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Students with learning disabilities: The Application of Goffman's *Stigma* in the Inclusive Classroom

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Abstract

This case study provides a qualitative glimpse into one inclusive classroom in Northern Ontario. It explores the nature of peer interactions of students with learning disabilities (LD) and uses Goffman's concept of stigma to analyze how students with LD react or act within the classroom. Twenty-five children were observed on a daily basis for seven weeks and participant observation was the primary method of data collection. Of these 25 children, 9 had a LD. This study found that sadness, aggression, and competence were recurring themes in student-peer interactions. This study reveals that the major themes presented reflect what studies have already posited on peer relationships and emotional functioning of students with LD; these studies, by and large, are American in nature, and thus this has major implications for future research within the Canadian context.

"I have no friends, and everyone picks on me"

-Debra, Grade 3 Student with a LD

"I'm nervous coming back to school"

-Mary, crying uncontrollably, Grade 3 Student with a LD

Although inclusion of children with learning disabilities (LD) within the general education classroom is practised by all school boards within Ontario, the repercussions of such actions on children with LD are still very contradictory (Cooney, Jahoda, Gumley, & Knott, 2006; Gibb, Tunbridge, Chua, & Frederickson, 2007; Martinez, 2006). Research on children with LD has elicited varying results concerning their self-perception, self-esteem, and peer relations. Thomson and McKenzie (2005) pointed out that overall any group of individuals (LD or not) will inherently view themselves as others view them. According to them, children with LD felt that they received negative reactions to their label. Thomson and McKenzie also found that half of the children in their study felt depressed as a result of having been labelled with a LD. The purpose of this study was to investigate how children with LDs interacted with their peers without LDs in the inclusive classroom.

Ho (2004) found that the child with LD may take this new label of LD and understand that he or she is different or inferior to those who are “normal” in their peer groups. This difference causes what Murray and Greenburg (2006) described as peer alienation, which can lead to a number of social and emotional repercussions, including depression, loneliness, and anxiety. Maag and Reid (2006) also stated that children with LD are more likely to experience these social and emotional repercussions due to a lowered self-concept.

One study conducted in Britain found that children diagnosed with a LD were twice as likely to have a depressive disorder, six times more likely to have a conduct disorder, and four times more likely to have an emotional disorder among other mental health problems (Emerson & Hatton, 2007). Even MacMaster, Donovan, and MacIntyre (2002) pointed out that being labelled with a LD poses a threat to these students. Despite their results in finding high self-esteem amongst their participants, they stated that students with LD may experience lower self-esteem once they begin to compare themselves to others without LD.

Students with LD experience a decline in approval by peers and a decline in peer status (Bakker, Denessen, Bosman, Krijger, & Bouts, 2007; Estell, et al., 2008; Reschly & Christenson, 2006). In one study, students with LD suffered from low peer status and were generally less accepted by their peers without LD (Wiener, 2004); this is directly related to social and emotional functioning and development (Estell et al., 2008). However, the findings on peer status tend to be very inconsistent as well (Nowicki, 2006). Some research shows that some children have very positive attitudes towards disabilities in general (McDougall, DeWit, King, Miller, & Killip, 2004). Nowicki (2006) studied peer attitudes towards children with LD and found that there was gender as well as age differences; young girls had the most negative attitudes towards disabilities.

Kemp and Carter (2002) provided some insight into why students with LD may be experiencing lowered peer status and increased rates of loneliness and depression; they stated that isolation that students with LD experience may be due to some problematic development in their social skills. Thus, students with LD may be experiencing these social and emotional consequences because of their inability to socialize adequately (Martinez, 2006).

Lastly, students with LD often have higher rates of becoming a victim to bullying or peer taunting. According to Nabuzoka and Smith (1993), students with LD were less popular amongst their peers and experienced more peer rejection as a result. Peer rejection often included teasing and bullying from their peers. As Murray and Greenburg (2006) elaborated, students with LD often experience more peer group alienation than those without LD. Perhaps students with LD exhibit behaviours which are not socially acceptable or they are socially targeted because of the LD stigma itself.

Cooney et al. (2006) also support these findings: They found that inclusive students with LD reported higher rates of stigmatization from their peers without LD. Martlew and Hodson (1991) found that students with LD often exhibited behaviours that were introverted, such as keeping to themselves

and not socializing at times that were deemed appropriate. Again, researchers have also found that students with LD often felt lonely and experienced depression as a result of being teased or victimized by their peers without LD (Maag & Reid, 2006; Martlew & Hodson, 1991).

In terms of how extensive peer victimization is for students with LD, Mishna (2003) found that approximately 25-30% of students with a LD experience some form of victimization in comparison to 15% of students without a LD; this is a significant difference, and as Mishna pointed out, this victimization has far reaching effects including the aforementioned mental health effects. Thus, although the intention of inclusion is to expose students with a LD to diversity and more social experience, in an ironic twist they are experiencing more stigmatization and victimization (Luciano & Savage, 2007). As a result, students with a LD experience a number of emotional problems and poorer mental health including heightened levels of loneliness and social distress (Khamis, 2009; Paquette & Underwood, 1999).

As clearly exhibited by literature, students with LD are at risk for suffering from social and emotional consequences. Goffman (1963) clearly outlined such social and emotional consequences in his work on stigma. Students with LD—or the *discreditable*, according to Goffman—can become very resentful of their peers and increase their self-hate. These individuals will try and compensate for their shortcomings and stigma by fixing it in some manner (Goffman, 1963). Thus, several key research questions were derived for the purposes this study:

1. How do students in the classroom interact with one another, both students with LD and those without?
2. What is the nature of these interactions- positive and/or negative?
3. What are the major themes within the observational data?

Methodology

Methods

For the purposes of this study it was essential to define LD in the terms provided by the Ministry of Education in Ontario because this research was conducted in Northern Ontario. The definition is as follows:

A learning disorder is evident in both academic and social situations that involves one or more of the processes necessary for the proper use of spoken language or the symbols of communication, and that is characterized by a condition that: a) is not primarily the result of impairment of vision; impairment of hearing; physical handicap; mental retardation; primary emotional disturbance; or cultural difference. Secondly it must result in a significant discrepancy between academic achievement and assessed intellectual ability, with defects in one or more of: receptive language (i.e., listening, reading); language processing (i.e., thinking, conceptualizing, and integrating); expressive language (i.e., talking, spelling writing); mathematical computations. Lastly, it may be associated with one or more conditions diagnosed as: a perceptual handicap; a brain injury; minimal brain dysfunction; dyslexia; or developmental aphasia.^{1[1]}

The case study method was used in this study because it allowed in-depth observations which provided great insight into not only the types of interactions occurring between students with LD and their peers, but also why these interactions were occurring to begin with. According to Yin (1994), this best exemplifies when a case study should be used; answering questions like *how* or *why* such events are taking place presents an ideal situation for case study methodology. Thus, the very nature of this study's research questions was essential in choosing case study methodology (Merriam, 1998). Bogdan

^{1[1]} Information obtained from Ministry of Ontario's website: <http://www.edu.gov.on.ca/extra/eng/ppm/8.html>

and Knopp Bilken (2007) stated that case study research is also very essential when detailed inference and examination are required on limited resources.

Although one concern with case study methodology is its inability to generalize, Yin (1994) states that the purpose of case study methodology is not to generalize to a larger sample, but rather to expand generalizations and explore theoretical conceptions. This study explored the meanings and the complexities of including students with LD in the general education classroom.

In order for these observations to be accurate, it was necessary that participant observation be used as the primary data collection technique; it allowed for students to interact naturally within the classroom setting (Darlington & Scott, 2002). Travers (2001) says that observational methods allow researchers to come away with a comprehensive understanding of the roles that teachers occupy and help in developing questions for future research. Schatzman and Strauss (1973) also support this and state that observations allow the researcher to experience something special in viewing a phenomenon within its natural environment.

This required that students adjust to this researcher's presence within the classroom. Students were given a 2 week period to adjust while I administered lessons, managed the classroom and provided direct instruction to those students with a LD. Although it was important to remain as objective as possible, it was also essential to be seen as a teacher. As Bogdan (1972, p.3) states "The observer participates in the everyday life of the people and situation he wishes to understand...prolonged contact in the situation allows him to view the dynamics of conflict and change and thus see organizations, relationships, and group and individual definitions in process."

Description of the Case

This case consisted of a split Grade 2/3 classroom from a school in Northern Ontario. The classroom had 25 children (13 girls and 12 boys) all between the ages of 7 to 9. According to the teachers, of these 25 children, 9 of them had a LD. It is important to note that of these nine children,

only three had been formally identified and diagnosed with a LD; the other six had been informally diagnosed with a LD by the classroom teachers because they exhibited various symptoms of a LD, but were awaiting diagnoses. Despite not having official diagnoses on these other students their observations would prove to be beneficial. These students are being accommodated for and are still seen as having a stigma by their peers, thus the observations are still valuable. As Crosnoe, Riegler-Crumb, and Muller (2007) point, the psychological effects and social repercussions are much the same as self-perceptions are shaped by the labels students are given. All had individual education plans which were developed by the parents and Individual Placement and Review Committee during the beginning of the year. One of these formally diagnosed children also had a behaviour disorder, which was being further tested for official diagnoses.

The classroom was led by two teachers who shared teaching responsibilities. Both of these teachers had been in the profession for more than 10 years and together had a combined teaching history of approximately 27 years. The school consisted of approximately 110 to 120 students. The school board was selected for its emphasis on inclusive education, although it is noteworthy that within Ontario, all school boards have adopted an inclusive policy, with the Ministry of Education in Ontario mandating the appropriate programming for students with LD^{2[2]}.

A consent form was sent home with each child in the classroom to notify parents/guardians of the plan of study and to obtain their permission to be part of the study. Each child within the classroom was being observed and each had an equal chance of interacting with the child with LD; however, although all students in the classroom were observed, the focus was on students with LD. This form was sent home with the report cards and classroom teachers collected the signed copies over a two-week period. I received a 100 % response rate from parents to allow observation of their child. Observations

^{2[2]} Information obtained from Ministry of Education Ontario's website: <http://www.edu.gov.on.ca/extra/eng/ppm/8.html> on July 23, 2009.

were measured in terms of emotional repercussions and severity of such in both frequency and intensity.

Extensive field notes were kept meticulously throughout the participant observation period. Field notes were further supplemented by analytical notes and remarks during the analysis process. Although this study was informed at the outset by a set of relatively specific research questions and a theoretical background, data analysis followed the open coding process followed in large part by thematic analysis. This involved moving from initial coding of observation data into relatively open categories, such as peer interactions to establishing more selective empirical and theoretical categories, such as competence and aggression.

Profiles of Students with a LD

The following are profiles of the students with LD in the classroom who were observed for 7 weeks. These are simply observations made to outline some of the issues teachers encountered on a daily basis. They are in no way meant to be an actual diagnosis; they are merely character profiles to facilitate an understanding of the observations made. The names being used are pseudonyms to maintain participant confidentiality.

Andrea

Andrea has been formally diagnosed with severe dyslexia. On the first day, I noticed that Andrea had profound abilities in verbally expressing herself, but had troubles writing her thoughts onto paper; there were numerous occasions during my stay in which I or the teacher would sit down with her and work on writing down her ideas.

Andrew

Andrew has been diagnosed with a severe social learning disability. Andrew expressed a strong dislike for doing written work in general and was constantly off task. He also sucked his thumb and kept to himself almost all the time. For instance, Andrew demonstrated numerous times during my stay that

he did not want to go outside during the recess period and sometimes tried his best to come up with any excuse to avoid this. He was sometimes sent to the office; I learned later that he also had a behaviour disorder in addition to a learning disability. This behaviour disorder was not formally diagnosed, but rather was in the process of awaiting diagnoses.

This behaviour disorder posed additional problems for the teacher and the other students as well as for Andrew. Teachers had to accommodate for his learning disability in addition to his behaviour exceptionalism. Interestingly, Andrew demonstrated a great ability to be creative and was very good at drawing. He was always very determined and focused during periods of art and drawing. However, he was unfocused at completing his other work.

Christine

Christine, who is in the process of being identified, is waiting for a psychometrist to assess her. Christine's behaviour within the classroom can be characterized by her numerous attempts at gaining the attention of her peers and the teachers. In my first week, she was very disruptive by talking loudly. She did not seem to want to do what she was supposed to do. The teacher elaborated on Christine's situation with me and stated that Christine's mother was a single parent and was struggling with the responsibilities of parenthood and her work schedule. According to the classroom teachers, Christine was disruptive in class because she was seeking the attention of others to compensate for her mother's busy schedule. According to the teacher, Christine's behaviour was also a result of her transition to puberty. Although still quite young, she was physically and mentally very mature for her age and was experiencing the "hormonal rush," as the teacher stated, associated with this stage. Christine also needed guidance on her math tests and science tests as she was not able to comprehend some of the questions. Her inability to comprehend what she read had to be compensated for by the teacher; this was helped by the Kurzweil technology in the classroom, where tests and books were read to her by a software program on the classroom computer.

Mary

Mary was also in the process of being identified; the teachers informally diagnosed her as suffering from dyslexia and dyscalculia. She worked with both the teacher and me intensively, one-on-one, during math and language throughout the 7 weeks. She had an inability to express her ideas and write them down. She also had problems with addition and subtraction. She was well behind her peers in her reading level for guided reading.

Rob

Rob was waiting to be identified by a psychologist. Rob suffered from an inability to express his ideas and had troubles with spelling. He also had troubles remaining on task as he focused more on his peers than on his work. In addition to this, Rob was consistently late for class in the mornings because, according to the teachers, he would stay up late at night and watch television. I did not probe into the issue further for confidentiality reasons.

John

John was awaiting diagnosis from a psychologist. His behaviour was similar to the others in that he was unable to remain focused and on task. He often ignored his work and pursued other interests. John also exhibited an inability to express his ideas. His consistent need for help proved to be difficult as the teacher and I had other children in class who required our help. It was not simply a matter of giving a one word answer; rather, John and the other children with LD needed help in prompting their thoughts which usually required sitting down and extracting that information. He was focused to a certain extent, but as soon as written work was required, he became unfocused and distracted the other students. This changed slightly with the introduction of assistive technology where he could type his work out on an Alphasmart^{3[3]}.

^{3[3]} ^{3[3]} Alphasmart is a device which looks similar to a small keyboard but has a small viewing screen and is the size of a textbook. It allows students to type at their desks as well as listen to the text they have written and edit the grammatical and spelling errors. Students print their prose using an infrared device while close to a printer.

Debra

Debra has a severe learning disability and was awaiting approval into a segregated learning environment. She seemed to work well on her own and there were only a few incidences where she needed my undivided attention. Another issue that I encountered in my interactions with Debra was that she seemed to shut down whenever she became frustrated with an assignment or reading. I helped her with some ideas for her language assignments because she was obviously struggling.

Kris

Kris was awaiting diagnosis from a psychologist. The only specific learning problem I encountered with Kris was his inability to focus and his desire to pursue his own interests in books; although he was creative in his own abilities, he did not focus on his work and had to be reminded to stay on task. He was fine once he was focused on the work or task at hand. Both the teacher and I spent considerable time ensuring he was on task, but not much time in ensuring he accomplished the work. There were times throughout my stay that he would hand his work in thinking it was complete; the only time I spent with Kris was in these kinds of instances.

Kylie

Kylie was also awaiting her final diagnosis and was currently being considered by the teachers as having a severe learning disability. She, like Debra, was awaiting admittance into a segregated learning environment. Kylie's learning problems included her inability to express her ideas, write these ideas on paper, and focus on her math. Kylie focused her energy on playing on the Kurzweil system and was very sporadic in completing her work for math. She did not focus at all and was more interested in playing rather than completing the work.

Research Findings

Student-Peer Interactions

My observations of the interactions of children with LDs and others in their class identified many instances of tensions and disagreements, interactions that were severe in terms of emotional repercussions for the student with LD. On occasion, students with LD would encounter situations in which their peers would taunt them or they would compare their weaknesses with the strengths of their peers without LD. For example:

Christine got quite upset and asked for another piece of paper when her friends supposedly made sarcastic comments at her artwork and she wanted to redo it. I told her it was very good (as it was) and she seemed to calm down a little after that comment and her friends also said that they didn't mean their comments to be sarcastic as they also thought it was really good. She then worked with it a little but ended up placing the piece in her duotang and closing it up while her friends worked on theirs. She seemed to be a bit ashamed of it, when there was no reason to be.

In dealing with these frustrations, students behaved in numerous ways—all exhibiting the internalization of stigma association. Goffman (1963) argued that individuals who are considered normal see the stigmatized person as non-human and because of this will discriminate against him/her based on this assumption. In being discriminated against, these children with LD demonstrated on numerous occasions that they lacked the social coping abilities. Take for instance this example:

I had an incident with Debra while the physical education period was happening. She first sat out of the game because her sandals kept falling off her feet. She then began crying when someone took her ball inside for her. She ran off to the back of the school while the classroom teacher took the rest of the class in for guided reading. I went over to get her but she ran off again to the back of the portable. I tried getting her at this point and she ran off to a tree. She

kept screaming that she hated the school and had no friends and was crying uncontrollably. I eventually got her to calm down slightly and come into the school and she cried telling me that she hated her life, the school and that she had no friends. She said to me while we sat on the couch "I have no friends, and everyone picks on me. It doesn't matter what school I go to I always get picked on. My mom always gets mad at me because I am late in the morning." Eventually she calmed down more and I told her to sit outside the office, after talking to her for a while, and to wait for me to come back. She eventually calmed down and came back to class, but only after I had brought some work for her to do.

Yu, Zhang, and Yan (2005) stated that students' rejection by peers is often associated with increased feelings of loneliness, sadness, and depression; those students with LD experience greater peer rejection than those children without LD. Debra's reaction indicated the importance of friendships or lack thereof for students with LD. While children with LD clearly had friendships in the classroom, there were signs of tension in their relations with other students:

I took Andrea and a couple of other students to the library to work on their math while the rest of the class went to choir practice. Andrea did not like the idea much and voiced it quite frequently with her friend Alyssa. Interestingly enough, she wanted to do the math her way not the way the teacher planned; she used her own strategies. Eric, who was also in the group, had said something to Andrea while I looked away. Andrea retaliated back and when I finally noticed the situation, she told me that Eric said he was the smartest in the whole group and told them that they were not smart at all. I found it surprising since I did not hear him say anything; however, I made him apologize. Andrea told me I would not have noticed it because I was paying too much attention to her. I wondered if this was true and if the teachers in the classroom were missing crucial elements like this because of paying too much attention to those students who needed their attention. I was surprised that Andrea handled the rejection so well,

but after she stated that “all the teachers blame us for everything and never pay attention to the other kids.”

There were other incidences of tensions among the students with LD and those without LD; what is important is that all of these incidents suggest that while inclusion may have its advantages, there are also tensions in the relations of children with and without LDs in the inclusive classroom and at many times separation is recreated as students are rejected by their peers or decide to separate themselves from others. Murray and Greenburg (2006) stated that peer relationships play a critical role in shaping the normative behaviours of children with disabilities. Of course, they also stated that peer acceptance and rejection play a large role in the social, emotional, and academic health of students with learning disabilities (Murray & Greenburg, 2006). This peer acceptance was quite evident when Andrea came in with a friend after recess arguing. She stated very abruptly to her friend, “When you are with your other friends, you completely ignore me.” I found that it was interesting that she had a reference group pointed out “other friends” and that she was outside of this group. She was obviously trying to seek more attention from her friend in addition to love and acceptance. The rejection she seemed to have experienced from this group of friends ultimately led to her frustration and dire need for acceptance from her one good friend.

Aggression

Aggression was one major theme which appeared through the research. For the purposes of this study, aggression was simply defined as any act involving some physical pushing or shoving or some physical touch or movement by the child with LD. Lerner (2003) stated that children with learning disabilities often suffer from social and maladaptive behaviour which causes them to disrupt the entire learning process and/or their peers. Students with LD who show this aggressive behaviour lack social skills and coping mechanisms most of the time (Mishna, 2003). If this is the case, then the aspiration of normalizing students with learning deficits is not likely to happen. In any case, Goffman (1963) knew of

this anticipated behaviour when he stated that in some instances, the stigmatized individual will make a direct attempt to correct the social situation.

One incident that demonstrated this aggressive tendency was exhibited by Andrew one day during physical education period. Andrew joined the gym class but did not manage to socialize well with the other children while playing basketball; he kept the basketball to himself and made sure he had it at all times. He eventually exploded in anger when a peer did not pass the ball and he vented his frustration through violence; he threw the ball at this boy and then pushed him down to the ground. The teacher decided to put him on the bench and he responded by mocking the teacher; he made faces while her back was turned and mimicked her voice. He was eventually sent to the office, but not before trying to slam the gym doors and causing a scene amongst his peers. Thus, Andrew's integration into a normal classroom activity was not successful, mostly due to his inability to cope with the social cues given to him and with his own frustration. His social behaviour seemed contingent upon his own moral reasoning and his own social coping skills. His perceived rejection, not only from his peers but also his teacher, was not exhibited appropriately and resulted in both aggressive behaviours as well as social isolation from his peers as a form of punishment.

On a number of occasions, Andrew was physically aggressive with his peers; however, physical aggression was a common occurrence in only some of the children with a LD. The classroom teachers did their best to prevent the aggression from occurring in the first place by using the strategies mentioned previously as well as others; however, as Evans and Eder (1993) found that students with special needs/ exceptionalities "both loudly and aggressively challenged other students before they had an opportunity to ridicule them" (p.63). In many of the cases where students in their study were rejected, the method of dealing with this rejection was to become aggressive before they ridiculed the other child. This was the case in my observations of not only Andrew, but Mary, Christine, and the other students who were aggressive.

For example, Mary fought with a boy in the class, David, and bossed him around. She yelled at him after she received her math sheet because David had grabbed his pencil back, and she wanted it: "I want your pencil to write, not mine!" Mary was very aggressive with him and this was surprising as she usually remained quiet and was quite friendly. She grabbed the pencil out of his hands, which caused me to go over and rectify the situation. Mary's lack of social skills allowed her to become aggressive in her response to David. Evans and Eder (1993) stated that students who experienced rejections from their peers spent more time alone on the playground and were more aggressive in their behaviour. As it was not possible to observe playground behaviour, it was hard to draw a conclusion as to whether this type of behaviour occurred outside on the playground.

Competence

Goffman (1963) stated that the stigmatized individual can react in two ways in response to rejection: the first is by aggressively attacking the situation at hand; the second is by avoiding the situation altogether. This was very apparent in the 7 weeks of observations; at the beginning of the 7 weeks the first thing that was noticed was the overabundance of statements made by those students with LD that consisted of not being able to complete tasks or not being able to understand them. They did not demonstrate feelings of competence and confidence. An example of this occurred on my very first day:

Mary kept saying "I can't! I can't!" and looked quite disappointed...Andrea came back from physical education and sat at her desk looking at the questions in front of her; she blurted out "I can't do it!" She looked very confused and angry at the same time.

Although the intention of integration is to foster better understanding and respect among children with and without LD, the dynamics of an integrated classroom can create powerful reminders for children with LD regarding their outsider status. Consider the example of Debra: She suffered from considerably low self-esteem, an observation confirmed by both classroom teachers. The special

education resource teacher also stated that she was being considered for a self-contained LD classroom because of her severe learning disabilities. Debra stated numerous times “I don’t want to use the Kurzweil system, I don’t like it. People look at me.”

Debra’s reaction seemed to stem from the attention that any special treatment was drawing to her inabilities. Without a doubt, she was consistently reluctant to use the special needs technology, which did not improve her self-confidence in her academic abilities. Goffman (1963) accounted for this and explains that students with a discreditable stigma—one that is not visibly evident—will take pains to hide that stigma from others in some social situations. This seemed to have been the case for Debra as she avoided what Goffman termed *stigma symbols*. For Goffman (1963) these were “signs which are especially effective in drawing attention to a debasing identity discrepancy” (p.43). Thus, assistive technology highlighted her LD and she avoided these things to ensure the protection of her identity; perhaps in order to avoid peer scrutiny.

Discussion and Limitations

The inherent themes in this case study of one classroom remain that aggression and lowered self-esteem are prevalent for students with LD in the classroom. This case study revealed that students with LD, on a number of occasions, were fraught with disagreements between themselves and their peers. Although recent studies have confirmed that peers without LD may have a more positive view to students with LD (McDougall et al., 2004; Nowicki, 2006), this study did reveal that although there were positive peer interactions, students with LD often felt rejected or incompetent; this coincides with what most literature has revealed concerning peer victimization and rejection often felt by students with LD (Luciano & Savage, 2007; Mishna, 2006).

There are several factors which have been associated with the reasoning as to why students with LD may experience such rejection; these include aggression and poor social skills (Wiener & Shea, 2003; Yu et al., 2005). This study confirmed that, as many others have found, aggression and poor social

functioning were inherent in this classroom for the student with LD. Previous research has found that students who have been provided with social skills training are more academically successful (Cartledge, 2005). Martinez (2006) found that students with LD experience less peer support. As a result, and as several studies have found, there is a strong correlation between students who have a LD and increased depression scores (Maag & Reid, 2006; Emerson & Hatton, 2007).

Goffman's (1963) work also proved to be very beneficial in highlighting the sociological implications of this study. Stigma symbols, such as the assistive technology, only increased the awareness of the students' differentness from their peers without LD. When students refused to use this assistive technology, like Debra or Andrea, or refused to do the assigned work, Goffman (1963) stated that they were covering their stigmas or controlling information of their stigma identity by "restricting the display of those failings" (p.103). Goffman stated that the identity of a student with LD would now be centered on his/her differentness and those things which he or she cannot accomplish when compared to his or her normal peers.

Limitations of the Study and Future Research Suggestions

There are a number of limitations to this study which need to be mentioned. The first limitation concerns the fact that the study took place in one classroom. Future research needs to address multiple classrooms, from multiple boards drawing on a representative sample. Moreover, this study also drew on only two grade levels, singling out the experiences of those students who are included in this age group. Future research needs to address the implications of inclusion of students with LD at all age ranges.

Second, the lack of diagnosis involved in 6 of the 9 cases of students with learning disabilities severely limited this study as analyzing interactions would have been greatly enhanced by knowing what specific limitations these students had. Thus, it was really a matter of knowing the strengths and weaknesses of students that helped clarify some of the reasons as to why they may have behaved in

certain ways; having the actual diagnosis would have contributed greatly. However, this being said, it is essential to acknowledge that despite not being officially diagnosed, the repercussions much remain the same as the students were known to peers as having a learning difficulty as well as being accommodated for by the classroom teacher.

Finally, this study was not able to observe some of the most critical interactions in certain social contexts: outside play and family interaction. The findings derived from the classroom observations would have been strengthened. Observation of outside interactions would widen the spectrum of peer interaction that students with LDs participate in and perhaps shed some light on the interactions made without the constraint of classroom walls. Observations are also needed to further clarify how students without LD experience the everyday; these would prove to be a beneficial comparison to students with LD. Observation of familial interactions would help in determining some of the reasons students behaved in particular ways, and perhaps reveal how students might be encouraged or discouraged by parents. Lastly, research needs to elaborate on the experiences of those with LD and differentiate by factors such as class, gender, race, and ethnicity (Scambler, 2006).

Despite its limitations, this study acknowledges that there is a great need for further research into the emotional and social effects of students with LD. This study highlighted that students with LD are experiencing great distress in terms of being stigmatized by their peers. This stigma carries over into their competence in academic work and ultimately into their own sociability.

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