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Stigma, Self-Hatred, and Stereotypes: Using a Critical Disability Studies Framework to Understand Learning Disabilities and Mental Illness

Stigmatisation, haine de soi et stéréotypes : utilisation d'un cadre tiré des études critiques sur le handicap pour comprendre les troubles d'apprentissage et la maladie mentale

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Abstract

Critical disability studies (CDS) questions how knowledge is constructed to maintain systems that exclude and control those with disabilities. Without acknowledging the disability experience in conjunction to structural, systematic, and institutional inequalities, we are limiting ourselves to harmful binary thinking. Individuals with disabilities, such as learning disabilities (LDs), are constructed in society as passive, dependent, or failures. Those with mental "illness'" are also stigmatized in similar ways. This paper will ask: In what ways does using a CDS framework, make us think differently about the mental health of individuals with LDs? How can CDS help break the divide between LDs and individuals with a poor mental health and what does this perspective offer to mental health research? There is a clear parallel between the barriers faced by those with LDs and those with mental health hardships. CDS offers a new perspective to disability research by uncovering the social stigma and prejudices faced by those deemed "ill." This type of research redefines how those with LDs and mental "illnesses" are categorized. CDS can help reduce stigma amongst LDs and mental health, and consequently those suffering from both. For those with LDs, who feel unheard and unworthy, and because of this, have a compromised mental health, a CDS framework can help remove self-blame and self-hatred. Ultimately uncovering how disability reflects a phenomenon to be deconstructed amongst social, political, and systematic barriers.

Résumé

Les études critiques sur le handicap remettent en question la manière dont les connaissances sont construites de sorte à maintenir en place des systèmes qui excluent et contrôlent les personnes handicapées. En omettant de reconnaitre l'expérience du handicap en conjonction avec les inégalités structurelles, systématiques et institutionnelles, nous nous limitons à une pensée binaire nocive. Les personnes handicapées, notamment les personnes ayant des troubles d'apprentissage, sont perçues par la société comme étant passives, dépendantes ou ratées. Les personnes avec une « maladie » mentale sont également stigmatisées de la même manière. Cet article se posera les questions suivantes : En quoi l'utilisation d'un cadre tiré des études critiques sur le handicap nous amène-t-elle à penser différemment la santé mentale des personnes ayant des troubles d'apprentissage? Comment les études critiques sur le handicap peuvent-elles aider à briser le fossé entre les personnes ayant des troubles d'apprentissage et les personnes ayant une mauvaise santé mentale et qu'est-ce que cette perspective offre à la recherche en santé mentale? Il existe un parallèle évident entre les obstacles auxquels sont confrontées les personnes ayant des troubles d'apprentissage et celles qui ont des problèmes de santé mentale. Les études critiques sur le handicap offrent une nouvelle perspective à la recherche sur le handicap en révélant la stigmatisation sociale et les préjugés auxquels sont confrontées les personnes qui sont considérées comme « malades ». Ce type de recherche redéfinit la façon dont les personnes ayant des troubles d'apprentissage et de « maladies » mentales sont classées. Les études critiques sur le handicap peuvent aider à réduire la stigmatisation en lien avec les troubles d'apprentissage et la santé mentale, et, par conséquent, envers les personnes qui sont impactées par les deux. Un cadre tiré des études critiques sur le handicap peut aider les personnes qui ont des troubles d'apprentissage et qui se sentent ignorées et indignes, ce qui compromet leur santé mentale, à éliminer le blâme et la haine de soi. Ce qui permettra finalement d'approfondir nos connaissances sur le rôle du handicap comme révélateur d'un phénomène à déconstruire parmi les barrières sociales, politiques et systématiques.

Keywords

Learning Disabilities, Critical Disability Studies, Mental Health, Disability

Introduction

What makes a body a body? Who deems that certain individuals are normal? More worthy than others? More capable of living a "successful" and fulfilling life? These are questions I find myself wondering when doing research around disability. Could you image living in a world where your identity is not only being constructed by others around you, but you are not even given an opportunity to justify your personhood? Why is it that some individuals are simply not given the space to be themselves, even if they may seem different than others? How might the constant failure, disrespect, isolation, and feelings of shame and remorse affect one's mental health? In contemporary Western societies, individuals are governed through normalcy, meaning that people are regulated through categorization and classification (Jóhannsdóttir et al., 2021), leaving little to no room for deviation. The construction of disability identity is challenging construct yet is often formed through various social processes (Parekh et al., 2020). This discursive paper will draw on a critical disability studies (CDS) theory which is located within a social constructivist paradigm to disrupt the binary of disabled/able-bodied, mentally "ill"/health. With this social constructivist paradigm and the critical theory of CDS, the decoupling of dualisms can be achieved. This paper will ask: In what ways does using a critical disability studies (CDS) framework, make us think differently about the mental health of individuals with learning disabilities (LD)? How can CDS help break the divide between LDs and those struggling with mental "illness" and what does this perspective offer to mental health research?

My analysis works from a CDS framework to explore the idea of LDs as individualized, stigmatized, and pathologized, which creates the conditions for individuals to internalize feelings of shame and stigma, creating sacrifices to one's mental health. Within this paper, mental "illness" will be reframed as mental health struggles or someone experiencing mental hardships.

Mental "illness", which although can be distinct from a broad understanding of mental health, is important to be restricted as this language is medical in nature. A CDS works to evoke "illness", as this is understood in the absence of health and is inherently an abnormal state that works to reproduce sanism. This manuscript will be approached with an abolitionist analysis of concepts such as ability/disability. This postdualist understanding will reveal how terms such as "illness" or "impairment" locates disability within a disabled body which has been critiqued as a concept that complicates the structural roots of disability beyond the medical explanations.

Ultimately, those with LDs are categorized as dependent and helpless by societal standards resulting in self-doubt, high levels of anxiety, depression, and low self-confidence (Burdge, 2012; Herridge, 2017). CDS will reveal how disabilities (LDs and mental health struggles) are ignored or made invisible and how these labels are interconnected within our capitalist, individualizing society. Through the analysis of the medical and social model, it will be acknowledged how the history of the construction of disability works in favor of those able-bodied and normalized people. It is with the CDS framework, which works to understand the social constructions of such labels that a new way of thinking about the mental health of those with LDs can emerge. This research is deemed valuable as mental health, as well as LDs, remains one of the most stigmatized experiences an individual can encounter. Any type of 'deficit' or 'impairment' is deemed as an invalid social position through this normalising judgement (Jóhannsdóttir et al., 2021). Thus, indicating a successful and fulfilling life can only exist when one is presumed to be aligned with the normal constructions of human existence.

Theoretical Framework: Critical Disability Studies

Disability studies has become a popular framework to identify the overall disability experience and the conditions of inequality that exist. However, more recently the disability discipline has expanded beyond the limitations of individual pathology to encompass social and political explanations to disability and critiques of traditional disability studies. CDS, understood as an interdisciplinary field, has built upon the early work of disability studies to welcome the perspectives drawn from "inside and outside the disability experience" (Goodley et al., 2016, p. 974). CDS accompanies a re-evaluation of descriptive paradigms to understand the lived experience of those with disabilities to enact social, political, and economic change (Meekosha & Shuttleworth, 2009). CDS challenges the conversation regarding disability in new and productive directions by producing knowledge beyond the medical and social models (Goodley et al., 2019). CDS is an interdisciplinary and emancipatory framework that, "seeks to extend and productively critique the achievements of working through more modernist paradigms of disability, such as the social constructionist model" (Shildrick, 2007, p. 233). What makes this framework distinctive is its ability to question how knowledge is constructed to maintain systems that exclude and control those with disabilities. Without acknowledging the disability experience in conjunction to structural, systematic, and institutional inequalities, we are limiting ourselves to harmful binary thinking. Thus, CDS is a shift from binary understandings, such as disability vs. impairment or medical vs. social (Meekosha & Shuttleworth, 2009).

CDS prioritizes an intersectional analysis of the ways in which disability is converged through multiple systems of oppression (Naraian, 2021). When disability is understood in relation to larger structures, it can be acknowledged how the need for societal change and social shifts is necessary. For this paper, CDS offers a unique perspective to shift the emphasis from individual impairment to greater socio-political influences. Therefore, "disability can *dis*, i.e., challenge, negate, dispute, typical human experiences that are considered self-evident, thereby bringing a critical and political element to posthumanism" (Naraian, 2021, p. 307). With the understanding of disability being constituted beyond the sole individual, we can begin to investigate the operations of power and privilege, in which certain individuals are disadvantaged due to binary thinking and capitalist identity norms. The binarized phenomenon of the dis/ability complex is central to CDS scholars. With the social constructivist frame of thought, it can become understood how medical terms such as mental "illness" as well as learning "disabilities" is located in a dualistic/binary way of understanding. It is crucial that this representation be understood from more structural explanations such as a mental "illness" encompassing more of an individual's reaction to structural triggers.

The term dis/ability is split to consider the ways in which disability/ability are almost always dependent on one another (Goodley et al., 2019). Therefore, to fully understand disability, a greater sense of ability is required. "Disabled people are known in relation to able-bodied/minded people, although the latter group is rarely named but assumed (already) to exist (as a naturalised group of society)" (Goodley et al., 2019, p. 986). When we think about the two processes together, the socio-political practices that are mutually inclusive to dis/ability begin to reveal larger structures that feed the simultaneous dis/ableism concern. It is with a CDS framework that we can begin to understand how individuals with LDs are made to feel abnormal, dependent, and excluded within a capitalist society. Specifically, how these understandings and constructions leave those with LDs feeling resentful, shameful, and stigmatized, thus contributing to an increase likelihood of developing anxiety or depression (Roets et al., 2019). Not only does this pose threats to an individual's overall well-being, but the social constructions of mental health become even more harmful. The highly capitalist society that views independence and able-bodied people are the norm thus deems those suffering as invisible and incapable of a fulfilling life.

A Review of the Literature

The Medical and Social Model of Disability

Traditional understandings of disability fall within a medical approach that pathologizes the disabled body as a social deficit. Understood in this way, individuals are presumed to be dysfunctional and in desperate need of treatment and assistance (Peña et al., 2016). The medical model categorizes disability as a disadvantage or deficiency that limits normal achievements (Reddy, 2011). This model poses several threats to the wellbeing of individuals who fall outside of these ‘normal achievement’ standards. Conrad (1992) discusses the idea of *medicalization*, understood as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders” (p. 209). Therefore, the medicalization of disability makes any sort of human variation an abnormality or a pathological condition in need of “fixing.” Therefore, those who were unable to meet these norms are deemed disabled, where disability becomes theorized as an *individual* problem or burden (Hall, 2019). The diagnostic categories within this model objectified individuals who fall outside of normal constraints of able-bodied citizens as deficits to society. These defective bodies and minds were “dangerous” and “threatening” to all of society’ (Barnes & Mercer, 2003).

The medical model has been critiqued for its individualized, pathologizing measures of disabilities for valid reasons, which evoked a more progressive understanding of disability, the social model. The social model began to acknowledge the relational understanding of impairment and the social interactions between those with and without disabilities (Reddy, 2011). Within this new understanding, the compelling influences of political, social, and cultural environments were acknowledged, shifting the focus on disability from a strictly individual-based phenomenon to a more environmental one. From this social understanding, “the problem of disability lies not only in the impairment of function…but also, more importantly in the areas of our relationship with 'normal' people" (Barnes & Mercer, 2003, p. 9). The conceptual and institutional foundations that legitimized the medical model became radically challenged. Yet even the social model has been widely criticized for failing to acknowledge that even with forms of oppression sharing similarities, each exhibit critical differences (Owens, 2015). The social model fails to create more enabling and empowering platforms for those with disabilities. Ultimately, although with good intentions, the model was unsuccessful in adequately theorizing the disability experience (Owens, 2015). CDS has discursively challenged these previous ways of thinking by seeking to understand how structures and systems are maintained to exclude and control marginalized populations (Peña et al., 2016), making it an ideal theoretical framework to form the basis of this paper.

The Mental Health of Individuals with Learning Disabilities

LDs are often categorized as lifelong neurological dysfunctions that compromise the ability to process, produce, and store information (Learning Disabilities Association of Ontario, 2018). According to the National Center for Educational Statistics (2021), in 2019–20, 14% of students aged 3-21 received special education services under the Individuals with Disabilities Education Act (IDEA), and among those students' receiving services, the most common category of disability, at 33%, was LDs. Over the past several decades, the field of LDs has worked to generate definitions, create effective policies and practices for support, and understand neurological underpinnings. However, recent research has also worked to include social and emotional explanations as well. Those with LDs are often more susceptible to experiencing difficulties related to their mental health, such as anxiety, depression, peer victimization, self-injury, self-hatred, and inadequate social skills (Becker et al., 2012; Harpin et al., 2016;

Mugnaini et al., 2009; Nelson & Harwood, 2011; Piers & Duquette, 2016; Wilson et al., 2009). The mental health risks pose serious consequences to the overall well-being of these individuals. Those with LDs are more likely to exhibit negative self-perceptions, which consequently may incur life-long implications including poor educational competence, aggression, angst, and future resilience difficulties (Buonomo et al., 2017; Gumpel, 2007; Nelson, 2011; Wilson, 2009).

Research regarding the mental health concerns of those with disabilities, specifically LDs, must work far beyond individual factors to also include the psychological impact from societal barriers preventing full inclusion (Simpson & Thomas, 2015). The identification of LDs, much like other forms of disability identity is difficult to disentangle. "For some, disability identification may be perceived as critical to ensuring access and accommodations. While, for others, disability identification may be seen as another barrier through which they will be further marginalized" (Parekh et al., 2020, p. 347). Dowse et al. (2017) acknowledges how CDS works to conceptualize variations in mental or cognitive functioning as both impairment and disability. Similarly, Goodley et al. (2013) recognizes how distinctions between disability and impairment become problematic for those with LDs. Put this way, it can be made aware how human beings are not built from two distinct components of mind and body; rather, "they are embodied – that is, the biological entity is bound together with the psychological and the cognitive, where all are mutually constituted within social and cultural processes" (Dowse et al., 2017, p. 38).

Discussion

How Can CDS Help Understand the Stigma Amongst Both Learning Disabilities and Those Experiencing a Poor Mental Health?

CDS extends to argue for a more complex accounting of disability oppression that does not presume the disability experience as possessing a universal character (Naraian, 2021). Therefore, disabilities must shift from an individual level understanding to a structural, institutional, and systematic understanding, that is influenced by several factors. Both LDs and mental "illness" are stigmatized and discriminated against within society as a form of failure. CDS challenges dependency being understood as a negative fault of an individual, which seeks to reconfigure the human experience as necessitated by asking for help. These structural and attitudinal barriers limit an individual's capacity to navigate society (Martin, 2012; Peña et al., 2016). Those who deviate from the able-bodied norm are "denied personhood and rendered invisible or hyper-visible; thus, they are susceptible to prejudice, stigmatized labeling, and are predisposed to failure regardless of their learning and high-achieving capabilities" (Ressa, 2016, p. 539). CDS is considerably focused on exposing the notion of ableism, which systematically interacts with other power structures that stigmatize to produce sex, gender, race, and disability (Hall, 2019). It is important to understand how mental health struggles, such as anxiety and depression, as well as LDs are individualized, stigmatized, constructed, and interconnected within our capitalist society. CDS works to deconstruct notions of 'normal' and how these constructions are formed upon political, cultural, and social structures (Goodley et al., 2017).

Those with LDs and a poor mental health are viewed as being abnormal within society. These individuals are endlessly working to contest what it means to be human beyond the normative, narrow, and rigid view of the neoliberal capitalist self (Goodley & Runswick-Cole, 2016). CDS helps understand the associated stigma by questioning how we value productive members of society. Specifically, how those with disabilities are denied the opportunity to be defined as a capitalist subject, which involves someone who is rational, capable, competent, and responsible (Goodley & Runswick-Cole, 2016). The role of capitalism is a crucial role in CDS, given that those with LDs and/or mental health struggles are often viewed as non-contributors to the all-encompassing system of consumer/work/production. Therefore, a deep understanding of stigma and disabilities cannot be complete without the role of the neoliberal subjecthood taken into consideration. As a result of those with LDs and/or those struggling with their mental health being seen as a failure, dependent, passive, or in need of care, individuals are placed directly under other's control (Shildrick, 2007). This type of failure counteracts the role of capitalism's insistence on a neoliberal subject – being self-actualized and an autonomous member of society (Goodley et al., 2019). Several disability scholars recognize how identity labels are socially constructed by gender, class, race, etc. (Ben-Moshe al., 2014; Davis, 2013; Erevelleset al., 2006; Parekh et al., 2020). For individuals who fall outside of these rigid constraints, they become stuck in a cycle of inequality, with no opportunity to overcome or redefine their identity. CDS works to shift traditional theorizing of disability by viewing autonomy from more hegemonic and hierarchical ideologies (Hall, 2019). Through this perception, we can work to de-centre the normative subject to encourage and embrace more diversity.

What Does CDS Reveal About the Mental Health of Those with Learning Disabilities?

By positioning those with LDs and/or mental "illness" as "other", it generates social marginalization where these subjects are viewed as failures. It is common for those with LDs to receive additional support whether it be within education, the workforce, or personal life. However, this type of assistance is commonly viewed as "cheating" the merit-based system that surrounds us. CDS works to reconfigure the idea of 'dependence' or assistance as a strength, rather than a weakness. For example, within a post-secondary education environment, Peddigrew et al. (2022) found students with LDs felt regret, guilt, and embarrassment receiving accommodations. Often students feel uncomfortable about competing in a merit-based system when relying on assistance from other products and/or services. Even when encountering success, often those with LDs struggle with the feeling of being "still somehow broken" (Olney & Kim, 2001). Similarly, those with a diagnosed mental health concern who may rely on medication or be seeking therapy or hospitalization to get by, are often seen as "crazy" or broken. Therefore, CDS can help understood how the concerns of mental health experienced by those with disabilities are intensified from being exposed to prejudice and exclusion in a highly competitive, individualized and narrowing society, that makes them feel "broken." CDS can help recognize how everyone has mixed abilities, and society's notion of "success" becomes highly constructed. For those that are constantly belittled and told they are different in a world statured by stigmatization, it is without question that self-doubt, depression, and anxiety can prevail.

Within the past, LDs were characterized as a de-contextualized concept, relying on IQ as a medical standard and predictive measure (Goodley, 2001; Roets et al., 2019). Those with LDs became marked as moral deficits and "unable to follow the developmental path to civilization" (Simpson & Thomas, 2015, p. 571), ultimately dividing humanity by the 1) 'normal' members and 2) those who deviate from society's standards (Roets et al., 2019). With these constructions, people with LDs are often seen as offenders of appropriate citizenship. The constant feeling of being different, results in increased feelings of depression, elevated stress, victimization, and anxiety (Peddigrew et al., 2022). As a result of LDs being commonly considered a cognitive-based or intellectual disability, the ability to maintain a positive mental health and live up to the unrealistic standards set by a capitalist society becomes almost impossible. Over time, the negative connotations placed on those with LDs become internalized, contributing to a climate of stigma and shame (Goodley et al., 2019). There seems to be a clear parallel between the barriers faced by those with LDs and those with a poor mental health. My wish for all is to question one's personal privilege and have empathy for those who are in a constant battle to ‘fit in’ a society that was built to discriminate and exclude them.

Implications for Mental Health Research

CDS offers a new perspective to mental health research by uncovering the social stigma and prejudices faced by those deemed “mentally ill.” This type of research redefines how those with LDs and mental “illnesses” are stigmatized and categorized within society. Not only does CDS help expose the inequalities and constructions placed upon both LDs and mental “illness”, but it also helps understand how those with LDs become more suspectable to mental health related difficulties as well. Within CDS disability is understood as an identity to be celebrated, and an integral part of human variation amongst legal, political, social, environmental, and other social systems (Taylor, 2006). Therefore, we must work collectively to recognize and resist the oppression faced by those with disabilities. If we are unable to acknowledge the importance of a positive self-esteem, self-advocacy skills, creating and maintaining peer relationships, and providing an open and non-judgemental space for disability, we are failing to ensure the basic needs of human beings are met. CDS can help critique and shift the way we understand depression and mental health amongst those with disabilities. We can begin to question why might these individuals suffer more? Is it from the social constructions, discrimination, stereotypes, inequalities faced?

CDS can help reduce stigma amongst LDs and mental health, and consequently those suffering from both. For those with LDs, who feel unheard, inadequate, and unworthy, and because of this, have a compromised mental health, a CDS framework can help remove any self-blame and self-hatred. The blame then becomes shifts from the individual, as we know that disability is far more than an individual burden, and more of a phenomenon to be deconstructed amongst social, political, and systematic barriers. Through a greater focus on social supports and appropriate mental health advocacy, those with disabilities can begin to feel heard, empowered, and capable. The current research will expand knowledge and reveal a new way of understanding those with disabilities. Specifically, through a more socio-cultural perspective to mental health and disabilities than a strictly developmental, biological, or medical understanding which has been traditionally accepted.

Conclusion

All research comes with its set of limitations and weaknesses. For this study, a review of the literature was conducted to identify the unique link between LDs and an individual's mental health. However, a more thorough review is needed to fully encapsulate the disability experience. It is also being somewhat assumed that the feeling of not fitting into a capitalist society is shared amongst those with LDs and/or mental "illnesses". It is acknowledged that this experience is highly contextual and can shift across several different contexts such as, gender, age, sexuality, socioeconomic status, culture, and race. Sadly, a CDS framework has not fully been incorporated into mental health research, even more so when involving those with LDs. Therefore, future research is needed to identify the stigma associated with both those with mental health struggles and LDs and how collectively, these can become internalized by those suffering. The current study proposes several questions regarding the association between those with LDs and suffering from a poor mental health. Specifically, how using a CDS framework can work to identify the disability identities that are socially constructed through the structures and systems in place that create and maintain inequalities in a system that is highly fixated on success and independence. However, I am left questioning how we can ensure difference is not being understood as 'other than normal' and instead is something that is viewed as a natural part of human variation. I strongly believe that’s just it, we must “start with disability but never end with it: disability is the space from which to think through a host of political, theoretical and practical issues that are relevant to all’ (Goodley 2016, p. 157).

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