likely to help, in view of the fact that new terms (e.g., intellectual disability) will soon develop the same cultural stigma. This realization naturally leads to speculation about the role of culture and the social context as influences on the recognition and definition of intellectual disability.

Social Construction of Intellectual Disability

Behavioral scientists have long recognized the role of hypothetical constructs in development of theory and explanations for psychological phenomena. Such constructs refer to entities, events, or processes that are not observed, but are “somethings” possessing causal properties (MacCorquodale & Meehl, 1948). Moore (2010), for instance, pointed out that we might explain the breaking of a pane of glass by reference to its “brittleness,” despite the fact that brittleness is not an observable entity or process. Sometimes constructs originate as descriptions of behavior, but eventually come to be viewed as explanations; thus, we might say the glass breaks *because* of its brittleness. Human examples might include intelligence, motivation, or creativity, each of which can describe behavior, but which also, in common usage, often serves to explain behavior (Ebel, 1974). Morey (1991) suggested that the classification of mental disorders may be a collection of hypothetical constructs tied not only to description of the disorders, but also to their causes, even though the causes may in fact be unknown.

A difficulty with the use of constructs lies of course in the danger of circular reasoning. For example, we are likely to consider a person more or less intelligent when he or she behaves in a more or less intelligent manner (Ebel, 1974), but it is of course circular to say that the person behaves intelligently because he or she is intelligent. The same logical trap exists for intellectual disability: Is it logical to say that a person’s behavioral characteristics or deficits are due to intellectual disability, when identification of disability depends upon existence of those same characteristics? Just as

the brittleness of glass may be a construct that exists in the mind of the observer, intellectual disability may be a social construction existing in the minds of professionals or the public (Lea, 1988). The disability construct is not directly observable, but is rather inferred from observable behaviors or characteristics (Wehmeyer et al., 2008). Thus, such general essences as “mental retardation” may be conceptually empty and scientifically and morally dubious.

The changing labels applied over time to people with intellectual disability, reflecting as they do the prevailing social context and attitudes of a place and an era, clearly indicate not only that this is a construct subject to social perception, but also that some writers have considered such individuals less than human (Boddington & Podpadec, 1991). In China, just as female children have been devalued, so too have children with disabilities; thus, despite the traditional one child policy, a change in the law in the 1980s allowed for parents to have a second child if the first had disabilities (Sonnander & Claesson, 1997)—as if the firstborn were not a “real” child. Some philosophers, as we will see, have advocated that selective abortion is morally permissible when the life of an existing disabled fetus is sacrificed in favor of a not-yet-conceived “normal” child. As Bogdan and Taylor (1976) noted, the labels we construct divide humanity into two groups: the “normal” and the “retarded” or “disabled.”

However, these groups have not been static; their membership has changed along with the shifting conceptions of those who have defined intellectual disability. For example, in 1973 the American Association on Mental Deficiency removed large numbers of people (many of them ethnic minorities) from the ranks of the mentally retarded simply by changing the foundation of the construct from one to two standard deviations below the average IQ score (Grossman, 1973; Trent, 1994). Most recently the same association (now known as the AAIDD; Schalock et al., 2010) has defined intellectual disability as significant limitations in both intellectual functioning and adaptive behavior (everyday skills). Further, to be considered intellectual disability under this definition, the limitations must have originated prior to the age of 18.

Summary

Are people with intellectual disability today so different from those whom earlier generations labeled idiots, imbeciles, morons, or retardates? People

living in more recent times have been able to speak for themselves (e.g., Groulx, Doré, & Doré, 2000; Helle, 2000; Ward, 2000; Williams & Shoultz, 1982), yet still find themselves encompassed by the construct of intellectual disability. As Smith (1995) noted, it is society that instills values and teaches us how to behave, and as we have noted, societies have continually changed the language and the concepts they have used to designate those whom they consider intellectually disabled. We may conclude, with Rapley (2004), that intellectual disability is not an observable fact, but instead a social construction that is a product of the interaction of people in a particular society, with particular aspirations and behaviors reflecting their time and place. Perhaps Blatt (1985) was right in his assertion that the categories into which we group people are our own inventions, and that people have disabilities at least in part because someone said so.

Keith (1990, 2002) argued that individuals' rights and personal empowerment will be restricted so long as they are viewed (by others or by themselves) as clients or wards of service delivery agencies, and that true social integration and quality of life will come only when their labels are those applied to other citizens: *citizen*, *neighbor*, *friend*, and *employee*. Perske and Perske (1980) foresaw a future in which people with intellectual disability will be:

living in ordinary houses and apartments like yours; passing you or standing next to you on the streets; riding with you on buses, trolleys, and subways; rubbing elbows with you in shopping centers; going to public school with the other kids on the block; working in the same building where you work; making money and paying taxes; seen in restaurants, theaters, and at athletic events; sitting beside you in churches and synagogues (p. 77).

This is a future that will await yet more changes in the social construct we call intellectual disability.