

PERCEPTIONS OF MENTAL ILLNESS AND LEARNING DISORDERS IN PUBLIC
SCHOOLS: A REVIEW OF SERVICES, PERCEPTION, AND POPULAR CULTURE

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DEDICATION

I would like to dedicate this thesis to my parents Joe and Cathe Poteat. Mom and Dad, you have supported and encouraged my pursuit of education and knowledge and I am a better person for it. I cannot imagine a time when you did push me to do my best and reach for the stars. I also wish to dedicate this thesis to my husband, Brad Fisher, who has been through quite a bit in this process and has faithfully supported my endeavors in higher education. Finally, a very heartfelt dedication to my friends for supporting me in working toward this degree and completing this thesis.

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ABSTRACT

Persons with disabilities have historically been stigmatized and separated from their non-disabled peers due to negative perceptions and stereotypes of disability. This has been especially true in education where students with disabilities such as Autistic Disorder, Attention Deficit Disorder, and Learning Disorders have been completely removed from an education with their non-disabled peers. Popular culture has also played a role in developing these policies and stereotypes and stigmas of disabled students. This paper explores stigma, services, and perception of both disabled and non-disabled students and how popular culture may either positively or negatively influence these perceptions.

Introduction

In the United States, approximately 10 percent of children and adolescents suffer from a mental impairment that causes distress and significant impairment in school and in daily interaction with peers (The National Alliance on Mental Illness, 2011). Common mental illnesses impacting children include Learning Disorders, Autistic Disorder, Asperger's Syndrome, and other cognitive impairments (Diagnostic and Statistical Manual IV Text Revised, (DSM-IV-TR), 2000). Children and adolescents with diagnosed mental illnesses who attend school commonly do so under the auspices of special education.

Special education in the American public school system is designed to provide a free and appropriate education to students regardless of disability in the least restrictive environment possible (Individuals with Disabilities in Education Act, 2004). Approximately 6.6 million students, about thirteen percent of total student enrollment is labeled as having a disability requiring specialized education (US Department of Education, 2010). The number of students served in special education is growing each year, up from only eight percent of the student population under 17 years of age in the year 2000 (Blackwell, Vickerie, & Wondimu, 2003). In the United States, students who are included in special education services, and have a wide range of diagnosed mental and physical impairments, such as hearing impairments, sight impairments, Attention Deficit Disorder, Learning Differences, Autistic Disorder, and Asperger's Syndrome (US Department of Education, 2010).

Within the United States' school system, the majority of students, 5.2% of the identified population, with a diagnosed mental disorder who are served in special

education are diagnosed with a Learning Disorder (National Center for Education Statistics, 2010). Students with Learning Disorders comprise about five percent of the total student population (Kolstad, Wilkinson, & Briggs, 1997; US Department of Education, 2010). Learning Disorders are defined as a person having a significant discrepancy between ability and performance in the following common areas: reading skills, mathematics skills or written expression skills (Diagnostic and Statistical Manual IV- Text Revised, DSM-IV-TR, 2000). Learning Disorders cause problems in the educational environment as students both disabled and non-disabled are affected by manifestations of the disorders such as disruptions in the classroom due to frustration and teacher attention focused on struggling students, rather than all students (Kolstad et al, 1997; Sather, 2003).

A student may also be served in special education if he or she has a more severe mental illness, which is different than a Learning Disorder in that the student's daily functioning is significantly affected by a diagnosed DSM-IV-TR mental illness that is not strictly confined to the student's academic ability, like a Learning Disorder is. In United States public schools, approximately 0.9% or 442,000 students were labeled and served as having a serious emotional disability in the year 2007-2008, a label that encompasses many mental illnesses common for school-aged children that do not fit into a specific DSM-IV-TR diagnosis (US Department of Education, 2010). A serious emotional disability is a mental illness that is characterized by the inability to learn and interact socially with peers and teachers that cannot be explained by another diagnosis, such as a Learning Disorder or Attention Deficit Hyperactivity Disorder (North Carolina Public Schools, (NCDPI, 2011). An additional 0.6%, or 296,000 students, were labeled and

served as having Autistic Disorder or Asperger's Syndrome in the year 2007-2008. In the United States, Attention Deficit Hyperactivity Disorder (ADHD) is also a common mental illness amongst school-aged children with approximately 5.3 million children being diagnosed, or about 8.6 percent of children aged 3-17 (Centers for Disease Control, (CDC), 2011). The aforementioned disorders are not the only mental disorders with which children and adolescents may be diagnosed, they are the disorders most commonly found in a school setting.

One of the most disruptive mental illnesses in school settings is Autistic Disorder. Autistic Disorder is diagnosed by meeting at least six criteria from three lists (DSM-IV-TR, 2000). These criteria include marked social deficiencies, absence of emotional relationships with parents and peers, delayed communication, repetitive language, and stereotypical behaviors, with the specific pattern of symptoms being unique to each child (DSM-IV-TR, 2000). Similar but less severe than Autistic Disorder is Asperger's Syndrome; Asperger's Syndrome also includes symptoms of emotional disturbance, stereotypical behavior, and social deficiencies, but communication and cognitive impairments are generally not as pronounced as in Autistic Disorder (DSM-IV-TR, 2000). Asperger's Syndrome is diagnosed much like Autistic Disorder, however the level of impairment to the student is often less severe than the level of impairment seen with a diagnosis of Autism (Morrison, 1995). Autistic Disorder and Asperger's Syndrome are most often diagnosed in early childhood, usually by the age of three years old, though some cases may be diagnosed before a child is one year of age (National Institute of Mental Health (NIMH), 2010).

Although most children diagnosed with Autistic Disorder or Asperger's Syndrome have symptoms present since infancy, some children that are eventually diagnosed with one of these disorders appear to develop normally. In toddler-hood they start to withdraw and become indifferent to the outside world or become increasingly agitated by loud and unfamiliar noises, or start to exhibit stereotypical Autistic behaviors such as walking on their toes or hand flapping (NIMH, 2010). Typically more males than females are diagnosed with an Autistic Disorder; the risk of a male child with the disorder is three to four times greater than a female child being diagnosed (NIMH, 2010). The overall rate of diagnosed children in the United States is 3.4 children per one thousand (Centers for Disease Control, 2007). Autistic Disorders can range in severity and can affect a child's education and learning in varying degrees, however most clinicians agree that early intervention strategies in education can help the diagnosed child make better progress in his or her education (NIMH, 2010).

Whereas Autistic Disorder and Asperger's Syndrome are very common mental illnesses in the educational environment, ADHD is also a common diagnosis and a highly disruptive mental illness in education. The DSM-IV-TR (2000) describes the primary symptoms of ADHD to include inattentiveness, not paying attention to directions, failure to complete assignments, and difficulty getting started on schoolwork when prompted. The DSM-IV-TR (2000) also outlines that difficulties with impulse control, sitting still, and making and keeping friends are often symptomatic of ADHD. Symptoms of ADHD are usually present before the age of seven, and must cause significant impairment to the student in his or her educational and home environment (DSM-IV-TR, 2000). ADHD is

diagnosed more often in males than in females: approximately 5.6 percent of diagnoses are female and 13.2 percent are male (CDC, 2011).

In an educational setting, ADHD is highly disruptive and affects not only the student but his or her teachers and peers as well. A child with ADHD is more often off task than a child without ADHD (Ohan, Visser, Strain & Allen, 2010). While the ADHD child is off task, they are more likely to disrupt the learning environment therefore causing other children to exhibit off task behaviors (Ohan et al, 2010). Children that are diagnosed with ADHD also tend to be aggressive toward peers and struggle to maintain friendships and get along with peers, which can lead to further disruption within the classroom environment (Ohan et al, 2000). Much like Autistic Disorder or Asperger's syndrome, ADHD can cause distress for not only the student, but also for other students that are in educational settings with the ADHD student.

Because mental disorders impact a large number of children within school settings, understanding how school settings are modified to best address the challenges that might arise due to mental illness, as well as understanding perceptions and reactions of other individuals in the school setting, can aid in the development of the best possible school environment.

Legal Standards Regarding Special Education

IDEA 2004 is the most recent law and guideline for states to follow in identifying students as having Learning Disorders and other disabilities requiring special education, and is a reauthorization of the Individuals with Disabilities in Education Act of 1990 and 1997 (LaNear & Frattura, 2007). However, special education laws have been in place across the United States for several decades prior to IDEA legislation. The Rehabilitation

Act of 1973, section 504 was the most comprehensive law in the history of special education in the United States. It stated that students could not be disqualified from an education that was federally funded solely based upon a disability (LaNear & Frattura, 2007). This law did not fully go into effect until the Education for all Handicapped Children Act of 1975 (EAHCA) was developed. This act eventually became The Individuals with Disabilities in Education Act in 1990, but until that renaming, the EAHCA was the most comprehensive law that states had to follow in providing services to disabled students (LaNear & Frattura, 2007).

The EAHCA was the first special education law to state that schools needed to provide an education to disabled students in the least restrictive environment possible. The law provided for many services to students that had not been available before this time such as ensuring that disabled students received the education they needed (LaNear & Frattura, 2007). The law also stated that parents had due process rights to determine what services were provided to their children (LaNear & Frattura, 2007). As influential as the EAHCA law was, it was not perfect in identifying disabled students or providing them with the needed services through their schools. Further, the law split education into two distinct categories, special education and regular education, which further isolated students with disabilities. The Individuals with Disabilities in Education Act (2004), which EAHCA has evolved to become, states that all students that have been diagnosed with a mental illness will be provided with special education in the least restrictive educational setting as possible in order to have access to the curriculum and school based special education interventions and instruction.

A psychologist, who may or may not be part of the school system at large, would make any diagnosis of mental illness such as a Learning Disorder or Autistic Disorder; staff at the school, unless licensed to do so by the state, cannot diagnose mental illness. Since under IDEA 2004 these students must be educated in the least restrictive environment possible, the diagnosis of a mental illness typically occurs outside of the school system by a family physician or psychologist. According to the CDC (Centers for Disease Control and Prevention), approximately 8.3 million children (14.5%) aged 4–17 years have parents who have talked with a health care provider or school staff about the child's emotional or behavioral difficulties (Simpson, Cohen, Pastor & Rueben, 2008). Nearly 2.9 million children have been prescribed medication for these difficulties (NIMH, 2010). Children that are diagnosed with more severe DSM-IV-TR Axis I mental illness are served under IDEA (2004) in a rather broad ranging category called Emotional Disturbance. This category is a catch-all for students that exhibit the following symptoms over a long period of time and to a marked degree that adversely affects a child's educational performance: inability to learn that cannot be explained by intellectual, sensory, or health factors; inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with personal or school problems (IDEA, 2004, NCDPI, 2011).

Often the school is more involved in the identification process for Learning Disorders than in cases of other mental illnesses or developmental disorders. Learning Disorders are most often diagnosed and served when a child enters school, since by

definition they include a significant discrepancy between ability and performance in an academic area (National Dissemination Center for Children with Disabilities (NICHD), 2010). With Learning Disorder identification and diagnosis, a regular education teacher typically refers the student to special education, and then the student is observed in his or her classes and social interactions by special educators as well as regular education teachers in order to get a baseline measure of where the child is functioning compared to expected performance (NICHD, 2010).

Multiple data based interventions, such as modified class work or 'chunking', the breaking down of assignments and tasks into smaller sections offered one at a time, are utilized to determine if extra classroom help will be sufficient to aid the student rather than formal psychological testing, and to determine which academic modifications are needed in order to best assist the referred student (Kolstad, et al, 1997). If the student assistance team determines that the student cannot be helped by these initial intervention strategies, he or she is assessed more formally by a school psychologist or other qualified school personnel such as a special education teacher or administrator. The data collected are then examined and an Individualized Education Plan (IEP) is developed in order to assist that student (Kolstad, et al, 1997). An IEP involves outlining the strengths and academic or social deficiencies a child has in order to design the best possible educational setting for the identified child. This plan is only developed for children with a documented Learning Disorder or mental illness, and can be modified and amended as needed as the child's progress in the general curriculum improves (Kolstad, et al, 1997).

While an IEP is one intervention that can be utilized to assist a struggling student the school may also choose to develop a Personalized Education Plan (PEP), which is

similar to an IEP, but is not based upon a Learning Disorder. Students that have a PEP developed fall into Section 504 of special education law (NCDPI, 2011). This means that they are struggling to learn and grasp the material that is being presented, but do not qualify through psychological and educational testing for an IEP. A PEP addresses areas that a student is struggling with and offers many of the same accommodations, such as testing in a separate setting or room like an IEP does. A PEP however, is not monitored by special education personnel and is generally an intervention used temporarily to facilitate student growth and progress within the curriculum (NCDPI, 2011).

After the IEP is developed, the school must decide how to best serve the student in the least restrictive educational environment possible. The United States Department of Education (2000) reports that slightly under half of students between the ages of six and seventeen with disability labels are served in general education settings with their typical peers for more than 89% of the school day, and that number is increasing every year (US Department of Education, 2010). Inclusion allows students that have been historically removed from their non-disabled peers for the majority of the day to be in classes, served by the same teachers, and taught the standard curriculum with modifications outlined within the IEP (Kolstad, et al, 1997). Before inclusion, students with disabilities were completely removed from their non-disabled peers for the majority of the instructional day and very little interaction took place between the two groups (Kolstad et al, 1997).

In the inclusion classroom, if the best practice model is followed, there is an exceptional children's teacher co-teaching the curriculum with the regular education teacher. The co-teaching team should operate seamlessly and the students should not be able to determine who is diagnosed with a mental illness or other disability (Kolstad, et

al, 1997). Students do, occasionally, perceive that the co-teaching model is different from their other classes, especially at the high school level where it is less common to have co-teachers (Kolstad et al, 1997). Because a co-teacher arrangement is common in an elementary or middle school classroom, this arrangement can be less intrusive at the younger grades. In the inclusion model, ideally, both regular education and special education instructors are teaching equal parts of the lesson, and the students do not know which teacher is the special education teacher and which instructor is the primary classroom teacher (Kolstad et al, 1997).

All students, regardless of disability, must meet No Child Left Behind (NCLB) federal testing standards, which were implemented in 2001 as a reauthorization of the Elementary and Secondary Education Act (LaNear & Frattura, 2007). Due to this federal law, students must pass state or federally developed assessment standards that test how well they understand the basic curricular standards that are taught. In another provision of this law, students must pass and attain what is known as adequate yearly progress; this pertains to both disabled and non-disabled students (LaNear & Frattura, 2007).

Schools, in addition to students must also reach federally mandated adequate yearly progress goals in order to receive federal funding and retain their autonomy (NCLB, 2004). Further, schools are required to report data on target populations, such as students with disabilities, students receiving free and reduced lunches, and students who are speaking or learning English as a second language (LaNear & Frattura, 2007). These data are then used by the federal government to ensure that students are making progress in their education, and can be used to enforce sanctions such as school closure and close federal monitoring on schools that are not meeting standards. This can be stressful to both

the schools and to students as the standards are quite rigid and rather inflexible as to what statistics and scores constitute passing standards (LaNear & Frattura, 2007).

Because of No Child Left Behind there is even more pressure on schools to provide education to students in the least restrictive environment possible due to all students being required to take standardized tests that show both growth for the student and the school regardless of disability. Ultimately, an inclusion classroom provides the best access to the general curriculum and test preparation as all students are being taught the same material and not a modified curriculum (LaNear & Frattura, 2007). However, even with an inclusion classroom where disabled students have access to the same instruction and resources as their non-disabled peers, education for students with disabilities cannot fall into a model that works for non-disabled students only. Students with disabilities require specialized modifications and instructional strategies that allow them to access the curriculum in various ways. Some of these modifications include: extended time, testing in a separate setting, modified assignments, and reading of material aloud by a teacher or computer reading software (Kolstad et al, 1997). These modifications make it easier for the disabled student to grasp the material that is being presented and perform better on tests as they have more time to take the test or have better comprehension of the questions as they are read aloud.

Because of the push for inclusion classrooms and the testing standards set forth in NCLB, schools have suffered. With disabled students taking standardized tests, even with modifications, student's scores have been affected (LaNear & Frattura, 2007). The reason for disabled students scores being affected is that the tests that are required are "one size fits all" (LaNear & Frattura, 2007, p. 102) and they are not modified for those students

who are struggling. LaNear and Frattua (2007) argue that due to these standardized tests being pushed upon all students, students with disabilities are being unfairly targeted and not taught the skills that will enable them to function successfully post-secondary school. Skills like reading, basic mathematics, and life skills are being neglected in order to teach children to take tests (LaNear & Frattura, 2007; Sather, 2003). Students are encouraged to become proficient at taking tests and they are not truly learning the material, which can lead to frustration for both students and educators (LaNear & Frattura, 2007).

Inclusion is not always a bad thing for students with a disability, especially in an environment focusing on high stakes federally funded and state funded testing such as promoted by No Child Left Behind (Sather, 2003). Proponents of the inclusion model feel that inclusion in a co-taught classroom is the best solution for a student with a Learning Disorder, less severe Autistic Disorder, Asperger's Syndrome, or other mental illness (Kolstad, et al, 1997). In an inclusion classroom there can be social benefits for the students (Sather, 2003). Inclusion allows opportunity to develop a sense of classroom community and friendships with non-disabled peers (Sather, 2003). Both students with disabilities and without disabilities report in an inclusion setting they have greater social benefits when students with learning problems or mental illness spend their school day in an inclusion classroom (Sather, 2003). This is in contrast to a resource room, or other separate setting, as this removes the students from their non-disabled peers for most of the day (Klinger, Vaughn, Schumm, Cohen, & Fogen, 1998). Other models, in addition to the inclusion model, have been developed to help serve students with Individual Education Plans who need special education services.

Models of Special Education

One model of special education services that was popular in the past was the practice of removing disabled and mentally ill students from the classroom (LaNear & Frattura, 1997). In some cases this involved creating specialized schools for disabled students that adapted the curriculum to teach simple vocational skills or even very simple daily living skills, as these students were perceived to be unable to live independently. Historically it was more convenient to remove disabled students from the social mainstream than it was to integrate them in public schools or provide them with jobs or training (LaNear & Frattura, 2007). This removal of disabled or mentally ill students created an environment where students without disabilities or mental illness had no experience interacting with students with disabilities, which can, in turn, lead to misunderstandings and false perceptions of those whom are differently-abled.

Another historical artifact with regard to education is the lack of free and accessible public education for students with disabilities. This disproportionately impacted students with disabilities (LaNear & Frattura, 2007). The advent of compulsory attendance laws in 1918 put into place the need for schools to serve a diverse population of students; which included not only students of different races, but also students with disabilities (LaNear & Frattura, 2007). These laws made it mandatory for states to provide an education to students up to the age of 16. Prior to compulsory attendance laws, students did not have to attend public schools and states did not have to provide education to any student past certain grades or ages. Because of the attendance law, special education services became a needed part of education and states were required to educate all students regardless of disability (LaNear & Frattura, 2007). The resulting

benefit of compelled attendance was that states began offering certain citizens, such as the disabled, an opportunity that had not previously existed- the chance to receive a state funded education. This action instituted a framework for creating a new state-sanctioned identity for children with disabilities (LaNear & Frattura, 2007). Compulsory attendance laws predated the need for specialized separate schools; however, these laws created a perceived need to separate specialized schools for the disabled (LaNear & Frattura, 2007).

A second model of special education is one in which students receive services based upon a consultative model which provides a variety of indirect and direct methods of instruction and support (Press, Foote, & Rinaldo, 2010). Within this model students attend regular classes with non-disabled peers and may simply meet with the special education teacher and receive counseling and advice on how to best access the curriculum or make progress toward their goals. Occasionally, the student will not have any contact with the special education teacher and the only services they receive are the special education teacher consulting with the regular education teachers about the child's progress. This model is the least restrictive as they are not removed from their non-disabled peers for a significant amount of time; nor are they being directly instructed in a co-teaching inclusion class. However, the actual services that each child receives differ not only by state, but also by school district within a given city or state (Kolstad, et al, 1997).

In North Carolina, in the 2010-2011 school year, the model for service delivery in special education is strictly inclusion class teaching (North Carolina Department of Public Instruction, 2011). This is eventually going to be the model for all children with

disabilities in the state, except for those with severe mental retardation (NCDPI, 2011). Students with mild mental retardation, or IQ scores between 55 and 70, had prior to the 2010-2011 school year, been served in a separate setting entirely, called the Occupational Course of Study, which emphasizes job, personal, and daily living skills. This course of study is being phased out in the 2011-2012 school year and will place these students in inclusion classes with their non-disabled peers, just as students who are Autistic or have Learning Disorders are placed into inclusion classes currently. Many states follow the same inclusion model as North Carolina; but it is up to the individual state and sometimes the individual district to determine the least restrictive educational environment and model for the disabled child and implement it based upon federal standards (IDEA, 2004).

In recent years, both the public in general and educators have pushed to mainstream, or include students into the general education curriculum, in order to integrate disabled students and non-disabled students into the learning environment (Kolstad et al, 1997). Children with mental illnesses often do not appear physically any different than their non-disabled peers (Murray, 2006); therefore inclusive education is may be suitable for these students to access the curriculum and is the primary means by which schools serve students with disabilities. There is, however, variance by school district in the direct implementation of special education.

Implementation of Standards at the School Level

School districts vary greatly from large urban city schools with high levels of funding from federal as opposed to private sources, and greater diversity, to small rural schools with limited budgets and very little diversity. Though schools are governed by

federal laws that state they must educate students in an equal manner, school systems have flexibility to interpret the law and offer services as they see as least restrictive. There is a vast difference in school districts as to what is the least restrictive environment for disabled students. Some districts have adapted a complete inclusion model without any separate schools for the disabled, and some continue to separate non-disabled and disabled students.

Typically, students that attend urban schools are more likely to live in poverty and attend schools with significantly high concentrations of low-income students. These students are also statistically more likely to drop out of high school, to be assigned to special education, to struggle with speaking, reading and writing English, to live in single parent households, and have less access to regular medical care (Ditman, 2004). The high poverty level and other complicating factors, including the higher proportion of special education students in general in urban environments, increase the overall need for funding and services. Urban schools, which typically have less private funding, (Ditman, 2004) tend to struggle to serve their special education students appropriately, unlike schools in other areas, which might have better private as opposed to federal funding, in addition to parental support, and educational resources.

Rural schools are much like inner city urban schools in regards to funding and student populations. Like urban schools, rural schools tend to serve large minority populations and are located in areas of high poverty and low parental education (Flora, Flora & Fey, 2003; Khattari, Riley, & Kane, 1997). Also similar to urban schools, rural schools are faced with financial constraints so they cannot offer the same support,

resources, and extracurricular programs as non-rural schools, even in the same states (Ballou & Podgursky, 1995; National Center for Education Statistics, 2009).

Suburban schools often fare better than urban and rural schools as far as funding and student support (Ditman, 2004). They are typically less diverse, and have better resources to assist struggling students and less attrition in teaching staff. Suburban schools also attract teachers that are better prepared to teach in these environments as many teacher education programs place student teachers in affluent suburban schools rather than lower performing urban or rural schools (Siwatu, 2011). Suburban schools also tend to provide better special education services to students because they have better funding that is not simply federally based like rural or urban schools (Ditman, 2004). Dependent upon the classification of the school as rural, urban, or suburban, students may have different educational experiences and outcomes. Perceptions of mentally ill or disabled students can also differ dependent upon the type of environment in which the school is located. If a school district has a very strict definition of Learning Disorder it will typically have a lower percentage of students identified (Frankenberger & Fronzaglio, 1993). Systems with stricter standards in referring students for testing to identify Learning Disorders also tend to utilize more teacher input in the process of identifying the disabled student (Frankenberger & Fronzaglio, 1993). With increased teacher involvement in the identification and intervention process teachers may have a more accepting perception of the disabled student (Kolstad et al, 1997). Systems also sometimes over-identify students as having disabilities in order to receive federal funding for programs and equipment. This typically happens in poorer schools, such as urban inner city or rural schools (Kolstad et al, 1997). This over-representation can impact

teacher perception in a negative way, as some teachers feel like they are overwhelmed with a large number of disabled students in their classrooms (Lankford, Loeb & Wyckoff, 2002).

Impact of Perceptions of Mental Illness on Education

In the realm of popular culture there are multiple television shows, movies, and novels about those persons suffering from a mental illness. These influences range from the popular television series such as *The Big Bang Theory*, to films such as *I am Sam*, and novels, such as *One Flew over the Cuckoo's Nest*, and *Of Mice and Men*. Throughout media forms there are countless examples that influence the public's perception of those who are disabled. Due to this fact, watch groups and organizations have been founded to disseminate information to the public about mental illness in order to reduce the impact of disinformation or misleading portrayals (Wall, 2006). One of the key organizations in this movement is the National Alliance for the Mentally Ill (NAMI). NAMI pushes for better education both in schools and in the public about the stigmas associated with mental illness (Wall, 2006). NAMI was founded to correct the stereotypes that the public has about those who are mentally ill, and also strives to increase awareness of the struggles that those suffering with a mental illness may face.

Negative perceptions of mentally ill students can also have a devastating effect on education. These negative perceptions include not only self-perceptions, but also perceptions that teachers and other students have of persons that are mentally ill (Martinez, 2006). These perceptions may stem from personal experience, peer pressure/influence, and popular culture (Lopes, 2006). This outside influence can greatly affect how a student is treated within his or her educational environment (Martinez,

2006). Because students with Learning Disorders, in addition to those with other disabilities, report that they struggle with academic (Tur-Kaspa, 2007) and emotional (Arthur, 2003) difficulties within the school environment, negative perceptions from teachers and other students can affect them more strongly than their non-disabled peers. This influence can affect the way the student performs within the classroom, as well as the way the student interacts with his or her peers (Martinez, 2006). Further, popular culture influence may play into the way that students and teachers perceive both themselves and the other students in their classrooms.

While students, teachers, and administrators may not be aware that their perceptions are influenced by popular culture representations of mental illness (Wall, 2006), the influence of these representations can affect the way students are treated and served within the school environment. Further, media representations of those with mental illness may also influence the laws and policies of schools and districts, hindering the progress that is being made toward a free and appropriate education for all students regardless of disability. In his research and personal experience, Wall (2006) recounts an experience in which he spoke to school-aged children about his career as a clinical psychologist. The children knew about mental illness and asked pointed questions about diagnosis from television shows and movies that they had seen. For example, one student assumed that Schizophrenia was the result of a mutated brain like he had seen in a cartoon where a villain grew two brains and was then diagnosed, incorrectly, as Schizophrenic (Wall, 2006). Others reported knowing about “crazy” people from crime shows or other television programs where the “bad guy” or plot foil was “crazy” and thus “crazy” was bad or dangerous (Wall, 2006, p. 105).

In some film representations of the disabled or mentally ill the stigmatized character is not represented as being evil or a bad guy/girl. On the opposite end of the spectrum is the representation of the stigmatized or disabled person being portrayed as innocent, sweet, comedic, or heroic (Maples, Ardnt, White, & Fink, 2006). When a disabled or mentally ill person is portrayed this way in popular culture, the perception that others have of him or her is altered just as it is when the stigmatized person is portrayed as evil or bad. Any extreme distortion, whether the distortion itself is harmless or not, can be damaging to social and academic interactions between disabled and non-disabled peers (Maples et al, 2006). Regardless of disability, people want to be treated fairly and equally within their educational environment. Misrepresentations in the media and popular culture hinder this process.

The only knowledge many children and adults have about those who suffer from mental illness may come from the media, which is a powerful tool in getting information out to the general public (Lopes, 2006). Thus, an understanding of how mental illness is portrayed in the media and popular culture at large is critical for understanding the full spectrum of challenges faced by students with special education needs.

Portrayals of Mental Illness in Popular Culture

Popular culture can be defined as film, music, ideas, literature, and attitudes that permeate society in general and influence public opinion, perception and mainstream ideals (Lopes, 2006). Popular culture is especially influential in Western societies, as there is more access to media sources and discussion about popular culture than in developing or third world societies and nations (Lopes, 2006). Popular culture shapes what the public finds intriguing or worthy of discussion. Although some people may

deem popular culture vapid, or unworthy of serious study, it is an important influence on how and why people think about and perceive situations and social issues the way that they do (Lopes, 2006).

Popular culture and its influence can manifest in multiple ways. People can simply discuss a favorite or popular television show or film with friends. They then determine from this conversation both their own perspective of the popular culture representation as well as their friend or acquaintance's perception of a popular culture representation. People then take away from that experience the view or opinion the screenwriter or director wants the audience to have because they have discussed and evaluated it with someone else. Typically, the goal of a screenwriter or director is to have their work discussed and analyzed by the public in order to get the message across to a wide audience. Additionally, persons discussing popular culture take from that discussion the opinions and influence that their peers have on the subject; popular culture is a prime area where ideas circulate and identities are produced (Dimitriadis & McCarthy, 1999). These ideas and identities that popular culture and media create can and do affect the way the people interact with those around them. People of all ages learn to recognize social situations and norms from popular culture representations (Dimitriadis & McCarthy, 1999).

When people are stigmatized, they typically fall into one of two models: public stigma/ perception or internal stigma/ perception (Link & Phelan, 2001). Popular culture most often affects the public stigma that the disabled person has and this public stigma is the most influential as it is the most visible, rather than internalized and not as apparent. Regardless of perception, public or internal, both types of perception can endorse the

negative stigmas that are associated with being mentally ill or disabled. The NAMI has created a documentary titled *In Our Own Voice* to help offset some of the negative perceptions and promote positive public and self perception for those with a stigmatizing disability within an easily accessible popular culture documentary film (Corrigan, Rafacz, Hautamaki, Walton, Rusch, Rao, Doyle, O'Brian, Pryor, & Reeder 2010).

Often, though, positive perception and stereotypes are not the norm in popular culture representations of mental illness. In his 1963 book *Stigma: Notes on the Management of Spoiled Identity*, Goffman argues that a single stigmatizing attribute can alter the perception of a person's social status and possibly lower that status due to outside perception of the disabled person by others. Stigmatization due to mental illness also leads to the discrediting of an individual in a global sense, and thus has far more negative effects and elicits more direct action from people that Goffman (1963) calls "normals" (Lopes, 2006) Stigma and its negative implications impact perception and interaction between people disabled and non-disabled. Further, that altered perception impacts the way that the person is treated by peers, educators and others around him or her.

Popular culture influence tells the public how to react, interact, and treat those with a stigma such as mental illness. Americans admit that overall their knowledge of mental illness comes from media sources (Wall, 2006) and that knowledge is most often incorrect when it is simply based upon popular culture and media representations. Incorrect knowledge is a dangerous side effect of popular culture influence on the public (Lopes, 2006). When self-perception is that of being normal, then the stigma that is attached to those who are perceived not to be normal is even greater (Goffman, 1963).

One of the most influential and classic works of literature that influenced public perception most by discussing mental illness is *One Flew over the Cuckoo's Nest* by Ken Kesey. This novel, released in 1962, adapted to a Broadway play (1963) and eventually a film (1975), portrays life inside a mental institution. The novel does not make light of persons who are institutionalized. In fact, it exposed the horrible experiences of the mentally ill, or those who were considered to be mentally ill by physicians in the 1960s (Gold, 2003). This text is one of the first of its kind to discuss mental illness and a stigmatized population. While not all the characters in the book are mentally ill, the impact the text had on public perception and the treatment of those with stigmatizing disabilities is significant.

It is also worth noting that the title of the novel was influenced by a Mother Goose nursery rhyme that Kesey heard as a small child. "...wire, briar, limberlock. Three geese in a flock. One flew East and one flew West. And one flew over the cuckoo's nest" (Musick & Rudolph, 1950). In the case of the novel *One Flew Over the Cuckoo's Nest*, Kesey used this nursery rhyme as popular culture reference to title his book, which one could argue is an additional example of the strong impact of popular culture references to mental illness.

It is important to recognize that Kesey's use of the word 'cuckoo,' while a popular culture reference is not commonly used to describe the mentally ill in current society. In today's society the use of the word 'cuckoo' would be considered detrimental and offensive to those suffering with a mental illness, but in the 1960s in popular culture use of slang like 'cuckoo' or 'wacko' would have been more accepted (Freese, 2007). Further, in nursery rhymes that have been popular in the past, multiple derogatory terms

for people have been used which can negatively influence small children's perceptions of those who are different (Musick & Rudolph, 1950). Freese (2007) also argues that currently in popular culture on television, movies, and in novels, derogatory terms are being used to describe the mentally ill. He stresses that exposure to these terms relays a negative connotation to the public and allows them to have a false perception of those who have a mental illness or some other type of perceived difference.

One Flew over the Cuckoo's Nest was one of the first popular novels to describe in detail what happened in hospitals for the mentally ill, and also to describe what mentally ill persons were like from a realistic standpoint as opposed to a more outrageous erroneous one. Prior to the publication of the novel, the mentally ill were depicted as less than human, drooling, and possibly violent (Shortland, 1987). Wall (2006) explains that persons in media with disabilities have been also depicted as evil and dangerous, worthy of being punished and locked up and the public implication was that people should not feel remorse or sympathy for locking them up or stigmatizing the mentally ill.

The mentally ill were perceived to have a need to be kept from society and locked away. Films and novels depicted the insane or mentally ill as dangerous mad men escaping from straightjackets to murder and maim (Shortland, 1987). Kesey's experience working in a mental institution gave him insight into the behaviors within the institution of both patients and staff (Gold, 2003). His first hand experience in working with persons with mental illness created a compelling novel, one that many people read and which thus reshaped public perceptions of the mentally ill. The depictions within the novel created public outrage regarding the way that mentally ill or disabled persons were being treated by the medical profession or their families (Gold, 2003).

While the novel *One Flew over the Cuckoo's Nest* was eye opening for many people, the 1975 film based on the novel was even more influential. The film gave a visual representation of the mentally ill and their treatment in institutions (Wall, 2006). The film influenced the public to re-examine their perceptions of those who are mentally ill, as the patients in the film were easy to sympathize with the men and their plight. The film was much like the novel in that the portrayal of the patients was not made to be humorous or stereotypical in order to be better received by the viewing public. The actors portrayed the patients much like real mental patients would behave while institutionalized. However, as the film was a Hollywood blockbuster, liberties were taken in the portrayal of the patients from Kesey's book. In popular culture representations of the mentally ill, liberties are often taken to give the audience what they want to see (Wall, 2006). Liberal adaptation, such as demonstrating stereotypical behaviors or altered physical appearance of those who are mentally ill further influences the incorrect assumptions and perceptions of the public in general (Shortland, 1987; Wall, 2006).

One Flew over the Cuckoo's Nest is a part of popular culture that the public, as Wall (2006) described, assumes was well researched by a psychologist or psychiatric expert. Those being entertained by media descriptions involving mental illness are often unaware that they are being informed and influenced; they give little thought to the images of mental illness that they are absorbing. When they do think about it, they often assume that the portrayal is an accurate one, developed and approved by expert psychiatric consultants (Wall, 2006). While Ken Kesey, the author, did have experience in working with the mentally ill due to the part time job he held as an orderly in a mental institution, the novel, film, and play are fiction.

When the public perceives fiction as the truth, negative stereotypes emerge and those with mental illness may be treated in a negative or harmful manner in both public education and other areas of their lives. Erroneous depictions and negative depictions of those who are mentally ill create and foster harmful stereotypes that can affect the way that they are treated within society (Lopes, 2006; Shortland, 1987). *One Flew over the Cuckoo's Nest* is a classic example of media influence on public perception of mental illness. While the film, book, and play do not directly address education or students in particular, it is a piece of popular culture that was and continues to be very influential on the public's perception of those with mental illness (Lopes, 2006). If the public in general is influenced by popular culture, then it is likely these same films, books, and television shows influence teachers' and students' perceptions of mental illness and mentally ill individuals. Students and teachers view popular culture and take away from it the perception of stigma and "other" and translate those stigmas and stereotypes into their daily interactions with peers and other students. The film *One Flew over the Cuckoo's Nest* is an important work to explore when discussing popular culture influence. The film won multiple academy awards (Wall, 2006). Because of this recognition it is one of the more influential films to influence popular culture representations of the mentally ill.

Popular culture representations of the mentally ill or learning disabled are not simply confined to films, books, and plays that are aimed toward an adult audience such as *One Flew over the Cuckoo's nest*. There are books that are written aimed toward adolescent or young readerships that outline mental illness (Greenwell, 2004). Currently, fiction novels about Asperger's Syndrome and Autistic Disorder are very popular, especially geared toward teenaged readers and young adults (Murray, 2006).

Greenwell (2004) lists several of these books specifically about characters with Autistic Disorder or Asperger's Syndrome. Greenwell mentions *Seriously Weird*, *Speed of Dark*, *The Curious Incident of the Dog in the Night-time*, and *Of Mice and Aliens*; all fictional books with an Autistic or Asperger's Syndrome main character. These books are written for and marketed to teenage and young adult audiences. These books are all written to demystify Autistic Disorder and Asperger's syndrome for young teens and young adults. However, Greenwell also argues that regardless of the purpose of the story sympathy for those who have Asperger's both in the text and actual interaction with Autistic or Asperger's students will overwhelm the act of constructing the story as the reader will be focused on the Autistic behaviors and not the person or the story being told (Greenwell, 2004). This sympathy for those with Asperger's Syndrome can affect the way that classmates interact with peers that are Autistic or have Asperger's Syndrome. They will assume, incorrectly, that every child with one of these behaviors will act like the person in the novel, thus adding to incorrect perceptions and negative treatment of their disabled peer (Greenwell, 2004).

Probably one of the most well known examples of this phenomenon of adolescent literature about Asperger's and Autism Disorder is Haddon's (2003) novel *The Curious Incident of the Dog in the Night-time*. *The Curious Incident of the Dog in the Night-time*, unlike the other books that Greenwell lists in his research, is a best seller in both markets in which it was published (the United States and Great Britain). This makes it highly likely that many students and teachers alike have either read or heard about the book. The narrator of the text is 15-year-old Christopher Boone, a young man that is written as if he has some type of Autistic Disorder, as he exhibits many of the stereotypical traits

associated with those who are diagnosed with Asperger's Syndrome or Autism throughout the novel. The author of *The Curious Incident of the Dog in the Night-time* never actually tells the reader explicitly the condition with which Christopher Boone is diagnosed. It is up to the reader to infer that he suffers either from Autistic Disorder or Asperger's Syndrome.

There may be danger in having the reader infer the diagnosis of the main character. Many people are familiar with the stereotypical Autistic behaviors but know little about them other than what they are presented with in popular culture representations. Greenwell (2004) explains that as with any syndrome or disorder, there are degrees of severity. Autistic individuals can have intellectual levels ranging from mental retardation to normal intelligence, while individuals with Asperger's Syndrome are typically of normal or above average intelligence (DSM-IV-TR, 2000). However, individuals with Asperger's syndrome display marked deficiencies in social skills, a preference for sameness, difficulty reading verbal and social cues, and determining body space. Additionally they are often overly sensitive to sounds, tastes, smells and sights (Greenwell, 2004).

Further, there is also a false perception that all persons with Asperger's Syndrome and/or Autistic Disorder are "idiot savants", or have a specific talent in one academic area; most of the time represented in popular culture as math or numbers (Murray, 2006 p. 27). It is important to note that the population of those with Autistic Disorder or Asperger's Syndrome having savant skills is less than 10 percent of the population of diagnosed individuals (Murray, 2006). The danger in creating a character in a book or movie with stereotypical Autistic or Asperger's traits, such as being a savant in an

academic area, is that public perception will be that all individuals suffering from these disorders will behave this way or have some sort of academic gift.

Because of the perception that people have of those with Autistic Disorder or Asperger's syndrome, there is concern over the social interactions that these students have with peers and teachers. Peers and teachers typically perceive that the Autistic student or Asperger's Syndrome student will exhibit most of the stereotypical behaviors that are represented in popular culture depictions of those with the disorder (Assouline, Nicpon, & Doobay, 2009). The most well-known and stereotyped examples of these behaviors in Autistic children are robotic speech patterns, hand flapping, rocking back and forth or uncontrolled emotional outbursts (Nicpon, Doobay, & Assouline 2010). When peers and teachers have these assumptions about an Autistic child or one that has Asperger's Syndrome, they are more likely to treat the child differently than other children in the classroom (Nicpon et al, 2010). This can lead to the diagnosed student becoming even more aware of his or her differences, and lead to the student him or herself starting to perceive that his or her differences are affecting social and educational interactions.

Self-perception is instrumental in the way one interacts with others (Lopes, 2006). Children with an Autistic Disorder or Asperger's Syndrome struggle to adapt to changing and unpredictable events, and sometimes have anger related to their inability to understand social situations around them (Nipcon et al, 2010). This struggle to interact with people and to adapt to changing situations directly affects the Autistic or Asperger's child's perception of the world around them. It also affects the perceptions of peers and teachers as the behaviors that the affected children exhibits are not what are considered

normal. Younger children tend to perceive these differences and single out the Autistic or Asperger's student as someone with whom they do not want to be friends (Nicpon et al, 2010). As the children grow older self-perception, as well as peer perception, take an even larger role in development and academic success.

As children with Autism or Asperger's Syndrome reach adolescence, they start to perceive that others are stigmatizing them or excluding them from their peer groups (Nicpon et al, 2010). Younger students may also sense this exclusion but adolescent students report that they perceive it even more acutely. This loneliness and exclusion from peers and teachers creates a negative self-bias for the Autistic or Asperger's child. Not only do these children report negative self-bias, they also report feelings of anxiety, social rejection, and increased bullying by their peers (Shaked & Yirmiya, 2003; Shea & Mesibov, 2005). All of these things add to negative perceptions of those suffering from Autistic Disorder or Asperger's Syndrome.

It is worth noting that the majority of diagnosed cases of Asperger's Syndrome and Autistic Disorders are male, and thus popular culture representations typically are male (Nicpon et al, 2010). When teachers and students read a novel like *The Curious Incident of the Dog in the Night-time*, they might pick up on the stereotypical behaviors of Autistic and Asperger's Syndrome and assume that these behaviors are true for all students and peers with these disorders (Nicpon et al, 2010). This can be damaging to the students that are diagnosed with these disorders, as they are stereotyped and not receiving an unbiased educational experience in their relationships with both peers and teachers.

Popular culture has both positive and negative aspects in helping shape perceptions of those who are mentally ill. Popular culture representations allow those

who are not familiar with a mental illness to gain information and knowledge about that disability or condition. There are both good and bad popular culture representations that affect the way that those whom are stigmatized are perceived. NAMI, among other organizations, is working toward altering the stigmatizing perceptions that the public has about those who suffer from a mental illness. Popular culture, along with personal experience, shapes the way that people interact with those with mental illness, therefore; persons with these disabilities also have personal perceptions of themselves that affect the way they interact with the outside world, teachers and peers.

Popular Culture in the Classroom

In many classes popular culture is used to teach literature, current events, and even as a reward for positive behavior with no clearly defined educational purpose (Maples, Arndt, White, & Fink 2010). At the high school level, numerous films and books are included in the curriculum that include a character with a mental illness including: *Of Mice and Men*, *To Kill a Mockingbird*, *The Glass Menagerie*, and *The Hunchback of Notre Dame* (Maples et. al 2010). For example, the character Lenny in Steinbeck's (1939) *Of Mice and Men*, is depicted as rather simple minded. He is dangerous, not simply because of his size, but because of his mental disability. When students read or watch the film based on *Of Mice and Men*, they can internalize and perceive that because someone has a disability he or she will behave like Lenny and be dangerous to others (Maples et al, 2010).

Both students and teachers must reflect upon films and books that are used to teach students about literature or as a reward, especially if those films and books depict disabled persons. Maples et al (2010) argue that if the stereotypes that are presented of

those with disabilities, be they physical disabilities or mental disabilities are not challenged and discussed in proper context students will further perpetuate negative perceptions of the disabled. They will then carry those perceptions into their interactions with the stigmatized person both within the school environment and outside of it. Students are rarely asked to critically think about what they are watching or reading and examine the perceptions and stereotypes they have about the persons being represented in the film or text.

In a study, Hobbs (2006) explored the use of popular culture and media in the classroom. In her research she found that often, even if a film was used as part of the approved curriculum, teachers described its use in the classroom as fun or as a reward for good behavior. Rarely was analysis or reflection used to explore perceptions or stereotypes of the disabled or stigmatized persons in the film. This is damaging to student perception as they will further believe that inaccurate depictions of those in the films are correct simply because they viewed the film within a classroom/educational context (Norden, 1994). Uninformed viewing of films perpetuates the negative stigma status and perception of the disabled and foster inaccurate beliefs amongst students (Maples et al, 2010).

Teachers have a direct ability to impact the beliefs that students have of one another and society in general (Maples et al, 2010). When films are shown or books are read in classrooms there has to be discussion of the disability shown in the literature or the film (Maples et al, 2010). Teachers cannot simply discuss that there will be a depiction of a disability in a film; they must critically discuss the topic with their students (Hobbs, 2006). Discussion of disability in film used in classrooms may not always be a

feasible lesson due to time constraints and curricular standards that must be met in order for students to access the material they will be tested on for state and federally mandated standardized tests. However, it is best practice to discuss disabilities being represented in order to address negative stereotypes and perceptions that students may have prior to viewing a film. Teachers should challenge students to explore their perceptions and opinions of disabled persons that are being shown on film or read in literature (Hobbs, 2006; Maples et al, 2006). Without critical interpretation of popular culture and media in schools, as used as an educational, tool students fail to make meaningful connections to what they are viewing or reading. The focus on negative stereotypes and perceptions of disabled persons creates an environment in which disabled and non-disabled students cannot truly work collaboratively (Maples et al, 2006).

With positive discussion within the classroom of popular culture and literature depicting disabled persons comes better understanding of differences and similarities between all people. Because film, in addition to other aspects of popular culture, are the primary sources of information that the public in general has about those with disabilities (Safran, 1998) schools must take some responsibility in creating a dialogue about perceptions of the disabled. Without schools and teachers taking a proactive approach in educating students about disabilities, students may feel fear and pity toward their disabled peers, rather than collaboration and acceptance (Maples et al, 2006). This can create a negative educational environment for all students.

Teacher Perceptions of Mental Illness

Within the school setting, teachers have a strong role in developing a supportive, accepting, and cooperative classroom for all students (Pavri & Monda-Amaya, 2000;

Maples et al, 2006). If teachers have a negative perception of a student based upon either a bias influenced by popular culture or some other means, that teacher may not be well prepared to provide a supportive and inclusive educational environment. Many times a teacher has a negative perception of a child with a disability based upon prior experience or even lack thereof in teaching and interacting with a disabled child (Pavri & Monda-Amaya, 2000). Teachers can experience, or be informed by outside influences including popular culture and other teachers, that the disabled student is not experiencing academic success because he or she is not able to do the work assigned to his or her non-disabled peers. Therefore, they perceive that the student is not motivated to do well in school. This creates a perception from the teacher that the student is not going to be as successful as a non-disabled student and thus the student is treated differently or not expected to do as well (Meltzer, Katzir-Cohen, Millier, & Roditi, 2001).

Teachers rarely receive training in teacher education programs that address perceptions of disabled students that they may teach; teachers should receive training that allows them to create and foster positive learning environments for all students (Pavri & Monda-Amaya, 2000). Often, teachers are unaware that their students are lonely, or that the students perceive that they are being treated differently than their peers because of their disability (Margalit & Levin-Alygon, 1994; Pavri & Monda-Amaya, 2000). This unawareness can perpetuate negative self-perception in the disabled student and affect how well he or she is learning that curriculum, in addition to the social and peer relationships that are formed within the school setting (Pavri & Monda-Amaya, 2000).

When teachers perceive disabled students not to do as well as their non-disabled peers, the educational environment and services that the disabled child receives can be

directly affected. Teachers need to experience and perceive that students with disabilities are working hard both socially and academically in order to provide them with the best educational environment (Meltzer et al, 2001). In order for the educational environment to be the most productive for all students, each student must show effort, regardless of disability. When teachers perceive that a student with a disability, or any student for that matter, is not making effort to understand what is being taught or make an effort to try a difficult task, that teacher's perception of the student is affected (Meltzer et al, 2001). If the perception that the teacher has of the disabled student is not a positive one, it can directly impact the student's perception of him or herself.

This is not to say that all teachers have a negative perception about students with disabilities and do not want to serve them in educational settings. In Huck, Geller, & Engelhard's 1988 study, the perceptions of programs offered to children with disabilities were explored within public schools. The teachers surveyed reported that they did not have negative perceptions of disabled students within the classroom, but did have concerns about the way that the programs were offered to the students with disabilities. Teachers with the best perception of the disabled students that they served worked in inclusion classroom settings with strong support from their administration and school system overall. They also had students that were aware of their disabilities and could self advocate for their own educational needs.

Many times students are not able to self-advocate for their educational needs for fear of the stigma that is attached to having a disability. In the Houck, Asselin, & Troutman (1992) study, teachers reported that both their perception of disabled students, as well as the student's perception of themselves, could be more positive with better

educational programs that increase student awareness of disability, self-concept, motivation and independence. It is also discussed that students with stigmatizing disabilities should be included in the regular educational setting as much as possible so that they interact with their non-disabled peers in order to learn social and educational strategies that allow them to function as normally as possible within the school environment. This interaction is important, as discussed previously popular culture representations are often the only experience many students have with disability. When they have little interaction with disabled peers, negative stereotypes and perceptions are allowed to continue and affect the interactions between non-disabled and disabled peers.

While inclusive environments provide opportunities for interaction between disabled and non-disabled students, those with disabilities rely on coping strategies to make these interactions successful (Ranskind, Goldberg, Higgins, & Herman, 1999). In order to develop coping strategies, students must learn and develop skills that are identified by people with and without disabilities in order to cope and function within the environment around them. These skills may include self-understanding, effort, persistence, and goal orientation (Ranskind et al, 1999). In developing these skills, students with disabilities must have self-understanding, or be able to identify their disability as well as a positive self-concept of their abilities and weaknesses (Meltzer et al, 2001). Much of the development of these coping skills comes from interactions with teachers in the classroom and school environment. If teachers fail to academically challenge the students or provide a supportive learning environment, coping skills are not developed that allow the disabled student to perceive that he or she is successful academically or socially (Meltzer et al, 2001).

Many successful teachers are aware of the importance of teacher-student relationship (Pavri & Monda-Amaya, 2000). Positive teacher-student relationships foster trust and enhanced opportunities for learning as the student feels safe within the educational environment and the teacher has made a connection to the student's specific educational needs. This awareness comes from direct interaction with both disabled and non-disabled students who respond to positive interactions, attention, and support from their teachers (Murray & Pianta, 2007). Students with disabilities have unique needs in relation to the type of support and attention that they require from their relationships with teachers within the classroom. Students with disabilities struggle to adjust to the school environment or adapt easily to changes within the instructional day (Murray & Pianta, 2007). Students with mental illness are far more likely to experience depression, anxiety, conduct problems delinquency, school dropout, incarceration, and poor post high school outcomes (Al-Yagon & Mikulincer, 2004; Blackorby & Wagner, 1996; Pearl & Bay, 1999). These issues can all directly affect the perception that teachers have of disabled students.

As more and more students with disabilities are mainstreamed or included into regular education (US Dept of Education, 2003), teacher perception of these students and the services that they need to offer to them is affected. Based upon research about perception of students with learning disabilities, teachers tend to have lower expectations for students with disabilities (Houck et al, 1992; Matthews, Anderson & Skolnick, 1987). With lowered expectations comes negative perception; however, lowered expectations are not the only factor that affects teacher perception of disabled students and their academic and social abilities.

Teachers are influenced and develop perceptions of students based upon many factors. Teacher-student relationships are a component of broader influences and these influences affect the interaction with students and the perception that teachers have of their students. Murray and Pianta (2007) state that the factors that influence teacher and student interactions are developed through student background information, teacher characteristics, classroom and school characteristics, as well as, family, community, and broader social influences, such as, popular culture. In order to assist students and allow teachers must develop strong positive perceptions and relationships with the students that they teach.

In one study, when students with disabilities were asked about their teachers and how they thought that teachers perceived them, they reported that when asking for accommodations on assignments or within the classroom they tended to ask for help more often when they were given a positive response from that teacher (Hartman-Hall & Haaga, 2002). When the teacher responded negatively the student was less likely to ask for accommodations or help again, which affected their ability to complete the assignment successfully. Research has found that teachers are more willing to provide minor accommodations to students, such as extended time and testing in a separate location (Murray, Wren, & Keys, 2008). Teachers perceive that disabled students are not trying as hard as their non-disabled peers, and are thus less likely to provide major modifications, such as modified assignments. This interaction affects the bonds and relationships that students develop with teachers. Students need to have positive interactions, support, and trust in order to have a positive perception of their abilities, themselves and of their teachers.

Children and adolescents develop strong bonds with their teachers, which resemble caregiver relationships (Murray & Pianta, 2007). When these relationships are not nurtured and allowed to develop the student struggles to find academic and social success within the school environment. This nurturing and development of relationships has a correlation to perception within the school environment. Positive teacher and student relationships create a more supportive environment allowing all students, not simply those with a mental illness to thrive and have better educational and emotional success within the school as well as outside of the school.

Students with disabilities are at greater risk of developing negative emotional and social issues that affect their academic and peer relationships within the educational environment. Teachers need to be aware that they influence and foster these relationships and social interactions. When teachers perceive that disabled students are simply lazy or are not trying as hard as they could, the student is affected (Meltzer et al, 2001). In the most successful school environments students who have teachers with high expectations of all students regardless of disability tend to have the most positive peer to peer and student to teacher relationships (Brattesani, Weinstein & Marshall, 1984). Teachers who have negative attitudes and perceptions of disabled students direct more negative behaviors toward those students, which affects the way the student is perceived within the school environment not only by his or her teachers, but also by his or her peers (Meltzer et al, 2001).

Schools that are based in inclusion models tend to do a better job of allowing positive teacher student relationships to develop as well as reducing the incidence of negative behaviors of students with disabilities (Murray & Pianta, 2007). When teachers

have positive interactions with disabled students and develop successful interactions with them; both the teacher's perception of the student and the student's self perception may become more positive. Further, peer relationships are allowed to develop and become stronger, allowing the perception of non-disabled peers to become more positive and less exclusive (Murray & Pianta, 2007). For students with high incidence disabilities, such as Learning Disorders, inclusion classrooms and sustaining positive peer to peer relationships is key to social and emotional development and to increased positive perception of both self and increased positive perception from non-disabled peers (Haager & Vaughn, 1995).

Student Perceptions of Mental Illness

Approximately ten to sixteen percent of school aged children report that they are significantly lonely (Asher, Hymel & Renshaw, 1984). While being lonely is not a disability, many students with stigmatizing disabilities report that they are lonely (Asher et al, 1984; Pavri & Monda-Amaya, 2000). This can be directly impacted by the perception of them by their classmates and teachers. When children have a stigmatizing disability, they withdraw from their peers as the disability affects the way they interact socially with other children (Asher et al, 1984). On the other end of the spectrum from social withdrawal is aggression. When a child with mental illness feels stigmatized or excluded, he or she may not know how to correctly express that frustration, therefore becoming aggressive rather than using coping strategies that their non-disabled peers use when frustrated or upset (Asher et al, 1984). Often it is not the disability that causes the child to withdraw or become aggressive, but the perception that their peers have of them and also the perception that the child has of him or herself (Pavri & Monda-Amaya,

2000). Children who are identified by their peers as the most aggressive report that they feel the loneliest compared to peers that have not been identified as aggressive or non-preferred (Asher et al, 1984).

Further, children with disabilities look to non-disabled peers to understand social and educational norms and customs (Fryxell & Kennedy, 1995). They compare themselves to peers to determine what correct behavior in classroom and social settings is and what may be incorrect or undesirable behavior in these same settings (Fryxell & Kennedy, 1995). This allows for students to have better perception of both themselves and of their non-disabled peers (Fryxell & Kennedy, 1995). When students with disabilities have the opportunity to make friendships and interact with their non-disabled peers, they report that they feel less lonely, less ostracized, and less stigmatized. They have a more positive self perception of both their academic and social abilities within the classroom setting, and have more positive means of coping with negative stigmas and perceptions than they may have of themselves or that peers and teachers may have of a person with a disability (Fryxell & Kennedy, 1995).

A major component of the educational process for students, which is often overlooked, is social interaction with peers; students with disabilities are directly affected social interactions with peers (Sather, 2003). Students with disabilities are often removed from their peers in the educational environment, if not for the entire day for parts of it to receive remediation, tutoring, and specialized services (Kolstad et al, 1997; Sather, 2003). This can further hinder the perception that the student has of him or herself and the perception that the disabled students peers have of him or her as well.

The type of school can influence student perspective or educational setting that the student is placed in. This placement can directly affect not only self-perception, but also outside perception of peers in the educational environment. There are, traditionally, two models that are used in schools to identify students that have disabilities (Sather, 2003). In the traditional model of education and identifying students, which have disabilities, there are fixed testing standards and progress must be measured in how quickly a student is mastering a concept. This traditional model also tends to enforce negative views of the disabled student in the student, teacher, and peer's perception (Sather, 2003). If the disabled student is not making progress as quickly as the traditional model dictates then he or she is singled out as not being as adequate and thus negative perception and feelings persist. The traditional model also sets forth a very rigid model of what is to be taught and how so that the student will be able to perform well on standardized tests, which ultimately, has become the measure of progress in schools in the United States (LaNear & Frattura, 2007).

In the more progressive model of special education, education is defined as a process not simply a means to an end (Sather, 2003). This process is a progression of learning at the student's own pace and in learning in a style that is most comfortable to the student (Duckworth, 1987). The progressive model of education also allows for teaching and learning to become a more collaborative experience between disabled students, their non-disabled peers, and their teachers. In a collaborative model everyone involved works together to attain the best possible outcome for the learner and the educator (Sather, 2003). This model also allows for greater flexibility in what is taught and how it is taught. The emphasis in learning is not placed simply on standardized

testing as set forth by No Child Left Behind legislation, but on the process of discovery in learning (Sather, 2003).

In the progressive model students are encouraged to work together and collaborate in the learning process. By working in collaborative groups, both with disabled and non-disabled students, understanding of various learning styles takes place, as does working toward eliminating false and sometimes negative perceptions of the disabled that may exist from outside influence; such as popular culture. Often students fall into the traditional model of learning as a means to an end and meeting standards just because that is what they have always been taught (Meltzer et al, 2001; Sather, 2003). Students also tend to experience conflicts with those that are not exactly like them in the classroom, which is reinforced by the traditional model of teaching and learning as collaboration and inclusion are not necessarily reinforced in this model (Sather, 2003). In education there is a definite push for collaboration in the classroom based upon the 21st century skills model. In this model student are encouraged to work together and make progress in the curriculum using technology and collaborative learning groups (Partnership for 21st Century Skills, 2010). Further this model is a push away from traditional skill building and learning and assists even the neediest students to find success in the classroom.

Students themselves do not make the policies that govern which students are taught in which classroom and which academic tracks are offered in schools and how students are selected for placement onto these tracks. Often, students have a very limited knowledge of how they are placed in classes or in special education services (Raskind et al, 1999; Sather, 2003). However, Sather (2003) found that students do express concern

about how both disabled and non-disabled students are placed into tracks and classes and how that affects both perceptions of one another, but the type of education those students are receiving.

In her research, Sather (2003) interviewed students specifically about their perceptions of themselves and of students with disabilities, if they were not identified as being disabled themselves. In her interviews, gifted students expressed that they felt that placing disabled students in separate or lower level classes with different curriculum was damaging both to self-perception but also to the perceptions that non-disabled students had of those with stigmatizing disabilities. One of the gifted students interviewed stated that he felt that those placed in advanced placement or honors classes were expected to do more and those placed in lower level classes would be expected to do less which was damaging to both sets of students (Sather, 2003). However, Sather also reported that a disabled student placed in an inclusion class or higher-level class may perform better due to the pressure to do well. Another gifted student reported that he felt it was discouraging to the disabled student to be in a class and not be able to keep up with the work further isolating and stigmatizing the disabled student both within his or her own self perception and within his or her non-disabled peer's perceptions (Perrone, 2000; Sather, 2003 p. 23-24).

Both of the gifted students interviewed used terminology such as “keeping up” or “expected” to describe how education was provided in their school (Sather, 2003 p. 24). This reflects the traditional model of education where all students are required to meet specific state and federal standards in order to be deemed proficient (NCLB, 2004; Sather, 2003). This illustrates, as well, that even though the students themselves do not

make the laws and guidelines used to track or place students into classes and education programs, they are influenced and accept the traditional models and definitions of education without truly questioning why these are the accepted models and practices (Raskind et al, 1999; Sather, 2003).

Again in the Sather (2003) study when the disabled students were interviewed they also reported many of the same concerns as the gifted students, but expressed their concerns in different ways. One learning disabled student reported that she did not like inclusion classes, specifically inclusion classes that had very bright or honors and advanced placement students in them (Sather, 2003). Her response was that those types of classes were unfair to disabled students and would push them too far and too hard until they were unable to do anything else and then they would shut down both socially and academically (Sather, 2003). She also reported that the inclusion model not only stigmatized student's perceptions within peer groups but affected teacher perception as well. The interviewed student reported that she felt that teachers would have a negative bias against disabled students as the perception would be that they were not trying as hard as their non-disabled peers, since they were not able to keep up with some of the work that was assigned in the regular education or inclusion classes (Corbett & Wilson, 1995; Sather, 2003 p. 24).

Regardless of label, gifted or disabled, all of the students interviewed expressed frustration with the current traditional tracked model of education. In addition to the academic constraints placed on students there are also social implications of inclusive and non-inclusive education (Sather, 2003). At the secondary level these social implications tend to be more pronounced as high school students, especially gifted students are quite

competitive with one another academically (Sather, 2003). In Sather's (2003) study she reported that while students were working collaboratively within inclusion classrooms there was tension within the model between students. Interviewed students reported that the disabled students felt more benefit from collaboration with non-disabled peers. The non-disabled students reported while they enjoyed helping their disabled peers, they felt that it was a hindrance to their educational process, which is yet another reflection upon the traditional educational style as the focus is on achievement and test scores, rather than collaboration and the learning process (Sather, 2003).

While tension was reported, perceptions between peers were altered due to inclusion of disabled students with their non-disabled peers. Gifted students and non-disabled students have the opportunity in inclusion classes and schools to work with one another and overcome preset perceptions that they may have from media or outside influence. Students were able to acknowledge that helping one another was a valuable skill that would translate outside of the classroom and into the world post high school (Sather, 2003). They also reported that in working with diverse groups of learners their perceptions were altered and they were able to interact with the disabled students as people and not simply define them by their disability or preconceived perception (Sather, 2003).

In the classroom these student-to-student perceptions must be addressed. While often students are able to reconcile differences amongst themselves without teacher intervention, sometimes they are not. Sather (2003) outlines that teachers must address the self-perceptions of disabled students; exploring the ways that they learn best and also the perceptions they have that are holding them back from attaining the best possible

educational outcome. Teachers must also address perceptions of the non-disabled students in the educational environment and work toward redirecting those perceptions into more positive ones, rather than negative perceptions of the disabled (Corbett & Wilson, 1995; Sather, 2003).

In order to best address these differences teachers must be self aware and ready to listen to all students about their differences in learning styles, as well as, perspectives of those in the classroom and overall school environment (Corbett & Wilson, 1995; Sather, 2003). Further, by listening to students and becoming aware of what differences that are perceived amongst peer groups of both disabled and non-disabled students, teachers are able to create a more structured environment in which all students are productive contributors to education. When student perspectives are included in building the educational environment the outcome for all students is more positive and less negative. Perceptions of the disabled become less stigmatizing and students, as well as, teachers are able to work together in a collaborative positive environment (Sather, 2003).

Directions for Further Research

Mental illness is a significant issue with regards to equitable education, both based on standards and on social influences within schools. While there are multiple studies that explore how popular culture influences perception of stigmatized groups, there is very little on the way that popular culture and media influence teacher and peer relationships with disabled or mentally ill students. There is also relatively little literature on the potential influence of popular culture on the types of educational services that are provided to students.

Research should also be conducted on the relationships that students have with one another, both disabled and non-disabled, and interactions within the school environments that are affected because of stigmatizing perceptions that may be present due to media or popular culture influence. Teachers must also be aware of their perception of students in the classroom with disabilities or mental illness. A negative teacher perception affects the student and his or her performance within the educational environment (Nicpon et al, 2010). Mentally ill students do not often have the social skills to express when they are frustrated by peer and teacher interaction. If they perceive they are being treated differently within the educational environment that frustration may increase and research must be conducted to address how teachers can effectively teach without a negative perception influencing interactions with disabled students. Further research into perception of social interaction between non-disabled students, mentally ill students, and teacher perceptions of these social interactions would also be helpful in determining ways to make inclusive education more successful for all students.

Finally, research must be undertaken in the areas of traditional and non-traditional models of education and high stakes one size fits all testing. Are all students getting an education or are they simply being taught to take tests and missing out in learning valuable social and academic skills for the sake of a standardized test? Mentally ill students often do not know simple social norms and interaction skills. Simply teaching students to take tests does not allow teachers to teach these valuable skills to the neediest groups of students, which in turn affects how their peers perceive and interact with them.

In the traditional model of education, tests are the standard in which all students are held to. Perception of self and perception of others is altered when students do not

perform well on these tests; not only perception that a teacher has of the student but the perception that the student has of him or herself. Research needs to be conducted to address this problem and find solutions for students that do not perform well on standardized tests and in traditional educational models.

Conclusion

Mental illness is a real and growing problem in school systems today. About 10 percent of children and adolescents suffer from some type of mental illness that hinders their progress in educational settings and that number is growing each year (NAMI, 2010). Because of this number, education and special education services provided within education will have to change. With growing numbers of needy students, teachers need to become better trained in working with mentally ill students and they also need to be aware that their perceptions of mental illness affect how they interact with this diverse group. Teachers also need to become more aware of popular culture and media influence affecting their perceptions of disabled students. While educators may not think that media and popular culture are influencing them, the pervasiveness of popular culture and media in Western society suggests that such influence likely exists (Lopes, 2006).

Teachers must also do a better job of using media and popular culture within the classroom as a teaching tool. Many films, books, and short stories that are widely used in curriculums across the United States have some type of stigmatized character (Maples et al, 2006). Usually this character has a mental illness or a physical disability. Teachers need to start a dialogue with their students about how these characters are portrayed in the material that they are teaching. Without this dialogue students may continue to have false perceptions of mentally ill persons. These perceptions can range from thinking that

all mentally ill persons are large and dangerous, such as Lenny in *Of Mice and Men*, or harmless and sweet, such as Forest in the film *Forest Gump*. Perceptions that are skewed in either direction can be harmful to student interaction between disabled and non-disabled peers.

Students also must become more aware of how they interact with peers. Both disabled and non-disabled students must examine their perceptions of each other and determine if they are being influenced by media and popular culture. Media and popular culture have a very strong influence on children and teenagers and this influence may directly affect how students interact with one another due to false perceptions and stigmas that they may have internalized from viewing, reading, or listening to various popular culture and media sources.

Finally, services that are offered to disabled students must be addressed. In education the inclusion model of instruction is becoming more and more popular. In an inclusion classroom both disabled and non-disabled students are taught the same curriculum with modifications provided to the disabled students as needed. Popular culture and media may have an effect on how these services are offered within schools and how well students adapt to them.

The effect of popular culture and media on education is a vast and complex issue. As the population of mentally ill students increases this issue will become even more important to examine. Teachers, students, and policy makers will need to thoroughly discuss how popular culture and media impacts their perception and interaction with disabled or stigmatized groups. Only with an intensive discourse and examination of how

perceptions are shaped by popular culture will mentally ill students obtain and achieve the most acceptance and best educational opportunities available to them.

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