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1960–1968: Challenging Traditions in Special Education

[T]he progress we can make . . . is in some degree a function of the ideological climate of the times. . . . The cultural climate dictates what can be done, but we can also have a hand in creating the most favorable climate. . . . [I]t is incumbent upon all of us as individuals, as human beings, to work toward the development of the kind of cultural climate . . . which will bring us closer to the acceptance of the kind of philosophy and ideals which will provide for the mentally retarded, and indeed for all who are less fortunate, the necessities to which they as human beings are entitled.

—William Sloan, *President, AAMD, 1963*¹

As the United States entered the 1960s, American public schools faced challenges in several areas. Discussions regarding social and economic inequality led to intense national soul-searching, with the sweeping implications of the Supreme Court's 1954 *Brown v. Board of Education of Topeka* decision affecting developments in law, politics, social policy, and certainly education. The federal government under President John F. Kennedy determined that much greater involvement on its part was necessary to stimulate action and ensure the enforcement of law, the protection of civil rights for all Americans, and the fulfillment of the promise of public schooling. Among educational professionals, questions about the rigor and direction of curriculum and instruction dominated educational discourse after the launch of

the Sputnik satellite by the Soviet Union in 1957, leading to reform efforts in the teaching of most subject areas, especially science and mathematics. As deliberations about the appropriate purposes, character, and methodology of education intensified, special education found itself linked, directly and indirectly, to changes in the teaching of content and subject matter, the organization and structuring of schools, and the classification and categorization of students.

From 1960 through 1968, special education would continue its dramatic evolution, encountering significant challenges to its assumptions, structures, and operations. It maintained its remarkable expansion in terms of its number of programs offered and students served, even while special educators constantly maintained that an unacceptably low percentage of students who needed special education services were actually receiving them. The introduction and solidification of learning disabilities as a recognized category of disability rearranged and expanded the identified population of children with disabilities; the linking of disability with poverty, cultural deprivation, and minority status substantially altered views on the etiology and diagnosis of disability, especially in the area of mental retardation, shifting the ways in which discussions of special education services and purposes were framed. The number of people with disabilities housed in residential institutions kept increasing, leading to severely overcrowded conditions and serious charges that care and treatment of the residents all too frequently was cruel and inhumane. Such developments took place in the context of rapidly expanding federal involvement as well as heated debate about the propriety of segregated schools and settings, including those for students with disabilities.

Expanding the Federal Role in Special Education

Special education's development in the United States during the 1960s was shaped by a multitude of significant social and educational initiatives. Among the most fundamental of these was the dramatic change in the nature and extent of involvement of the federal government—generated under the leadership of President Kennedy—in developing public awareness and shaping policy toward disability, especially in the

area of mental retardation. In 1958, during the previous administration of President Dwight D. Eisenhower, Congress passed two laws directly supportive of special education: PL 85-905, which authorized loan services for captioned films for the deaf, and PL 85-926, which provided federal support for training teachers for children with mental retardation. Passage of both laws benefited from the intervention professional and advocacy groups, notably the International Council for Exceptional Children (ICEC; renamed the Council for Exceptional Children in 1958). The National Defense Education Act, also passed during the 85th Congressional session, allowed greater opportunity to develop “categorical support for education of the handicapped.” The necessary precedent for more extensive involvement in special education on the part of the federal government thus had been well established by the time Kennedy took office.²

Kennedy’s interest in special education derived largely from personal considerations. His sister Rosemary had been identified as mentally retarded, and the Joseph P. Kennedy, Jr. Foundation, named in honor of his brother, had been supporting research in mental retardation for some time before his election. Urged on by family members—especially his sister, Eunice Kennedy Shriver—and with the support of the National Association for Retarded Children (NARC), Kennedy in 1961 appointed a Panel on Mental Retardation delegated to examine ways “to consider a national approach to the prevention and management of mental retardation.” In presenting a rationale for the panel’s creation, the president argued that “We, as a nation, have far too long postponed an intensive search for solutions to the problems of the mentally retarded. That failure should be corrected. . . .” Within a year, the panel, which included several prominent special educators, doctors, and others associated with NARC and the American Association on Mental Deficiency, had produced a report entitled *A Proposed Program for National Action to Combat Mental Retardation*. The report provided guidance to the development of federal programs in special education for the next several years, establishing goals, guidelines, and parameters for expanded research and legislation as well as increased federal funding in education, personnel training, and residential care.³

Although the panel dissolved soon after issuing the report, the



President Kennedy and the 1961 poster children for the National Association for Retarded Children at the White House. With the children are, from left, Eunice Kennedy Shriver; the girls' mother; Leonard Mayo, chair of the president's Panel on Mental Retardation; President Kennedy; and Vincent Fitzpatrick, president of NARC.

Kennedy administration's proactive involvement in special education remained strong and continued into the years of the Johnson administration following Kennedy's assassination in 1963. The centerpiece of Kennedy's legislative initiatives was both PL 88-156, which focused on supporting state initiatives, and its companion PL 88-164. This was a comprehensive act that established a Division of Handicapped Children and Youth within the U.S. Office of Education; authorized funding for continued and expanded training of special education personnel; and provided support for more research, research facilities, demonstration projects, and dissemination activities in mental retarda-

tion and other areas of exceptionality. The administration also directly or indirectly supported related efforts through the National Institute of Mental Health, the National Law Center of Georgetown University, and the Advertising Council. Kennedy also appointed a Special Assistant to the President on Mental Retardation and continued his direct collaboration with NARC right up until his death. In 1966, President Johnson established a permanent Committee on Mental Retardation; his administration also backed the Elementary and Secondary Education Act (ESEA, PL 89-10), a sweeping law which included grants to states to support the education of children with disabilities, and under PL 89-105 continued support for research and demonstration projects in special education. Most significant was PL 89-750, the amended Title VI of the ESEA, which established the Bureau of Education of the Handicapped and provided grants to states for special education at the preschool, elementary, and secondary levels. By the late 1960s, federal planning, action, and funding had profoundly expanded government commitment to and public awareness of issues related to the education, care, and treatment of persons with mental retardation. As a result, public sympathy, concern, and desire for action in support of disabled children elevated special education to a heightened status in the public discourse while facilitating the expansion of special education services at state and local levels. Although much of the concern and activity was indeed focused on mental retardation, other categories of exceptionality directly benefited from such attention and effort.⁴

Expansion of Institutions for the Disabled

While governmental activity generated significant, mostly positive publicity and discussion regarding special education and exceptionality, residential institutions—for so long the locus of education and treatment for individuals with the most serious and obvious disabilities—became the subjects of intense scrutiny. The number and size of such institutions continued their relentless growth into the late 1960s; as more and more families began to institutionalize their severely disabled family members—with the increased awareness and acceptance of disability generated during the 1950s and 1960s offering encouragement and opportunity to do so—the institutions, reflecting as well the pop-

ulation boom and enhanced postnatal survival rates, grew faster than at any other time in history. Physicians and other professionals felt more comfortable in recommending institutionalization, even as conditions became much more crowded and unhealthy. By 1966, over 127,000 school-age children were enrolled in institutions, an increase of over 40,000 since 1958.⁵

Such pressures and attention revived and accelerated efforts to investigate living conditions in institutions and to hold their administrators and overseers accountable for any problems. Reminiscent of the exposes of the 1940s, investigations during the 1960s proved harshly critical of the quality of education and care at institutions nationwide. Robert F. Kennedy's critique of two New York state institutions (Rome and Willowbrook), Robert Edgerton's expose of Pacific State Hospital in California, and especially Burton Blatt and Fred Kaplan's extensive photographic essay *Christmas in Purgatory* once again shocked professionals, politicians, and the public and led to profound criticism, soul-searching, and policy re-evaluation. By the late 1960s, calls for dismantling the dependency on segregated institutions and instead encouraging a more normalized, community-based approach to caring for and educating this particular population of persons with disabilities gained significant ground. Concurrent and subsequent state and federal legislation and dollars encouraging just such an approach soon followed; consequently, states began the complicated and challenging process of "depopulating" their institutions, reducing their crowded conditions and rendering the institutions themselves more manageable. This radical transition from an institution- to community-based approach to the care, treatment, and education of persons with disabilities both drew from and contributed to the policy of "normalization," an approach imported from Europe during the 1960s that would have a powerful impact on discussions about the integration of the disabled into society characterizing the special education debate during the 1970s.⁶

Advocacy by the NARC

The decade also saw the dramatic expansion of the voice and influence of the most prominent disability advocacy group at the time, the NARC. Empowered by support from popular public figures such as



Classroom scenes from
Christmas in Purgatory.



Dale Evans Rogers and by involvement with the President's Panel on Mental Retardation, the NARC took center stage in much of the conversation concerning rights and policy related to disability. In 1963, the organization published "in the public interest" a Bill of Rights for retarded children, essentially a restatement of its Educational Bill of Rights from 1953. The document asserted the right of "every retarded child [to] opportunities for the fullest realization of his potentialities, however limited, . . . affection and understanding from those responsible for his care . . . [and] help, stimulation, and guidance from skilled teachers, provided by his community and state as part of a broadly conceived program of free public education." Three years later, NARC issued another statement outlining the organization's "basic aims" and "current prime objectives." In addition to extensive discussion of the need for high-quality institutional care and treatment, the document detailed its efforts to bring "every retarded child," but especially those classified as "trainable," into quality public school special education programs. The statement discussed NARC's cooperative efforts with the ICEC and the U.S. Office of Education to provide such instruction and to ensure a ready supply of competent special education teachers. In particular, the document emphasized the organization's determination to "help States meet their obligations [by helping to interpret] Federal laws to laymen and professionals so that the schools can utilize public funds to initiate or improve their special education programs. . . . NARC will continue to collect, evaluate and develop appropriate instructional materials to assist parents and teachers." NARC clearly saw its mission to not only improve the general status of the mentally disabled in society but also to represent their interests to governments charged with providing an appropriate formal education.⁷

Further Changes in Constructs of Disability

These widespread, sweeping developments in the perception and practice of special education played out on a national stage and involved important elements of the national media as well as governmental and professional circles. Yet equally significant to the development of special education during this period were changes in the understandings and

taxonomies of disability itself, changes that brought discussion and debate in narrower circles of educational research, policy, teaching, and administration. Two features of this development had important implications for discussions regarding the inclusion of children with disabilities in regular education settings during the 1960s: the advent of *learning disabilities* as a recognized—and popular—category of disability, and the direct linking or conflation of disability with broader social conditions of poverty, cultural deprivation, and minority status.

The path toward the identification of learning disabilities as its own distinct category of exceptionality began in earnest with the work of Alfred Strauss and Heinz Werner at Wayne County Training School in Detroit during the 1930s and 1940s. Strauss and Werner were interested in investigating the notion of “brain injury” among children. Those deficits appeared strongest in distractibility, behavior, perception, and indications of physiological damage to the brain and/or nervous system. The research of Strauss, Werner, Henry Head, Kurt Goldstein, and others, while controversial, strongly suggested that significant numbers of children exhibited cognitive dysfunction and problems in school performance that could not be explained by traditional constructs of mental deficiency.⁸

Over the next several decades, research into neurological dysfunction leading to mild to moderate disability, still widely referred to as “brain-injury,” caught the attention of a number of researchers and practitioners as well as parents; for example, by the 1950s, classes specifically targeted for brain-injured children had been established in Milwaukee and considered in Minnesota. By the early 1960s, the category of “brain-injured children,” or alternative terms such as “aphasoid,” or “perceptually handicapped,” had become widely recognized and accepted among professionals, parent groups, and schools; efforts to establish classes specifically designed for such children occurred across the country. Finally, in a keynote address before a conference sponsored by the Fund for Perceptually Handicapped Children in Chicago in April 1963, noted special educator Samuel Kirk of the University of Illinois described the status of the research to that point and proposed the term *learning disabilities* to describe the behaviors of children who were experiencing such troubles in school. The term struck a chord, and par-

ents in attendance soon formed the Association for Children with Learning Disabilities. The term was used subsequently to indicate a syndrome associated with a wide range of mild to moderate disabling conditions and kinds of poor performance among school children. Learning disabilities would soon become a widely used descriptor for such children and find itself at the center of discussions about how easily and successfully regular classrooms can accommodate children with disabilities, especially those whose condition was considered only mildly disabling.⁹

Further development of a more sophisticated, complex, and instructive understanding of disability emerged from the continuing, often heated debate over the relative impact of biological and environmental factors on the etiology and identification of disabling conditions, especially mental retardation. Linkages between disability and minority status arose from earlier beliefs about the hereditary nature of “feble-mindedness,” with doctors, educators, and the general public for the most part convinced that feble-mindedness was almost completely determined by heredity and largely confined to particular ethnic groups, impoverished classes, or “inferior” races. By the 1960s, however, considerable numbers of researchers, doctors, and educational practitioners believed that environmental factors such as living conditions, physical and intellectual resources, cultural deprivation, and child-rearing practices played powerful roles in either causing mental retardation or leading professionals to misdiagnose a child as retarded. While Tenny and Haring et al. had compared the social status and public perception of persons with disabilities with those of racial and ethnic minority groups during the 1950s, special educators and policy makers in the following two decades noted a direct connection, even considerable overlap, among those identified as disabled and minority populations.¹⁰

In a lengthy monograph published in the May 1958 issue of the *American Journal of Mental Deficiency*, Seymour Sarason and Thomas Gladwin documented in great detail what they saw as the clear connections between the construct of mental retardation and the sociocultural environments of children identified as such. “[Mentally retarded] individuals, of somewhat staggering numbers in our population, come largely

from the lowest social classes, or from culturally distinct minority groups, or from regions with conspicuously poor educational facilities or standards,” they argued. They then drew a distinction between mental *retardation*, which they viewed as largely being a product of such environments, and mental *deficiency*, which they viewed as a more organic and unalterable cognitive dysfunction. However, in the typically limited and narrow processes of diagnosis and identification common to most public schools, that distinction was not made; consequently considerable numbers of children were identified as mentally retarded and placed in special classes when, according to some, they were not *disabled* but *disadvantaged*.¹¹

The conflation of disability and sociocultural disadvantage resonated with special educators and others interested in the evolution of special education, especially in an era that focused on efforts to achieve equal opportunity in schools and society for minorities and other disadvantaged groups. In 1960, Burton Blatt alluded directly to Sarason and Gladwin’s work when he challenged the prevailing definition of mental retardation as “basically a physical or constitutional defect.” Blatt argued instead that many children placed in special classes for mentally retarded children were there due to “functional rather than constitutional causes,” citing what he considered the significant numbers of children—and actually described by Samuel Kirk as early as 1952—“from low cultural levels who are approximately normal at an early age [who] may later become mentally retarded because of their cultural environment or other unknown variables.” Blatt accepted the distinction between cultural-familial mental retardation and organically based mental deficiency and urged further study of “the nature-nurture issue.” The relation among minority status, poverty, and disability has remained a central topic of research and discussion since, as well as a central concern of the President’s Committee on Mental Retardation.¹²

Challenging Traditions of Segregation: Schools

From the late 1950s through the mid-1960s, special education continued its steady growth even while its advocates constantly expressed concern



In its report *MR 67: Mental Retardation, Past and Present*, the President's Committee on Mental Retardation urged President Kennedy to help find ways to bring mental retardation services to "low income, disadvantaged neighborhoods, both urban and rural."

over the number of students who, it was believed, needed special education but were not receiving it. Between 1958 and 1966, the number of formally identified students receiving special education services either in schools, institutions, or other settings more than doubled, from just under 976,000 to more than 2,106,000. Nearly 1,979,000 of those children in 1966 were enrolled in public school programs for the visually handicapped, hearing impaired, speech impaired, crippled or "special health," emotionally disturbed and socially maladjusted, mentally retarded, or "other" (including severe learning disabilities, brain-injured, "culturally restricted," or unreported). That figure also included 312,100 students in "gifted" programs, demonstrating an increased

willingness to consider giftedness as an exceptionality worthy of special (and segregated) education. During that same period, the number of persons enrolled in residential schools for children who were deaf, blind, hearing or vision impaired, mentally retarded, or emotionally disturbed rose from 86,412 to 127,200, an increase of almost 68 percent. In those eight years, the number of school districts operating special education programs of some sort increased from 3,641 to 6,711, with the number of teachers assigned to special education in schools and institutions moving from just over 71,000 in 1963 to 82,000 three years later.¹³

A variety of reasons helps explain such dramatic increases in the number of students, teachers, and programs in special education during the 1960s. To begin with, two decades of establishing and strengthening permissive as well as mandatory state legislation that called for more thorough searching and identification of children with disabilities had clearly had an effect; more children requiring special education were being located in the community, brought to school, and accommodated in special programs. Making this easier were the increased tolerance and understanding of disability and the concurrent willingness of families to acknowledge a child's disability and seek help for it. The aftereffects of World War II—with the heightened visibility of disabled persons and greater recognition of their potential for contributing to society—combined with the testimonials and encouragements of noted members of the community to facilitate this.

Another likely factor was the continuing effort to develop and implement more sophisticated procedures and instruments for diagnosing and classifying disabling conditions among children. Continued refinement of intelligence and other psychometric testing, more accurate and reliable instruments determining modality and other sensory deficits, and procedures involving more complex approaches to determining disability—including greater experience on the part of teachers, administrators, and parents—meant that students could be identified with greater confidence. And as awareness of the options and possibilities offered through special education increased within school systems, referrals to such programs—both appropriate and inappropriate, as had always been the case, no doubt—likely increased as well. The added

category of learning disabilities would have a tremendous impact on the number and kind of students referred to special education, but that effect did not show significantly until several years after the formal affirmation of the category in 1963. It should also be noted that some of the numbers, especially those alleging so many children being underserved, were at best educated guesses that were not necessarily indicative of a real increase in the number of eligible children.

Data from 1963 also showed the extent to which children with various disabilities were in fact integrated at least to some extent in schools at the time in the United States. According to the data, every student with identified speech disorders spent at least some time in the regular classroom. The majority of students with “visual handicaps,” both partially blind and totally blind—more than 52 percent—spent at least some time in regular classes, as did 62 percent of students with hearing impairments (although it should be noted that more than 85 percent of totally deaf students spent all their time in fully segregated classes, schools, or institutions). In contrast, only 11.5 percent of children identified as “crippled and special health problems” participated to any degree in regular class settings; for children identified as emotionally disturbed and socially maladjusted, that figure was slightly more than 26 percent. Fewer than 2 percent of students identified as “middle range” mentally retarded ever joined in regular classroom activities. These figures included all children of school age, so many of these students were being educated in institutions, hospitals, at home, or other segregated, nonpublic school locations.¹⁴

Despite this remarkable growth, special education professionals remained convinced that it was insufficient in relation to need and demand. Data reported for 1966 claimed to show that only 35 percent of children requiring special education services were receiving it, based on enrollment figures and prevalence estimates. The percentages of students being appropriately served by category included 57.5 percent for the visually impaired, 56.3 percent for the speech-impaired, 46.8 percent for the mentally retarded, 31.1 percent for gifted children, and only 17 percent, 12 percent, and 7.8 percent for hearing-impaired, emotionally disturbed, and “crippled” children, respectively. Romaine Mackie, a prominent compiler and analyst of special education statistics, spoke

for most in the special education profession when she wrote, “It has been demonstrated that most handicapped children can have satisfying, productive lives if they receive appropriate education, training, and care. Thus, America cannot afford to ignore the gap that remains.” The result was further entrenchment of special education as a unique, separate entity in public education with its own structures, settings, funding, and training—in short, as a force to be reckoned with, one that was gaining increasing recognition and acceptance by practitioners, administrators, legislators, and the public.¹⁵

By the early 1960s, a definitive structure for special education placement in public schools, institutions, and other settings had become fairly well established. Data compiled by Mackie in 1963 showed 1,570,370 children enrolled in public school special education programs. Of those 456,145, or approximately 29 percent received instruction in a full-time special class or special day school; 986,509, or almost 63 percent, spent part of their school day in a special program and part in regular classes. The balance of these students were educated at home, in a hospital, in a sanatorium or convalescent home, in a residential school, or not reported. Mackie and other proponents of special programs argued that more students needed to be in special programs, either part-time or full-time, thus acknowledging the advisability of placing more and more students at least part of the day in segregated settings. However, she too recognized that differentiating students with disabilities from other “children who have special needs such as the environmentally deprived, migrants, and children of cultural minority groups” was a difficult and complicated process that needs to be factored into developing more school programs “within and outside of special education. . . . New concepts call for distinction between those who are handicapped by capacity . . . and those who are only functioning as handicapped due to their environments.” Mackie noted that while too many children who required special education were not receiving it, others were perhaps capable of greater participation “in some of the streams of general education” because of improvements in America’s schools. Thus the challenge to special education was to develop, expand, and sustain distinct special education programs while doing a better job of determining who among America’s schoolchildren truly

needed them. To that end, many states published guidelines for districts and parents outlining procedures and offering suggestions for identification, classification, and instruction.¹⁶

In a 1962 examination of the structure of special education in American schools, Maynard Reynolds proposed a pyramid-like framework for describing the various levels and programs then serving students with special needs. His framework suggests that even in the early 1960s there was a strong recognition that many students with special needs could be served in the regular classroom, especially if provided with consultation or supplementary teaching services. With a base labeled “most problems handled in Regular Classroom,” Reynolds’s pyramid ascended to special assistance in the regular classroom to resource room, part-time special class, full-time special class special day school, and upward to residential institutions, hospitals, or treatment centers. His scheme noted that as a child moved up the pyramid, the more severe his or her disability would likely be; it also noted that the flow upward toward more isolated settings should occur “only as far as necessary” and should move downward to more integrated settings “as soon as possible.” Reynolds provided no data on the number of students at each level, in part because he commented that there was—and should be—considerable fluidity of student movement among the stages and overlap among the stages themselves. “The strategy proposed here,” he wrote, “requires variety and range in programs for all handicapping areas, continuing assessment procedures to assure changes in placement at appropriate times, and coordinated planning and placement services covering all levels.” While acknowledging that “it is . . . inexcusable to delay or deny special services when they are needed,” Reynolds also argued that “it can be a disturbing experience for a child to be placed in a special class or any other type of special program. . . . The prevailing view is that normal home and school life should be preserved if at all possible.” Reynolds’s view thus clearly, if indirectly, challenged the then-common view that the most effective way to improve special education services to students with disabilities was to organize more segregated settings and place the students in them.¹⁷

The intensive process of growth for special education may have felt comfortable to its professionals, but parents involved in the process

struggled to accept what had become to them a powerful and mysterious force. Parents of students with disabilities faced the assumed superior expertise of teachers, administrators, and medical personnel regarding their children as well as the difficult and uncertain prospects of formal schooling for children who up to that time had often been marginalized or ignored. A representative survey published during the decade showed a considerable amount of satisfaction, but it also expressed disempowerment, anxiety, and uncertainty among parents regarding the education of their children. The survey revealed that the majority of parents felt “that their child’s present school situation represents the best possible school arrangement that could be obtained” and held positive views of special education teachers. Some parents, however, held quite negative views about that placement. The survey also noted that relatively few parents had “any real understanding of the nature of difference in curriculum between the special group and a regular classroom” and that their assumptions about special education were “essentially a remodeled perception of what regular schooling was for them. . . . The interpretation of the rationale, curriculum and specialized techniques of special education has not been brought to parents in any degree of depth.”¹⁸

Concerns about Segregation in Special Education

Before startling the nation with the publication of *Christmas in Purgatory*, Burton Blatt published one of the first significant comprehensive critiques of special education of the 1960s. In an article entitled “Some Persistently Recurring Assumptions Concerning the Mentally Subnormal,” Blatt examined several basic assumptions then prevalent about the special education of children with mental retardation using a “fact or fiction” framework. As noted earlier, he questioned the prevailing notion of mental retardation as being a permanent “physical or constitutional defect” and offered some detailed discussion of how manifestations of apparent mental retardation in the classroom may actually have been a result of poverty or cultural deprivation associated with minority status and hence be improvable. In addition, Blatt offered a critique of special classes, asserting that the quality of education typi-

cally offered in special classes is poorer and certainly less imaginative than that in regular classes and calling for “an infusion of bold, creative thinking into the field. Experimentation with new and unorthodox methods and materials must be encouraged.” Blatt also challenged assumptions that mentally retarded children tended to be more “physically limited” and unavoidably much more prone to delinquency and crime than their nondisabled peers. In raising these concerns, Blatt hoped “to reduce the rigidity of a profession that resists change; to provoke the creative to seek answers; and to instill a healthy unrest in all who work with the mentally subnormal.” His critique clearly established possibilities for seeing children with mental retardation as being less distinct, distant, or harmful, and for envisioning a special education that was less marginalized within and thus more compatible—and potentially more integrated—with the complex world of general education.¹⁹

The 1960s produced a multitude of studies and commentaries that questioned the efficacy of special classes in achieving the goals of special education. This body of research, which had occurred to a limited degree for decades, examined special classes from the perspectives of academic achievement as well as social and emotional adjustment, focusing mostly on special classes for students with mental retardation. Studies investigated whether such students learned more and/or faster in segregated settings or in regular classes, and they looked at which type of setting helped mentally disabled students develop stronger social skills, achieve greater self-confidence, or gain greater social acceptance among nondisabled peers.

The results of such investigations proved conflicting and ultimately inconclusive. Several scholars claimed that their research failed to prove the common assumption that students with mental retardation in special classes achieved greater success academically than those still enrolled in regular classes; in fact, several studies showed the opposite. Some research claimed to show that regular class placement provided a healthier environment for the social and emotional development of mentally retarded children; others claimed to demonstrate that such placement typically led to rejection of such students by their normal peers, effectively reproducing a segregated, isolated environment for

such children in the regular classroom. Still others found that there were no significant differences in either academic achievement or social/emotional adjustment between the two settings. Almost all suggested further research.²⁰

The absence of definitive answers regarding comparisons between segregated special classes and regular class placement for children with mental disabilities was not lost on prominent special educators. G. Orville Johnson, an eminent scholar who had engaged in some of the 1950s efficacy research, noted the enormous amount of time, resources, and expectations invested in running segregated special classes, but pointed out what he considered strong evidence that special classes were inferior in terms of academic achievement and not significantly better in personal and social development. Then, in a passage that was cited and reproduced repeatedly over the next twenty years, he argued:

It is indeed paradoxical that mentally handicapped children having teachers especially trained, having more money (per capita) spent on their education, and being enrolled in classes with fewer children and a program designed to provide for their unique needs, should be accomplishing the objectives of their education at the same or at a lower level than similar mentally handicapped children who have not had these advantages and have been forced to remain in the regular grades.

The skepticism about the propriety and effectiveness of segregation represented a small but ultimately potent perception in special education, one that by the end of the decade would capture the mind and question the soul of the field.²¹

Lloyd Dunn's Challenge to Special Education

Such ambivalent, even troubling research outcomes challenging the very value of segregated special classes played a significant role in the preparation of one of the most seminal documents in American special education: Lloyd Dunn's "Special Education for the Mildly Retarded—Is Much of It Justifiable?" Published in the September 1968 issue of

Exceptional Children, Dunn's article linked the efficacy research with issues of ethics and equity in both special and general education and concluded that in far too many cases, the reliance on special classes for children identified as mentally retarded—in Dunn's view, often mistakenly so—was not only ineffective, it was indefensible. "I have loyally supported and promoted special classes for the educable mentally retarded for most of the last 20 years, but with growing disaffection," he confessed. "In my view, much of our past and present practices are morally and educationally wrong. . . . Let us stop being pressured into continuing and expanding a special education program that we know now to be undesirable for many of the children we are dedicated to serve."²²

Dunn presented a series of what he considered serious concerns about special education as then currently practiced. First, segregation itself troubled him deeply. Dunn cited research and court decisions that he believed clearly demonstrated segregation's deleterious effects on the education of children. He directly compared segregation's impact on minority children with that on children with disabilities, noting how thousands of minority children had been erroneously identified as disabled and then shoved off to segregated, euphemistically labeled "special education" settings, which courts would likely deem as inherently racist, unequal, and unacceptable. Dunn maintained that the homogeneous academic grouping found in special education and tracking programs—like those which had recently been declared discriminatory and unconstitutional by a Washington, D.C. judge—constituted academically inferior environments for essentially the same reason that race-based segregation was found unconstitutional: Separate, segregated programs are inherently unequal. Dunn cautioned that court cases could well emerge from overt segregation of minority children in special education programs—a prediction that proved accurate—and concluded that special education was to a great extent merely a transfer of disadvantaged children from one segregated setting to another.²³

Consequently, Dunn flatly stated that far too many children from minority and/or underprivileged backgrounds were being misidentified as mentally retarded or emotionally disturbed on the basis of cursory identification procedures and inappropriate use of intelligence

testing. Dunn argued that those children—of whom he estimated 60 to 80 percent were from “low status backgrounds”—were then placed in segregated, inherently inferior special education settings “at the expense of the socioculturally deprived slow learning pupils themselves,” raising “serious educational and civil rights issues which must be squarely faced.”²⁴

Dunn’s critique extended to the diagnosis and identification processes in special education that he believed led to essentially useless and certainly stigmatizing labeling of students. He argued that the entire process was far too facile and was vested in the wrong hands, namely psychologists who administered some cursory intelligence testing, with “the purpose . . . to find out what is wrong with the child in order to label him and thus make him eligible for special education services. In large measure this has resulted in digging the educational graves of many racially and/or economically disadvantaged children.” Dunn wrote that these labels then have highly negative effects on the attitudes and practices of teachers responsible for the education of these children as well as on the students themselves. He also maintained that the consequent segregation for special education services “probably has a serious debilitating effect upon [the disabled child’s] self image. . . . We cannot ignore the evidence that removing a handicapped child from the regular grades for special education probably contributes significantly to his feelings of inferiority and problems of acceptance.” In addition, he argued, regular classes by this time had become much more able to accommodate children with mild retardation due to team teaching, flexible grouping, more stimulating curricula, better training and specialization among teachers and staff, and more sophisticated technology. Dunn also referred directly to the efficacy literature, which he stated failed to demonstrate the value of special class instruction for mentally retarded children. Such evidence against special classes convinced him that schools needed “to find better ways of serving children with mild learning disorders than placing them in self-contained special schools and classes.”²⁵

Dunn then offered a detailed vision as to how special education could reinvent itself along more effective, and certainly more ethical, lines. He describes an “intuitive” and “clinical” approach that focused

on the teacher's assessment of the child's educational needs and a labeling process that emphasized not the child's deficit but rather the appropriate educational approach to be taken. He suggested expanding the opportunities for itinerant and resource room teaching that would make trained special educators available to all children in school and would involve those teachers much more in regular classroom activities. He presented a detailed approach to curriculum development that emphasizes environmental modifications, motor development, sensory and perceptual training, speech and communication training, personality development, social interaction training, and vocational training. Such an approach, he asserted, would be advantageous to all children with disabilities, not just those with mild mental retardation, and in fact would enhance the holistic education of all children in school. In concluding his article, Dunn called on all educators to accept the complex and difficult challenges of restructuring special education:

Teachers and state and local directors and supervisors of special education have much at stake in terms of their jobs, their security, and their programs which they have built up over the years. But can we keep our self respect and continue to increase the numbers of these self contained special classes for the educable mentally retarded which are of questionable value for many of the children they are intended to serve?²⁶

While Dunn's article has been the mostly widely cited, it was by no means the only commentary from that era that questioned traditional practices and fundamental assumptions of special education. Particularly since 1960 critics not only challenged the efficacy of special classes but also expressed great unease, even distaste, for other standard features, most notably programs rooted in segregation; the process of identifying and labeling students; the assumption that *better* special education most commonly meant *more* special education; and the stark separation of training programs for special education and general education teachers. Critics of special education also shared the desire to imagine, design, and ultimately implement alternative approaches to or paradigms for the education of students with disabilities that would

most likely involve a fundamental restructuring not only of special education but of entire public school systems as well. By the early 1970s, many prominent educators both within and “outside” the field of special education were in open revolt against what had become an entrenched and mostly segregated system of special education. Such critiques helped shape the 1970s and beyond as a period of intense self-reflection and calls for fundamental change in the structures and practices of the field. Subsequently, litigation and legislation pertaining to the care and education of persons with disabilities that dramatically altered the legal bases and expectations for teaching students with disabilities proliferated, setting the stage for the eventual passage of PL 94-142, the Education for Handicapped Children Act, in 1975.