

Mainstreaming: Time for Reassessment

Thomas E. Linton and Kristen D. Juul

Now that two out of three handicapped students are part of the regular classroom, it is time for a critical examination of the mainstreaming movement.

An area of national education policy critically in need of evaluation and reassessment is that of "mainstreaming" America's handicapped children in the regular classroom. The movement to teach the handicapped when possible side-by-side with normal students, while well-intentioned and backed by federal law, has raised a host of disturbing findings. There now exists a considerable body of evidence that compels us to question how well the overall goals of public education—and the interests of the handicapped in particular—are being served.

Behind the mainstreaming movement are four basic assumptions, each of which presumes something yet to be proven or a condition that may not exist equally, if at all, everywhere. What is the research support for these assumptions? What do they imply for educating both the handicapped and nonhandicapped?

- Assumption 1: The setting of the regular classroom is less isolating for the handicapped child.

While this seems self-evident, the problem of personal isolation is not automatically remedied by including the handicapped in the regular classroom. Certainly many normal students are rejected and isolated for a variety of reasons. In general, studies do indicate that social acceptance increases modestly when the handicapped join a mainstreamed class. The degree of acceptance, however, depends on the individual's physical, intellectual, and/or emotional impairment. When the handicap is mild and not physically obvious, acceptance improves. But as the degree of impairment rises so, unfortunately, does the tendency for rejection by normal peers.¹

Adjusting to the regular classroom may place extremely unrealistic demands on the retarded child. In this environment there is a far greater potential for harmful social and emotional experiences that could damage the child's self-confidence. While teacher support and backup services appear to strengthen the handicapped child's feelings of acceptance, the problem of social isolation, as longitudinal studies show, is lifelong and in-

¹ N. M. Robinson and H. B. Robinson, *The Mentally Retarded Child* (New York, N.Y.: McGraw-Hill, 1976), 376-384.

escapable for the moderately, severely, or profoundly handicapped person.²

• Assumption 2: Academically and socially the handicapped child will benefit more from integration with regular students.

Exposure to normal children serving as behavioral models should help mildly handicapped students improve academic and social achievement.³ Yet it is important to define what is meant by achievement. In the regular classroom the teacher expects greater effort and productivity; there is competition for grades and teacher preference; and there is emphasis on the continuous mastery of substantive information of an increasingly complex nature.

While there is evidence that mildly handicapped children do as well in the regular classroom as in a special class, "achievement" for them cannot be considered on the same basis. Instead, it must be gauged solely in relation to their individual capacities. This, as we will see later, has an important bearing on peer acceptance. Another constraining factor is that individualized instruction may be sharply limited in a regular classroom. The competitive learning climate, intended to motivate normal students, multiplies the possibilities of failure for the mainstreamed handicapped child.

As for the normal students in a mainstreamed class, there are disturbing indications that they perform more poorly than peers who are not in classes with handicapped students.⁴ If widely confirmed or even perceived to be generally true, this could have a profound effect on acceptance attitudes of students, teachers, and parents alike.

There is at least one hopeful note. There are indications that social gains for the mildly handicapped may occur when the class is small and the teacher has had spe-

cific training in special education to help the class and the impaired child develop positive social interaction. Two studies found that under those conditions, retarded students showed more socially appropriate behavior, made more positive remarks, and elicited more positive responses from fellow students.⁵

• Assumption 3: Regular students in a mainstreamed class will come to understand and accept handicapped students in a more positive, normal manner.

Basically this assumption subscribes to the belief in the idealization of human behavior: that given a positive environment and teacher support, the handicapped child will be socially accepted in the regular classroom. Sadly, most studies in this area do not indicate this to be generally true. As mentioned earlier, a greater degree of acceptance is reflected in some findings, but these are few and deal almost exclusively with the mildly handicapped.

The difficulty is that in the average classroom conformity is a powerful social influence. Where there is emphasis on achievement, subject mastery, individual competition, and group acceptance of objectives, social acceptance is related to performance within the group. Acceptance of the non-achieving student inevitably suffers.⁶ To expect that a mildly handicapped or educable mentally retarded child will be positively accepted is to presume the child has the capacity for normal academic and social behavior.

For much the same reasons, placing the impaired child among normal peers will not necessarily diminish stigmatizing or negative labeling, as claimed by mainstreaming proponents. Again, while overt name-calling and labeling may lessen, basic negative attitudes toward the handicapped remain.⁷

• Assumption 4: The teacher is the key.

Certainly the teacher's attitudes and abilities are crucial in the success or failure of mainstreaming in a classroom. The proponents of mainstreaming contend effective preservice and inservice special education training will help teachers develop positive attitudes toward what is essentially an experiment. The unstated assumption is that a "good" teacher is quite capable of teaching both handicapped and normal students in a productive manner—an assumption not supported by studies on teacher attitudes.

Regular teachers in general oppose integrating the handicapped into their classes. Even when the regular teacher begins with a favorable attitude toward mainstreaming, this position reverses following actual experience in mainstream teaching.⁸ Teacher per-

² R. F. Heber and R. B. Dever, "Research on Education and Habilitation of the Mentally Retarded," in H. C. Haywood, ed., *Social Cultural Aspects of Mental Retardation* (New York: Appleton-Century-Crofts, 1970), pp. 406-407.

³ D. M. Ross, S. A. Ross, and T. A. Evans, "The Modification of Extreme Social Withdrawal by Modeling with Guided Participation," *Journal of Behavior Therapy and Experimental Psychiatry* 2 (1971) 273-279.

⁴ M. Abramson, "Implications of Mainstreaming: A Challenge for Special Education," in L. Mann and D. A. Sabatino, eds., *The Fourth Review of Special Education* (New York: Grune and Stratton, in press), p. 24.

⁵ Robinson and Robinson, *The Mentally Retarded Child*, p. 384.

⁶ J. Gottlieb and J. E. Davis, "Social Acceptance of EMR Children During Overt Behavioral Interactions," *American Journal of Mental Deficiency* 78 (1973): 141-143.

⁷ *Ibid.*

⁸ J. R. Shotel, R. P. Iano, and J. F. McGettigan, "Teacher Attitudes Associated with the Integration of Handicapped Children," *Exceptional Children* 38 (1972): 677-683.

sonality seems to be a determinant. Studies indicate there is a self-selection factor at work in who chooses to enter special education and who does not. After a survey course in special education, regular teachers in training maintained a significant level of negative attitudes toward teaching the handicapped.⁹ In contrast, those who choose special education often have volunteer experience with the handicapped some time prior to entering special education. Of this group there appears to be a distinct motivation pattern for those choosing to work with the mildly, moderately, and severely impaired.

While there is abundant curriculum material for teaching different types of handicapped children, few of these resources have been systematically studied for their value to the regular teacher in managing mainstreamed children.¹⁰ The confounding issue is that the regular classroom has a two- to six-year spread of student ability and achievement. The teacher is expected to manage this wide range of ability by individualizing the instructional process as much as possible. Generally this results in teaching to a mean or modal level of the total group. It is assumed most students will benefit from the instruction because they are within the normal range of physical capacity, intelligence, and social behavior. Needless to say, this hardly applies to the retarded child. Depending on the nature and severity of the impairment, each child may require a truly individualized program. Considering the difficulty of individualizing instruction in the regular classroom, it is unrealistic to expect the teacher to provide specialized resources for the mildly to moderately handicapped child.

Complexities Abound

If we consider one type of handicap, that of mental retarda-

tion, we begin to understand the complex factors requiring analysis and the difficulty of providing simple educational solutions. In the first place, there are hardly two cases exactly alike. There are varying degrees of retardation: borderline, mild, severe, and profound. There may also be any number of other factors to be considered: related physical handicaps, economic disadvantage, cumulative learning deficit, malnutrition, emotional deprivation, a history of child abuse and neglect.

These conditions seldom occur in isolation—a child usually manifests several problem areas in ways unique to his or her own developmental situation. The number of variables present in a given case make group comparisons extremely difficult. In developing an individual education plan it is also necessary to take into account the student's capacity for academic achievement, social maturity, peer relationships, family setting, capacity for self-management out of school, and the availability of community support services.

Related Issues

In addition to all these factors, there are several broader social issues that are rarely discussed in the context of mainstreaming, yet which have a direct bearing on the scope and effectiveness of any attempt to help the handicapped.

1. *Providing service to all handicapped children*—The question of who is to be helped depends upon the definition used of who is "handicapped." Public Law 94-142 came about largely from intense lobbying by special interest parent associations. As a result it was purposely written to provide a broad range of educational services for specific handicapped groups, ranging from the mildly to the profoundly impaired. It does

not cover the mildly disturbed, the socially maladjusted, the delinquent, and the specially gifted. Together these represent a large if less obvious number of young people in serious need of educational assistance.

To further complicate the issue, there is a growing problem for those who are presently covered by PL 94-142—developing differences in quality. As with general education programs, it is becoming apparent that special education programs in urban areas are often behind those in suburban areas in providing quality services. A major reason is that a large percentage of economically disadvantaged inner-city students fall under its provisions. With so many students needing special education services of all kinds and the lack of funds available, it is becoming extremely difficult for big cities to meet the requirements of the law.

2. *Comprehensive lifetime planning*—Mainstreaming needs to be viewed within the context of a comprehensive and coherent cascade of human services rather than strictly as a public school issue. The Scandinavian countries where mainstreaming was pioneered, have achieved remarkable results in providing extensive service programs for the handicapped. There the problem is viewed as a national priority, rather than as a social question to be resolved by public education. Various education and

⁹K. C. Panda and N. R. Bartel, "Teacher Perception of Exceptional Children," *Journal of Special Education* 6 (1972): 261-266.

¹⁰An ERIC search was made in March 1979 by one of the authors for research and theory references on the effects of mainstreaming. A total of 369 citations were obtained. Five percent of the articles could be classified as research articles; the remainder consisted of curriculum projects, idea pieces, and promotional material for the mainstreaming movement. A search of *Psychological Abstracts* yielded 133 references with 72 articles using a data-based approach.

Mainstreaming in Scandinavia

Integrating handicapped students into the regular classroom is a concept rooted in two closely related ideological movements: the attempt to equalize social and economic opportunity throughout society and the human liberation movements of the past 20 years.

The first example of the equalization movement occurred in the Scandinavian countries where an advanced form of social and economic equity has generally been achieved. Normalization—helping the handicapped lead as normal a life as possible—and mainstreaming are facets of social democratic policies long an integral part of Scandinavian life. In these societies, health, education, and welfare are high priority areas for government.

American interest in mainstreaming came about largely as a result of promotional efforts by Scandinavian social welfare leaders. It was enthusiastically welcomed here by voluntary associations for the handicapped and a number of educators who viewed the Scandinavian normalization model as directly applicable to the needs of American society.¹

In fact, however, the social welfare priorities of the two societies are sharply different. The socialist-capitalist economy in Scandinavia has little in common with the basic social-economic nature of U.S. society. Population size and ethnic and racial differences within the U.S. render the value of simple cross-cultural comparisons of education or welfare programs extremely doubtful. In addition, normalization and mainstreaming advocates here have tended to overlook important operational difficulties Scandinavian society itself has encountered.²

Similarly, human liberation movements in both societies differ widely in terms of political strategy and impact. In Scandinavia the movement was an integral part of a comprehensive value system reflected commonly through social-democratic policies. Liberation movements in the U.S. have tended to focus on single issues: black

liberation, Latino liberation, gay liberation, women's liberation. These issues have rarely been viewed or promoted as part of an overall societal value system. As a result, each issue has generated its own pressure group and limited goals.

The mainstreaming movement presents just such an example. In attempting to persuade Congress that more effective education for the handicapped should be equated with mainstreaming, interest groups representing the handicapped joined the civil rights groups in arguing that large numbers of minority group children were being misplaced in special classes for the retarded. The implication was that racial bias was a factor in special class assignments.³

In short, this major new education program involving nearly all of America's public schools is not a result of a research-based analysis of the complex factors involved in both normalization and mainstreaming. It is, instead, a charismatic movement based on Scandinavian observations and social democratic doctrines that are of highly questionable relevance here.

¹ M. Abramson, "Implications of Mainstreaming: A Challenge for Special Education," in L. Mann and D. A. Sabatino, ed., *The Fourth Review of Special Education* (New York: Grune and Stratton, in press), p. 13.

² R. Sterner, personal interview October 3, 1977, at FUB Headquarters, Stockholm, Sweden. Sterner has been a major leader in the push for equal human rights for the mentally handicapped. Also, N. E. Bank-Mikkelsen, Director of the Danish Mental Retardation Services was interviewed the same day. Bank-Mikkelsen indicated the U.S. approach to mainstreaming in terms of its militant emphasis and legal implications was not all the intention or thrust of the Scandinavian normalization movement. Normalization, he said, was simply the attempt by Scandinavian society to provide a life "as normal as possible" for its handicapped citizens. He did not believe it was beneficial for most of the retarded to be arbitrarily integrated into the mainstream of the public schools.

³ S. A. Kirk, *Educating Children* (Boston: Houghton Mifflin, 1979.)

welfare departments work together to achieve a workable lifetime planning approach for the handicapped. These countries have established an effective series of services ranging from early childhood through elementary, secondary, and vocational education as well as through post-secondary training, job placement, and follow-up—with significant parental involvement at each step. The handicapped are provided with sheltered work settings, leisure activities, and a wide range of living accommodations when they are adults. What's more, this complete lifetime planning model is backed up by stable long-range government funding.¹¹

3. *New training models for school personnel*—Numerous studies have indicated the need for extensive preservice and inservice training for regular teachers in special education concepts and methods. PL 94-142 provides partial funding for this training, as have selected grants from the Federal Bureau of Education for the Handicapped.

The basic need, however, is not for preservice or inservice training in selected aspects of special education, but for coordinated, interprofessional planning to provide the sequential programs essential for various stages of life both in and out of school. As part of this cascade of human services we need major national changes in teacher training programs rather than assuming that each school district or university is capable of providing quality training. Major training models have been developed in Scandinavia, France, and Quebec, and are extensively utilized within a wide range of services for the handicapped.¹² At the very least we need to consider adoption of these innovative training approaches, which have made a significant impact in these countries.¹³

4. *Alternatives to mainstreaming*—Many authors have indicated that a full range of quality services for the handicapped would require the continued use of day schools, residential schools, hospital programs, home care services, and the regular public schools. In Scandinavia a full range of these services is utilized and more day, residential, and hospital programs are being established. These new programs are nationally planned by interdisciplinary groups responsible for sequential lifetime planning for the handicapped. Too frequently proponents of mainstreaming in the U.S. emphasize the responsibility of the public schools and ignore the essential long-term, full-service planning needs of the handicapped.

One alternative to mainstreaming can be found in the Anthroposophic or Camphill School's therapeutic villages, which are flourishing in many European countries, where the children live in families. Both in the homes and the classrooms, children with different kinds of handicaps are incorporated, so that each has strengths that can contribute to the welfare of the group.

Another model has been developed by Hellbrügge in Munich, West Germany. In several Montessori-type schools connected with the famous Kinder-Centrum School, pre-school-age children with and without handicaps learn together. Some are integrated, others are in segregated classes.

Placements are made after careful observation and evaluation, and re-assessments are continuous.

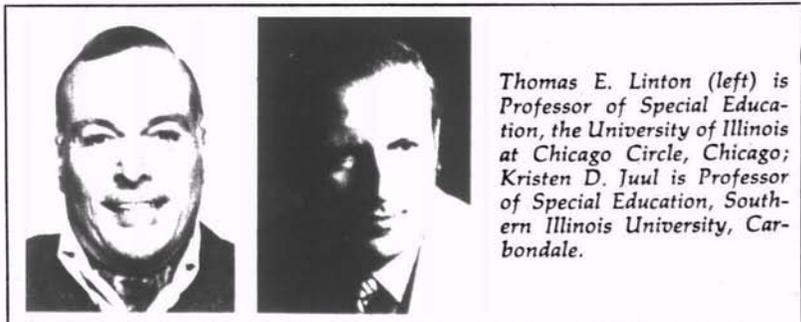
More Needs To Be Done

It is essential for us to consider realistically the practical needs of both the handicapped and nonhandicapped, and to develop a range of human resources based on evidence or data, rather than on doctrine or ideology. Those who will suffer the greatest harm from poorly conceived and developed programs will be our children, upon whom our concerns are sincerely focused. We must neither confuse substance with shadow nor pursue popular notions unless tempered by true humanistic concern and an honest quest for the most beneficial life processes for all. *ET*

¹¹ D. J. Vail, *Mental Health Systems in Scandinavia* (Springfield, Ill.: Charles C. Thomas, 1968).

¹² T. E. Linton, "The Educateur Model: A Theoretical Monograph," *Journal of Special Education* 5 (Summer, 1971): 155-190.

¹³ T. E. Linton, ed., "The Educateur: A European Model for the Care of Problem Children," *International Journal of Mental Health* 2 (Spring, 1973); H. P. David, ed., *Child Mental Health in International Perspective* (New York: Harper & Row, 1972); also K. D. Juul, "European Approaches and Innovations in Serving the Handicapped," *Exceptional Children* 44 (1978): 322-330; and K. D. Juul and T. E. Linton, "European Approaches to the Treatment of Behavior Disordered Children," *Behavioral Disorders* 3 (1978): 232-249.



Thomas E. Linton (left) is Professor of Special Education, the University of Illinois at Chicago Circle, Chicago; Kristen D. Juul is Professor of Special Education, Southern Illinois University, Carbondale.

Copyright © 1980 by the Association for Supervision and Curriculum Development. All rights reserved.