



Change in Disability Classification: Redrawing Categorical Boundaries in Special Education in the United States and Germany, 1920–2005

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Abstract

How do we make sense of considerable cultural differences and change in disability classification? How are disability's categorical boundaries being redrawn in special education to realign with shifting paradigms of normality? Based in particular on the case of provided services to students "with special educational needs," this analysis examines classification systems of student disability and their categorical boundaries in the United States and Germany. Sketching the origins and evolution of special education categories from 1920 to 2005, the comparison shows how categorical boundaries have been redrawn, giving rise to new groups of students.

Keywords

disability, normality, classification, categorical boundaries, special education

Introduction

Around the world, many countries have achieved the provision of education for all. By contrast, despite the codification of inclusive education as fundamental to secure the long-term societal participation of people with disabilities (UN 2006), this goal remains challenging, not only in the United States (US) and Germany. In part, this is due to elaborated classification systems of "student disability" or "special educational needs" (SEN) that structure and reinforce differences between students.

Which students are classified as having a “student disability” or SEN has changed considerably over time. The redrawn categorical boundaries in the classification systems of SEN in the United States and Germany reflect paradigm shifts in normality as they provide insights into institutional and organizational change in special education systems. At the same time, the comparison of two countries that have neither the most segregated nor the most inclusive educational systems demonstrates continuities and change in disability classification.

Special education has become institutionalized as a significant, albeit subsidiary, part of educational systems. Defining physical and intellectual “normality” and assessing populations has become a preoccupation of nation states and international organizations alike, with “dis/abilities” produced by social processes in interaction with individual characteristics. Classification, a constitutive process of much educational, bureaucratic, and political work, also shapes individual identities. Such official categories as “learning disability” often become the labels that distinguish individuals – and that we use to describe ourselves and each other. Comparative-historical analyses of the often taken-for-granted classification systems and the world views and values undergirding them help us understand the meanings and effects of historically-evolved categories and the shifting boundaries between them.

A major source of change in the myriad meanings ascribed to disability, nation states have shifted the focus of their interventions vis-à-vis disabled people from containment and compensation to care and, finally, citizenship (Drake 2001). Yet a wide range of disability policies still co-exists, even within the European Union, depending largely on institutionalization processes in national contexts (Maschke 2008). Special education policies exemplify these differences.

As with other Western administrations run by professional gatekeepers, special education and its classifications were originally based on the ideology of “normality” derived from statistical science (Davis 1997), which developed at the nexus of the modern social sciences, industrializing nation-states, and social policies (see Rueschemeyer & Skocpol 1996). Among the institutions and policy arenas that have transformed both citizenship and the boundaries of the dichotomies of normality and ability, education has been most influential. In turn, schooling has been transformed by increasingly recognized human rights to (inclusive) education.

Yet disabled children and youth still are often schooled in separate classes or segregated schools – the domain of special education.

The institutionalization of special education's organizational forms and the kinds of students served in these varied programs exemplifies the tension between the rise of statistics and normality as well as the clinical professions and eugenics before the Second World War and the human rights revolution since then.

Special education and its official classifications, as a regulated, standardized mechanism used to sort students, also provided the rationale and authority for the institutionalization of specific organizational forms. Based on historical categorical distinctions set forth in and regulated by (special) education policies, American school tracks and German school types are at once organizational, pedagogic, and political responses to student body heterogeneity increasing with the (gradual) universalization of compulsory schooling to include disadvantaged and disabled children (Powell 2009).

If we wish to understand the changing composition and status of the growing group of students who “have SEN,” analyzing the meaning and measure of categorical boundaries offers a fruitful approach, as special education reflects one of the most diverse groups in schooling – even as it contributes to (re)drawn societal boundaries of normality and dis/ability. What are the relevant categories established to define who will legitimately receive additional resources and to guide the placement of students with disabilities and disadvantages among school settings? How have the boundaries between these groups of students shifted over time?

We proceed to discuss classification and categorical boundaries before comparing developments of German and American classification systems applied in special education from 1920 to 2005.

Classification and Categorical Boundaries

Since Émile Durkheim and Marcel Mauss ([1903] 1963) identified classification as a promising methodological and theoretical path toward an understanding of societies, social scientists have mined diverse classifications and the categories, definitions, and labels that constitute them for insights into social worlds. Classifications and categories offer shorthand

ways of describing, monitoring, and dividing up the world, processes at the heart of identity-formation, of social life, and of knowledge (see Jenkins 2000). Self-classifications are, indeed, the actual fabric of society, the way society is constituted, as we identify categories and reify them constantly in social life (Douglas & Hull 1992). So central are these institutionalized categories to our thinking that all this is done without being critically reflected (Douglas 1986). We have learned how to classify others without self-reflexively questioning the categories we apply; instead, we think and act within those categories (Starr 1992:155).

Categorical boundaries refer to the lines by which particular people, groups or things are cognitively distinguished from others. As they help us to represent and operationalize symbolic and social boundaries, classification systems do “boundary work” (Star & Griesemer 1989), maintaining official lines and suggesting appropriate divisions across a wide range of fields. For example, in medicine the International Classification of Diseases (ICD) and the newer International Classification of Health, Functioning and Disability (ICF) are currently used; gradually, these are beginning to be adapted to education (see Florian & McLaughlin 2008). Especially the professions of medicine, psychology, and education have constructed and defended particular classifications of student disabilities, difficulties, and disadvantages, which are rising in importance due to demands for increased accountability and higher standards, evidence-based practices and policies, and equitable resource allocation (Florian et al. 2006).

Often invisibly, such classification systems order human interactions, empower some points of view and exclude others, and confer advantages or disadvantages onto individuals, groups, or organizations (Bowker & Star 1999). Creating distinctions between individual students and status groups within schools, classification systems used in education also maintain the dichotomy between “special” and “general” education classrooms, teachers, and curricula. The following historical and comparative analyses show which official boundaries were drawn around students, analyzing how these evolved as they provided the framework required in school decision-making, from identification and assessment to classification and allocation to particular school settings.

The administrators and political decision makers who manage such classification systems have continuously responded to disciplinary developments, but the process of classification and the relevant categories persist, even when these are given new labels. Classification systems maintain the

unquestioned division between “special” and “general” education through their logic, objectivity, and scientific nature. The boundaries set forth stabilize divisions between “normal” and “abnormal” students and the institutionalized curricular offerings and support services that are linked to those categories in particular times and places. The analysis presented here focuses on the historical development of legitimated, institutionalized cognitive and organizational boundaries between groups of students classified as in/educable, ab/normal, dis/abled – or as “having SEN”.

In school systems’ status hierarchies, classification systems help gatekeepers draw symbolic boundaries between individual students or groups; a necessary but insufficient condition for the existence of social boundaries (see Lamont & Molnár 2002). Providing categorical distinctions, these systems facilitate the sorting of students by creating scientifically-legitimated symbolic and organizational boundaries between increasingly differentiated, statistically-derived, “normalized” categories – primarily intellectual, linguistic, sensory, physical, and behavioral.

Patterns and trends in classification examined below exemplify societal values, educational systems’ standards, and professional projects. Historically, classification systems have been applied to distribute and serve students, but they have also been continuously adjusted with growing scientific knowledge and practical experience. Primarily the psychological, medical, and educational professions have been responsible, but these all rely on statistical tools to measure and sort populations. Yet the national, state/*Länder*, and local categorical boundaries adjust continuously to changing legal conditions (e.g. students’ civil rights), resource levels (e.g. funding caps), and school contexts (e.g. local wealth). At the individual level, teachers and gatekeepers with particular knowledge and training continuously (re-)interpret such boundaries. Furthermore, each category and label depends on the diffusion of knowledge relating to it in the public domain.

Significantly, these developments can be traced back to the origins of statistical science, national census-taking and the continuous measurement of social phenomena, with ab/normality’s categorical boundaries still reflecting the ideals and norms based on concepts of statistical normality that derived from scientific advances during the “probabilistic revolution” (Hacking 1990; Krüger, Daston & Heidelberger 1987).

Conceptions of “disability” or “special needs” also inherently refer to individualized ab/normality as both an ideology and praxis developed since the nineteenth century by nation-states, statistical science, and eugenics

movements (Davis 1997). Statistically derived normality generated classification systems of student disability that represent deviance or abnormality in behavior, learning, and bodily characteristics. Within the context of schools, official classifications were used to lend scientific legitimacy to such distinctions and facilitated the establishment of boundaries between “special” and “general” education (Powell 2003). Rapidly progressing Western rationality, coupled with scientific inquiry and legitimacy since the Enlightenment, resulted in ever more differentiated diagnostic and etiological classifications of the “ab/normal” – leading to specialized treatments, services and stabilizing distinctions of normality and deviance (Braddock & Parish 2001).

Eugenic ideologies and Social Darwinism were crucial in the historical evolution of early definitions and responses to (student) disability in the US and Germany, both nations with leading eugenic thinkers that early on enacted laws based on its dubious scientific claims (see Poore 2007). As disabled people came to be viewed as biologically deviant, proponents of eugenics devised therapies and techniques to advance their science (Snyder & Mitchell 2006).

Historically, eugenic appeals to science have legitimized prejudices and stereotypes, stigmatization and discrimination, especially those based on measured intelligence, recognized impairments or race/ethnicity, and class membership. Egalitarian discourse, expanded citizenship rights and participation rates at all levels of education, and disability anti-discrimination laws indicate that many societies, including the US and Germany, have considerably altered their attitudes and beliefs about “disability” – mainly in a positive direction – especially due to the successful actions of the global disability movement (see Charlton 1998). Yet scientists and special and inclusive education professionals continue to struggle over relevant definitions, organizational change, and policy reforms to achieve their goals.

Professional organizations in both countries have been influential, especially in framing the debates among policymakers about how to appropriately respond to student disability. Germany’s Association of Support Schools (*Verband Deutscher Hilfsschulen*) was founded in 1898 and has significantly shaped the development of German special education since (Möckel 1998). In encompassing the increased differentiation of special school types that its members had proposed, the Association of Special Schools (*Verband Deutscher Sonderschulen*) later added to its title

“professional association for education of ‘the disabled’” (*Fachverband für Behindertenpädagogik*). In 2003, the corporate identity shifted again, to the more neutral Association for German Special Education or *Verband Deutscher Sonderpädagogik* (VDS).

Its American counterpart is the Council for Exceptional Children (CEC), established in 1922. Like the VDS, the CEC has significantly influenced the direction of special education reform through its public policy division, which was instrumental in passage of the original mainstreaming law (PL 94–142) in 1975. Such professional associations developed new areas of expertise to extend the pedagogic mandate of public schooling to students who earlier had often been completely excluded (Tomlinson 1982:29). In response to compulsory schooling and the increase in scientific expertise, the “rules of access” were loosened (Richardson 1999).

Access was and is determined by special education’s classification systems at the nexus of expert scientific knowledge, the ideology of normality, and homogeneous ability grouping. Together, these legitimate selection and stratification processes based on dynamic ideals of physical, intellectual, and social “normality” that undergird myriad categories of student dis/ability.

Continuity and Change in Classification Systems

Boundaries between categories in systematic classifications are policy choices with clear institutional and individual ramifications, just as the classifying of people among them represents a political process which can be empirically examined (Starr 1992). Changes in how educational systems group students emphasize that dis/ability can be understood as structurally assigned social status, rather than as fixed qualities of individuals (Rosenbaum 1986:157). In schools, charged with evaluating student performances on a daily basis, this occurs as a matter of course.

As the twentieth century began, “the inferior status and attenuated social participation of women and people of color were portrayed as being natural consequences of their differences in talent and character,” but a hundred years later, these very disadvantages are instead interpreted as the result of power struggles and abuses that produced biased institutions (Silvers, Wasserman & Mahowald 1998:15). More recently, disability has

also experienced an epistemological shift, as disabled people organized effective social movements to battle for recognition of the artificial biases they suffer, arguing for institutional change in a wide range of protest and lobbying activities (see Barnartt 2010 (this issue)).

Over time, dozens of categories of student dis/ability – as deviations from statistically-defined normal intelligence and learning progress – have been institutionalized at multiple levels of social and educational policy and practice. Within the two countries a broad historically-evolved and regionally-specific range of often contradictory definitions exists, relating to an array of contrasting paradigms of normality and disability.

Yet “intelligence” and its measurement is the scientific development that led to the drawing of ostensibly precise boundaries between students, along a continuum that led to the ranking of individuals. Especially in the US, educational psychology was dominant in the evolution of American schools, defining educational success and failure and becoming a significant force in the gatekeeping processes at the boundaries between special and general education (Bradley & Richardson forthcoming).

Classifications of SEN provide a communication system for educators, scientists, and government officials for such variables as functioning levels, education and support needs, and etiology. In the landmark study of the classification of children, Nicholas Hobbs describes the rationale for and benefits of their use: they were defined as more or less formal and systematic conceptual schemes to describe children and their problems – in short, as “the natural way to achieve economy of description, especially with such a diverse group” (Hobbs 1975a:43).

Contributing to these systems’ ubiquity and stability, many other features have been specifically mentioned as beneficial or positive (see Hobbs 1975a, b; Ysseldyke 1987; Reschly 1996; Florian & McLaughlin 2008). First, they facilitate communication among educators, policymakers, scholars and the public. Second, they reduce complexity as they structure the identification and description of individuals. Third, they increase possibilities for advocacy and support based on specific claims and characteristics as they structure eligibility determinations, diagnosis and treatment decisions, and educational programs for labeled individuals, since each individual so categorized will be related to others in the category. Fourth, they organize teacher training, licensing, and research on educational inputs and outputs. Fifth, they structure individual claims, legislative initiatives, and finance of educa-

tional services, thus increasing administrative and political efficiency. Finally, they facilitate identity, identification, common culture, and bonds among members of a category, such as among Deaf individuals. Not just the dichotomy special/general, but rather the continuing, highly dynamic differentiation among categories in special education structures practically all activities relating to it.

Not only are students (dis)aggregated into instructional groupings within classes, even their classrooms and schools are divided along this cleavage. Universities train teachers, researchers conduct studies, professional organizations lobby, parents and activists advocate, and foundations raise money – based on disability classifications in which nationally-specific ideas, values, and the corresponding categories were institutionalized.

If historically evolved classification systems and their categories provide “informational infrastructures” that stabilize particular ethical and political values, then regional and local implementation further modulates and specifies them (Bowker & Star 1999:321). Highly variant responses to heterogeneous student bodies and individual ascription to a category can be shown to be neither scientifically “objective” nor generated solely or even mainly by individual differences.

Yet the historical resilience of these systems and their function of grouping students into official categories emphasizes their highly successful institutionalization. Their taken for granted function contrasts with culturally specific categories that they supply and apply, which have enormous consequences for the labeled individuals. Categorical shifts toward less stigmatizing labels evince a trend, but some criticize these changes as mere euphemism. Even the comprehensive, unitary category SEN as a replacement for earlier classification systems, such as in Norway or the United Kingdom, does not solve the original problem of the medical model because it retains the causal equation of deficit within the child instead of focusing on disabling institutional practices and barriers (Barton & Armstrong 2001).

Regardless of one’s position on the decades-old controversy about labeling, classification systems must be analyzed as central to the institutionalized symbolic and social boundaries between “general” and “special” education that not only legitimate school systems’ separation or segregation of students, but also produce the knowledge and norms that guide policy-makers and gatekeepers.

Developing German and American Classification Systems

Charting historical changes in the socially-constructed categories of student dis/ability shows how its definitions changed as compulsory schooling expanded to reach ever more of the population. Responding to that challenge of increased heterogeneity, classifications were differentiated, as were school systems themselves, informed by growing disciplinary knowledge and professional authority. Especially statistics defined not only social problems and categories, but also the methods of measurement that determined for nascent education societies how diverse groups of children in schools should be sorted: Through scientifically defined and administratively controlled classification systems.

“Particular images of difference and models of provision are imposed through formal policymaking, processes of assessment and identification, and bureaucratic control. ‘Special education’ and medically based categories of impairment, although highly contested, are the bastions that exclude many disabled children from ordinary social and learning environments” (Barton & Armstrong 2001:702). Thus, analyzing how American and German classification systems and their categorical boundaries persist, but also how they change incrementally, enables us to unmask special education’s taken-for-grantedness and to evaluate the contribution of classification systems to the stability and persistence of special education.

The special education classification systems examined below reflect new scientific knowledge and categories that gatekeepers used to respond to increasingly heterogeneous groups of students even as they themselves were a crucial source of differentiation. The profession of education asserted itself, but medicine and psychology adapted, playing crucial roles in the new structures as they had in the old, especially through physicians’ clinical diagnoses and psychologists’ IQ tests.

German Special Education Classification Systems

Since 1920, German special education classification systems have shifted considerably, from a focus on individual impairments to school types to individual support needs. Since the beginnings of the support school system (*Hilfsschulwesen*) before 1900, school administrations became increasingly bureaucratized as they established required, official procedures

in the form of keeping extensive student files whose contents determined transfer – and justified their decision-making (Hofsäss 1993:35).

Beginning with the primary school law (*Reichsgrundschulgesetz*) in the 1920s and ending with the recommendations by the Standing Conference of *Länder* Culture Ministers (*Kultusministerkonferenz*, KMK) published 1994–2000, Figure 1 shows the development of social, intellectual, physical and sensory categories – from individual deficits such as “crippled” (*verkrüppelt*), “weakly competent” (*schwachbegabt*), or “speech suffering” (*sprachleidend*) to educational support categories such as those for “physical and motor development” (*Förderschwerpunkt körperliche und motorische Entwicklung*), “learning” (*Förderschwerpunkt Lernen*) or “speech” (*Förderschwerpunkt Sprache*). (These categories can be compared to the US equivalent in Figure 2.)

Yet in between was a key stage, as administrative-organizational categories were defined into which individual students were to be grouped. In 1954, Germany’s Federal Statistical Office began classifying students by the school types they attended. The equation was set that having a “SEN” or being “disabled” required attendance in a particular type of special school. At least ten separate types of special schools were established, most reifying an impairment term into a new name for a school of that type (Statistisches Bundesamt 1954). For people with hearing impairments, three separate types of schools were constructed: “schools for deaf-mutes” (*Taubstummenschulen*), “schools for the hearing impaired” (*Schwerhörigenschulen*) and “schools for the deaf” (*Gehörlosenschulen*) (Hofsäss 1993). This focus on the school, not the individual student, led to a supply-side logic of resource provision and professional specialization above individual support.

In the 1960 Culture Ministers’ “Recommendation on the Structure of the Special School System” (KMK 1960), several new school types were proposed – from the “special education life circle for children needing care” (*Heilpädagogischer Lebenskreis für pflegebedürftige Kinder*) and the “observation school for ‘problem children’” (*Beobachtungsschule für ‘Problemerkinder’*) to the “special vocational school” (*Sonderberufsschule*). The name of “cripple schools” (*Krüppelschulen*) was changed to “school for the physically disabled” (*Körperbehindertenschule*). The other names were passed on to the expanding school systems of the so-called “special school miracle” or *Sonderschulwunder*.

Almost without match internationally, West Germany afforded itself a tremendous number and range of special schools. East Germany, too, had a highly differentiated special school sector, with many of the same categories defined prior to WWII.

By 1972, intellectual impairments and learning difficulties had been redefined, such that the “school for the mentally disabled” (*Schule für Geistigbehinderte*) and “school for the learning disabled” (*Schule für Lernbehinderte* or *Förderschule*), as an outgrowth of the former “auxiliary school” (*Hilfsschule*), were distinguished. In this classification, the school comes first but the corporate groups of children with particular impairments or disabilities are reemphasized as they gain some autonomy from the school-based terminology. At the same time, some categories remain invisible despite ever-more specific diagnostics and often meteoric growth in awareness, such as “dyslexia” beginning in the 1980s (Bühler-Niederberger 1991) or attention deficit syndrome (ADS) since the 1990s. However, such new conceptions and understandings of SEN and the diagnostics to measure them did not by themselves alter significantly the institutionalized learning opportunity structures, as evident in recent classifications. The most important characteristic of special schooling remained – and remains – being sent to a segregated school.

Not until 1994, when the anti-discrimination clause (Article 3) of the German Constitution (*Grundgesetz*) was extended to explicitly include disabled people, decades after other groups were specifically protected, did the KMK finally retreat from a deficit-oriented and organization-centric classification system with its definition of “need to attend a support/special school” (*Hilfs- or Sonderschulbedürftigkeit*). The change was due in large measure to reactions to the global discourse calling for inclusive education and direct challenges by advocates of school integration. Called a “Copernican revolution,” the special school types have, at least in official regulatory terms, been replaced by nine categories of educational support or *Förderschwerpunkte* (Ellger-Rüttgardt 1998:8).

Since then, the KMK has reevaluated each area of pedagogical support offered in the special school system in specific recommendations, ranging from national special schools (*länderübergreifende Sonderschulen*) in 1994 to the support category speech in 1998 to “autistic behavior” (*autistischem Verhalten*) in 2000, although the latter has not yet been granted the status of an official national category of support. In Germany, despite the continued

existence of a plethora of special school types, these overarching *Förder-schwerpunkte* assert that educational support should have primacy in (special) education. Referring only indirectly to special school organizations or to specific impairments and disabilities, the new classification system provided a significant symbolic shift.

Yet it awaits complete implementation, along with other reforms such as revised teacher training programs, full-day schools, and fewer regulatory limits on curricular offerings and on educational attainment in specific school types. In contrast, the American categories have always focused on individual learners, but ardently from a psychometric or clinical diagnostic point of view that became the basis of rankings of students and their allocation among tracks.

American Special Education Classification Systems

American special education classifications, divided along social, intellectual, physical, and sensory lines, have been differentiated, as many more categories are now officially inscribed in federal special education law than were well-defined in the 1920s. Dozens of specific terms have been and continue to be used. The presented labels represent only a small sampling from textbooks, regulatory documents, and special education policies.

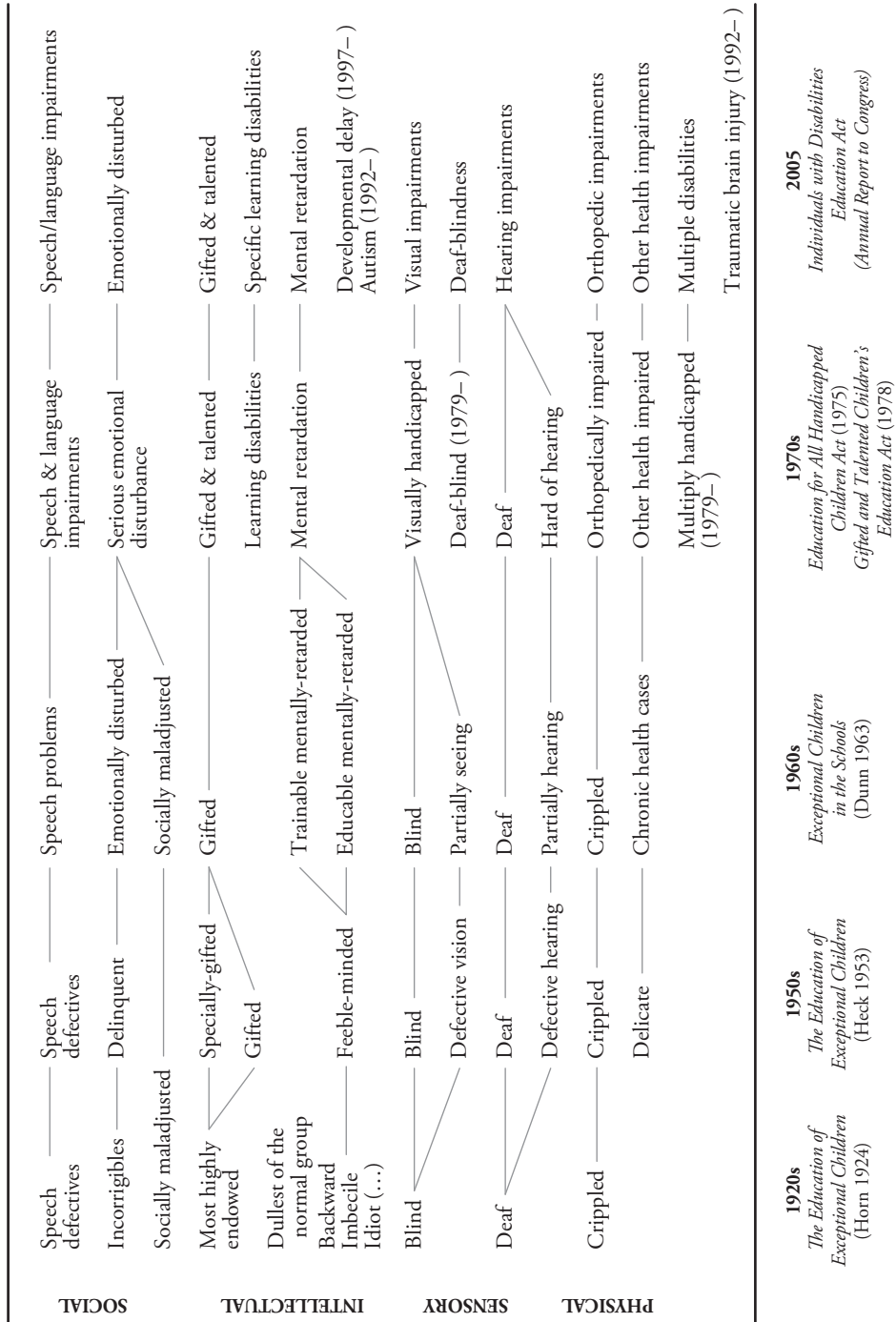
Two social categories relating to communication and behavior are at the top of Figure 2. The categories have been transformed from epithets that obviously “blame the victim” by calling children “defective”, “incorrigible”, or “delinquent” to more sober or euphemistic descriptions of impairments and emotional or behavioral problems. The intellectual categories show the statistical origins of classification systems most clearly, derived as they are from early psychometric testing. Analyzing the evolution of the categorical labels of “mental retardation” in the US, James Trent (1994:5) shows how “defectives” became “mental defectives”, “imbeciles” were differentiated to “high-grade/low-grade imbeciles”, moron was changed to “higher-functioning mentally-retarded” and “mentally-retarded” shifted to “mentally-retarded persons” before becoming “persons with mental retardation”, “persons with developmental disabilities”, or “persons specially challenged”. Despite what political correctness may dictate, the newer labels may not be more accurate or less stigmatizing. New and revised categories may well reflect the power of assertions of advocates and professionals more than increased genetic and biological evidence (Jenkins 1998:8).

Figure 1
Special education classification, Germany, 1920–2005

	1920s	1939–45	1950s	1960s	1970s	1994–2000	
SOCIAL	Sprachleidend	Sprachheilschule	Sprachheilschule	Sprachheilschule	Sprache f. Sprachbehinderte	Sprache f. Sprachbehinderte	Förderschwerpunkt Sprache
	Sittlich gefährdet	Erziehungsschwierigenschule	Erziehungsschwierigenschule	Erziehungsschwierigenschule	Erziehungsschwierigenschule	Schule f. Verhaltensgestörte	Förderschwerpunkt soziale & emotionale Entwicklung
	(Übergreifend: Schulen in Heil- & Pflegeanstalten)		Schule im Jugendstrafvollzug i.A.				
	(Übergreifend: Schulen in Erziehungsanstalten)		Beobachtungsschule f. "Problemkinder" i.A.				
INTELLECTUAL	Schwachsinig	Hilfsschulen	Hilfsschulen	Heilpädagogischer Lebenskreis für pflegebedürftige Kinder i.A. ["leichter, mittlerer, schwerer Schwachsinn"]	Schule f. Geistigbehinderte	Schule f. Geistigbehinderte	Förderschwerpunkt geistige Entwicklung
	Schwachbegabt	Hilfsschulen	Hilfsschulen	Hilfsschule (allgemeine Sonderschule)	Schule f. Lernbehinderte / Förderschule	Schule f. Lernbehinderte / Förderschule	Förderschwerpunkt Lernen
	Blind	Blindenschulen	Blindenschulen	Blindenschule	Schule f. Blinde	Schule f. Blinde	Förderschwerpunkt Sehen
	Taubstumm	Sehbehindertenschulen	Sehbehindertenschulen	Sehbehindertenschule	Schule f. Sehbehinderte	Schule f. Sehbehinderte	
		Taubstummschulen	Taubstummschulen				
SENSORY	Schwerhörig	Gehörlosenschulen	Gehörlosenschulen	Gehörlosenschule	Schule f. Gehörlosen	Schule f. Gehörlosen	Förderschwerpunkt Hören
	Verkrüppelt	Schwerhörigenschulen	Schwerhörigenschulen	Schwerhörigenschule	Schule f. Schwerhörige	Schule f. Schwerhörige	Förderschwerpunkt körperliche & motorische Entwicklung
	Krankhaft veranlagt	Krüppelschulen	Krüppelschulen	Körperbehindertenschule	Schule f. Körperbehinderte	Schule f. Körperbehinderte	Förderschwerpunkt Körperliche & motorische Entwicklung
		Krankenschulen	Krankenschulen	Krankenschule & Hausunterricht	Schule f. Kranke (Sonderschule) & Hausunterricht	Schule f. Kranke (Sonderschule) & Hausunterricht	Förderschwerpunkt Kranke
			Sonderberufsschule i.A.	Sonderberufsschule i.A.			Förderschwerpunkte (mehrfach) oder nicht klassifiziert

1920s Deutsches Reich Reichsgrundschulgesetz (Hofstätter 1993)
1939–45 Nazi Regime: forced sterilization; 'euthanasia'
1950s Statistisches Bundesamt Fachserie 11.1
1960s Kultusministerkonferenz (KMK) "Gutachten zur Ordnung des Sonderschulwesens"
1970s KMK "Empfehlung zur Ordnung des Sonderschulwesens"
1994–2000 KMK "Empfehlungen zur sonderpädagogischen Förderung in den Schulen der BRD"

Figure 2
Special education classification, United States, 1920–2005



Widely distributed special education textbooks provide the key categories of “exceptional” children for the period from the mid-1920s to mid-1960s (Horn 1924; Heck 1953; Dunn 1963). Especially during special education’s early days, these teacher training manuals were instrumental in professional boundary setting and specialization as well as knowledge transfer. Of course, textbooks still serve those goals. Focusing on psychometrics, Brian Rowan (1982:268f.) points out that in the US, school psychologists, psychometrists, and psychiatrists have played a central role in the diffusion of expanding special education programs (under various guises, such as health programs, the bureaus of mental hygiene, and psychometric testing) since the 1930s, growing rapidly in the postwar period, with consolidation in the 1950s followed by increasing federal government involvement.

But in more recent decades, the categories inscribed in federal special education law were redefined and the field became more strongly regulated, with categorical boundaries managed from the top down. Beginning in 1975 with passage of the *Education for All Handicapped Children Act* (PL 94–142), the Federal government not only mandated strengthened support and integration, but also demanded that detailed data about those students in special education in all states be collected and reported by the US Department of Education in its *Annual Report to Congress*. This law was significantly amended, reauthorized, and renamed in 1997 (*Individuals with Disabilities Education Act*) and must be continuously reauthorized; the categories for 2005 are taken from that report (US DoED 2005).

In 1978, the *Gifted and Talented Children’s Education Act* was passed to provide services to that category of “exceptional” children. However, not all states provide programs for such children. Furthermore, national categories are not always used at the state and local levels. More than three decades after passage of Public Law 94–142, a multitude of classifications for student disabilities exist, such that no one official system can be applied uniformly everywhere (McDonnell, McLaughlin & Morison 1997:71). Yet, as we have seen, categories made “official” at federal level can powerfully redefine reality, not only by diffusing specialized knowledge, but also by establishing fiscal incentives to fill the newly established and legitimated category or program with students.

American teacher training textbooks include detailed guidelines on calculating chronological ages, computing scores, and interpreting results based on sample norm tables with grade and age equivalents, percentile

ranks, or standard scores as well as depictions of the normal distribution or bell curve. Responding to concerns about intelligence testing and disproportionality of racial and ethnic groups in special education, federal laws included two provisions to counteract testing abuses: (1) “mental retardation” was defined not solely as intellectual performance but with adaptive behavior measures, and (2) testing must be conducted in the student’s native language, measures must be nondiscriminatory and validated for the purpose used, and special education placement may not be based solely on one test score (McLoughlin & Lewis 1994:182).

Yet not only those students who were scaled and ranked lowest received special education attention as “exceptional” or “abnormal” children. In the US, often those whose scores on IQ tests attested to a “high mental age” also were served in special or “gifted and talented” or honors programs. Not only the category “dullest of the normal group” but also the other end of the bell curve, the “most highly endowed”, were to benefit from the SEN psychometricians divined. Germany and most other countries do not provide such services to students who score high on intelligence tests, if they use such instruments to measure student performance at all. Although there is federal legislation relating to “gifted” children, such as the *Gifted and Talented Children’s Education Act of 1978* (PL 95–561), and mandatory “gifted and talented” services are provided in over half the states, historically support for this group of students has been quite unstable (Silverman 1995).

If learning disability in Germany has for a century been primarily a marker of social and economic disadvantage, a very different concept was institutionalized in US special education. Especially in the early phase, parents with economic and cultural resources championed “LD” to secure services for their low achieving children (see Carrier 1986). The “specific learning disabilities” category may now be the largest of all in proportion, yet its official definition is extremely narrow and relatively new; first defined in the early 1960s (Kirk 1962) and adopted by parental groups.

Within a few years, advocates of legislation succeeded in having the national *Children with Specific Learning Disabilities Act of 1969* passed, which started specific pilot projects to serve students with specific learning disabilities. This umbrella term refers to a broad array of difficulties in acquiring and applying information. The aim is to measure the discrepancy between a student’s tested intelligence and actual school performance,

thus is completely reliant on multiple assessments and diagnostics. As with other SEN, learning disabilities refer to judgments that teachers, scientists, and policymakers have made about who should receive additional or specialized resources to access the curriculum. In this case, evaluations of school performance and information processing result in particular learning differences being recognized as deserving of attention. Conditions that preclude receiving services as a member of this category include other impairments or disabilities and general disadvantages such as poverty or speaking English as a second language.

Indeed, this is a social category some see as functioning “to legitimate school failure for students whose failure would otherwise be inexplicable” (Christensen 1999:246). The relationship between social disadvantage and diagnoses of learning disability has shifted, with this category initially largely made up of children of relatively privileged parents, but less so over time (Ong-Dean 2006). By the late 1980s, the category was being used as a more “acceptable” category than mental retardation or emotional disturbance for students of color (Skrtic 1995:161). Viewed as less stigmatizing than most other categories due in part because it implies moderate to high IQ (a criterion for support), the learning disability category grew from a fifth of American special education students in the mid-1970s to more than half of all students in special education just a quarter century later (DoED 2005), suggesting substitutional effects. Increasingly, students with a learning disability diagnosis in the US are continuing on to tertiary education, further reducing the “classification threshold” into special education and increasing the population of students with SEN (Powell 2003).

A dilemma results from the fact that the official definition of learning disability is much narrower than it appears at first glance. In 1975, the “discrepancy” measure for LD was codified in national law in the precursor to the IDEA. This is still the primary, though not exclusive, criterion for determining eligibility. It requires that children be diagnosed as having a “severe discrepancy” between intellectual ability (shown by IQ test results) and school achievement (usually evaluated with standardized tests and grades) in such areas as basic reading skills or math reasoning.

Thus, this definition requires a diagnosis of “underachievement,” which is usually described “objectively” as the consequence of neurological dysfunction and processing deficits within the individual student. However,

such evaluations depend on subjective expectations for “normal” learning performance and progress held in particular times and places. In the American meritocracy, special education support is for those students who are not performing up to the level at which psychometric testing suggests they should.

The third group of student disabilities – referring to physical or sensory impairments – may be the smallest group proportionally, but the one most clearly identified due to its visibility and its specific clinical diagnosis (in contrast to the lists of behaviors that make up many of the “soft” or high-incidence categories relating to learning, speech or behavior). In fact, blind and deaf children were the first to receive specialized training in (private) institutions, on both sides of the Atlantic.

In contrast, children with orthopedic or other health impairments were still treated in hospital-like settings long after educators had replaced medical doctors in providing services for other children. In many countries, including Germany and the US, the language of individual “deficit” has been softened, yet often individual blame and responsibility remain implicit. Next, categories applied since the early 1990s are directly compared to underscore the considerable national differences in contemporary classification systems of SEN.

Comparing Contemporary German and American Special Education Classification Systems

Over the 1990s, several new categories were added, while the term “handicapped” has fallen almost completely from everyday parlance. Whereas in Germany “the disabled” (*die Behinderten*) seems most prevalent, in the US “people first” language, e.g. “person with a (category) disability”, instead of “the (category) handicapped” has become most widespread. Based on broadened understanding of the conceptual difference between impairment and disability, most recent amendments to the IDEA acknowledge that distinction. However, the tripartite causal chain “impairment – disability – handicap” institutionalized since 1980 in the International Classification of Impairment, Disability and Handicap (ICIDH) has been thoroughly revised in the International Classification of Functioning, Disability and Health, which identifies a range of factors affecting activities (Üstün et al. 2001; WHO 2001).

Despite significant changes in that international classification system to acknowledge environmental barriers and facilitators of participation, the newest US categories all derive from a clinical perspective that legitimates additional services for individuals by locating “deficits” such as autism (1992–), developmental delay until age 9 (1997–), and traumatic brain injury (1992–). Several others have since been debated as possible additions, including “attention deficit disorder” and “attention deficit hyperactivity disorder”. Not only news media have given categories such as autism and Asperger’s Syndrome a great deal of attention, but also literary works and films have increasingly featured such characters. “Autism” refers to differences in social interaction and communication facility that span geographic, racial, and social boundaries (see Biklen et al. 2005).

In official statistics, children and youth identified with these difficulties are mostly reported under the umbrella categories “other health impairments” or “multiple disabilities”. Overall, the categories currently in use are mainly based on a medical model of disability, as they provide specific services to groups of students with particular impairments or abnormal behavior patterns that are diagnosed with reference to specific genetic or biological origins. The continued application of these categories challenges the progress that has been made organizationally to reduce segregation and separation and foster inclusive education.

Historically developed and standardized categories persist in both legally inscribed federal classification systems, even if the newer German categories of educational support do manifest a primarily pedagogical understanding of learning differences or difficulties (Table 1). In contrast, the US classification system has maintained a basically clinical approach, which discusses “development” but continues to focus on impairments that are clinically diagnosed for the IEPs by multiple disciplinary experts. In the US, categorical differentiation is increasing, not decreasing, as additional resources are sought for newly defined categories of students.

In comparison to the institutional persistence of special schools in many German *Länder* and the stagnation of inclusive and integrative pilot school projects (Schnell 2002:233; KMK 2005), the Conference of Culture Ministers (KMK) has attempted since 1994 to implement mainly educational categories of special educational support to replace the administrative-organizational categories tied to specific impairment-oriented types of special schools.

Table 1
Classification systems of SEN, US/Germany compared

United States (since 1992) Categories of student dis/ability	Germany (since 1994) Categories of special educational support (<i>Förderschwerpunkte</i>)
Specific learning disabilities	Learning (<i>Lernen</i>)
Serious emotional disturbance	Emotional and social development (<i>Emotionale und soziale Entwicklung</i>)
Mental retardation	Mental development (<i>Geistige Entwicklung</i>)
Autism (1992–)	–
Developmental delay, 0–9 years (1997–)	–
Traumatic brain injury (1992–)	–
Orthopedic impairments	Bodily and motor development (<i>Körperliche und motorische Entwicklung</i>)
Other health impairments	Patients (<i>Kranke</i>)
Speech or language impairments	Speech (<i>Sprache</i>)
Visual impairments	Seeing (<i>Sehen</i>)
Hearing impairments	Hearing (<i>Hören</i>)
Deaf-blindness	–
Multiple disabilities	Multiple/unclassified (<i>Mehrfach/nicht klassifiziert</i>)
Gifted and talented	–

Sources: US–DoED (2001, 2005); Germany – KMK (2002, 2005).

Discussion

Given considerable change in population composition and group size, especially in the largest categories of learning disabilities, speech, and social development in both countries, what do these classification systems ultimately represent? They provide evidence that the attempts to classify according to categories of statistical normality are socially and historically contingent; continuously modified. Often these classifications and categories reveal as much or more about the institutionalization of special education as they do about individuals who fall within their boundaries, especially due to the diversity of student bodies (even within categories) and as a result of each student's individuality and unique learning style and career. Factors include awareness-raising through media, disciplinary

knowledge, professional standards, school organizations, and special education laws.

This cross-national comparison of the history of German and American classification systems provides further evidence that, as Tomlinson (1982:2) found for Great Britain, “administrative categories . . . do not mysteriously develop in an evolutionary manner. Categories appear, change and disappear because of the goals pursued and the decisions made, by people who control the special educational processes”. Despite different historical conditions, today the major questions of debate and contention surrounding special or inclusive schooling in Germany and the US concur: “Decategorization” and its underlying acceptance of “heterogeneity” in classrooms (Benkmann 1994:10). However, the American strategy of accepting heterogeneity in special education programs is antithetical to Germany’s standard process of homogenization, elaborate differentiation, and allocation to segregated school types. If in the US, the ideals of integration and equality facilitated the victory of the special class over the special school and minority-group and socio-political paradigms of disability have widely diffused, medical model categories of individual deficits have been maintained and new ones have been added (e.g., autism). In this self-reinforcing process, such new specializations and categories are professionally legitimated and used to justify the ever-increasing resources required for an expanding population.

Classification systems are tools used to distinguish groups of students, serving a multitude of interests and organizational goals, including facilitation of communication, disciplinary authority, and legitimation of resource distribution. The clinical model of “dis/ability,” diffused with the rise of statistical normality and monitored by international agencies and state governments, led to the focus on individual deficits in need of treatment. The enormous cultural legitimacy of the clinical professions undergirds beliefs in diagnosis as objective and useful.

While classification systems have most often emphasized the bodily “nature” of impairments and disabilities, the majority of students with SEN are placed into categories without a clearly-defined etiological basis. Nevertheless, while these socially-constructed categories may be relative and subjective measures, they have very real consequences. Despite considerable disparities in the “classification thresholds” and participation rates in special education between and within nations, the group of students

classified and receiving special education services has grown since the beginnings of special education, but especially from the 1950s, reaching 6% of students of compulsory school age in Germany and 13.5% in the US in 2005.

The institutionalization of classification systems of SEN had unintended, indeed contradictory consequences: These systems not only structure the regulations of access to schooling and of transitions within schools. They legitimize these (special) educational systems and their variable learning opportunity structures in selective school systems for a growing group of students considered educationally “abnormal” or “disabled”. Delivering the criteria needed for school decision-making processes of student differentiation and allocation, these systems developed and stabilized the scientific, occupational, and professional boundaries between “special” and “general” education.

Furthermore, they have continuously been adapted to, respond (not always rapidly) to paradigm shifts and disciplinary progress, to changes in power relations, and to social movement demands. Yet the primary achievement of all these classifications is this: In institutionalizing the boundaries between students of each new generation, they define for societies who will become “gifted”, “disabled” or “normal”.

For over a century in Germany and the US, clinical, behavioral, and educational professions, their perspectives, and their concepts of ab/normality, intelligence, dis/ability, and SEN determined and continue to influence statistical classification systems and (special) education organizations. Industrializing nation-states, and the rapidly developing social policies, administrations, professions, and science and education systems contributed to the societal idealization of statistical “normality”, paradoxically also an ideal.

Through the challenge resulting from increasingly universal compulsory schooling and its consequence of more heterogeneous student bodies, social, intellectual, sensory and physical characteristics were systematized and “normalized” in reference to statistically-derived means and standard deviations used by the professions in their diagnostics. The ubiquitous societal idealization of “normality” facilitates the definitional power of these institutionalized classification systems as they draw the boundaries of ab/normality, dis/ability, and “special educational needs”.

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