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Psychiatrization as a mechanism for handicapping students with intellectual disability

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Abstract

This article aims to carry out a review analysis of issues related to the phenomenon of psychiatricization, especially in relation to students with intellectual disability (and, for example, coupled with autism). Analysis of the literature on the subject shows that for decades, intellectual disability was defined as mental retardation and treated as a reduction in mental ability and was identified as mental illness. The fact is that people with intellectual disability may manifest mental disorders (Rola, 2004; Bouras, Holt, 2019), but this does not mean that this condition is common and affects the entire population.

Psychiatrization is associated with the discourse of, for example, school staff addressed to students with intellectual disabilities, with a narrative characterized by the pseudo-medical term: "mentally ill or disturbed." Scientific research proves that those students, due to their specific communication code, hidden in behavior (defined as difficult, aggressive, passive, antisocial, etc.), may be treated as mentally disturbed. This type of categorization concerns the phenomenon of medicalization in the nature of psychiatricization, where the consequence is stigmatization, handicapping and falsification of students' identities.

Keywords: psychiatricization, medicalization, handicap, intellectual disability, education.

Introduction

The issue of mental health and occurring disorders is a subject of scientific interest and has a multidisciplinary context in medicine, psychology, pedagogy, sociology, economics and philosophy. Nowadays, the issue of mental health has become particularly important in relation to children and adolescents, primarily in terms of providing psychological and pedagogical assistance and personalized support in the educational environment. According to Majewicz, among disorders in children and adolescents, we can distinguish those that are characteristic of early developmental periods, e.g. intellectual disability or autism spectrum disorders, and those that may appear during lifetime, e.g. depression or schizophrenia (Majewicz, 2022, p. 15). A mental disorder is also identified with disturbed behavior or mental illness and has a stigmatizing dimension. According to the ICD-10 classification, mental disorders include: organic disorders, mood, emotion and behavior disorders, developmental (e.g. autism), personality disorders as well as addictions, schizophrenia, behavioral syndromes, mental retardation (Banaszczyk, 2016, pp. 17-18). The situation of categorization in the DSM-IV classification is similar.

The term mental retardation is included in the catalog of medical concepts, but in the biopsychosocial approach, scientists and practitioners use the term: intellectual disability (mild, moderate, significant and profound). Intellectual disability (ID) occurs during the developmental period and is characterized by reduced cognitive, social, speech and motor ability (diagnosis is made on the basis of standardized intelligence tests, functional assessment or social adaptation scales).

"Intellectual disability may occur alone or with other mental or physical disorders" (Komender, 2015, p. 59), which means that people with intellectual disabilities (ID) do not automatically become psychiatric patients. Many student behaviors have a specific character and may differ from the "normalized" behaviors of people from the general population, e.g. aggression, self-aggression, high level of anxiety, may indicate the experience of misunderstanding, boredom, loneliness (family, peers), or be a reaction to the frustration of unmet needs, a sign of dissatisfaction and "ordinary" anger and a feeling of insecurity. Communication behavior (verbal and non-verbal) of students with ID, displays of resistance and the so-called difficult behaviors often result from failure to decode these behavioral messages by the teaching staff, which results in pacification, oppression, stigmatization, marginalization, need deprivation and the identification of mental disorders. In a situation where the meaning of the message given by the student is misunderstood, then the intention and meaning of a given act are falsified, resulting in unfair treatment of the student by the educational staff which arbitrarily assigns various labels to these messages and behavioral acts (Olechnowicz, 1999; Rola, 2004; Marcinkowska, 2013; Rzeźnicka-

Krupa, 2007; Gumienny, 2021). An excess of unpleasant feedback about oneself leads to the formation of a negative identity among people who have been labeled (Czykwin, 2013), and the school staff's fear of strange and difficult student behavior results in parents being forced to seek psychiatric treatment for their children (Gumienny, 2021; 2023), which is associated with the phenomenon of psychiatrization.

As Kmieciak (2024, p. 41) writes, "intellectual disability is sometimes confused or associated with mental illness, so it causes anxiety and numerous concerns. We do not know how a person will behave, because the condition he or she is experiencing is largely a mystery. Szabała (2010, p. 67) is of a similar opinion, concluding that society often equates intellectual disability with mental illness, usually due to the organization of many neurological and psychiatric care facilities where mentally ill people and people with intellectual disabilities are treated. Social stereotypes also result from the previously dominant medical model and the classification of this group of people as uneducable, unmanageable and deprived of the opportunity to live in the community. The author, citing Zalewski, writes: "the defect of spirit occurring in people with intellectual disabilities and the mentally ill, in the absence of visible physical conditions, is incomprehensible to those around them and causes an aura of mystery to hover over them."

In the educational environment, teachers are often the first to initiate psychiatric classification, describing student behavior in medical language, using terms from the catalog of mental illnesses. (Beeker et al. 2023). Of course, I do not exclude situations in which teacher observation may contribute to the confirmation of a student's mental illness, but in this article I would like to discuss situations of overinterpretation, pseudodiagnoses and harmful, unconfirmed judgments referred to in the literature as psychiatrization.

Students with intellectual disability in the education system

For many years, educational policy has been aimed at achieving inclusive goals for children and young people with special (individual, differentiated) needs. "The basis of these assumptions is the understanding of a social group as a group that is as diverse as possible in terms of biological, personality and cultural and social characteristics" (Jachimczak, 2021, p. 35). The issue of educational inclusion is a multi-contextual phenomenon, which means that it is not limited only to a group of students with a recognized need for special education, because the idea is to organize schools for all students as full participants of the school community, including creating appropriate educational, cultural and social conditions (Szumski, 2012; Gajdzica, 2020). This fact means that students

with intellectual disabilities may attend not only a special (segregated) institution, but also an inclusive and integrated school.

The choice of an educational institution is decided by the parents or legal guardians of the child, who, often consulting with specialists, are guided by how a given institution meets the student's needs, how the integration and inclusion process works, what access to the school is and what the parents' organizational capabilities are (Church, 2019). This choice is not an easy one, because the parents, the moment their offspring's disability is diagnosed, struggle with many fears, difficulties, experiences, crises, as well as with concern and hope for beneficial and pro-development changes in the child's functioning. Moreover, they trust in favorable interpersonal conditions, especially in terms of peer contacts, and at the same time expect satisfactory cooperation with the teachers, expecting that their child will be well (or somehow) adapted to the conditions of able-bodied people (Barnes & Mercer, 2008, Grzyb, 2013). Parents make every effort to transform the unwanted characteristics of disability into "carriers of values favored by our culture", so that the child and family can live a relatively "normal" life (Zakrzewska-Manterys, 2015, p. 107).

Teachers play an important role in the educational process as they are the creators of teaching, educational, caring, integrative and rehabilitative activities. For the most part, it is their task to implement the inclusive education assumptions, including diagnosis, psychological and pedagogical assistance, support, cooperation with parents, specialists and other entities. The quality of education includes, among others: the quality of work life of teachers, who are required to be professional and open to the needs of every student, including a student with special needs (Janiszewska-Nieścioruk, 2016, p. 57). Also, if any educational difficulties emerge, it is important that they are effectively resolved. However, such a situation can only occur when all parties to the conflict are involved in solving the problems – not only the teacher, but also the students, their parents and the school authorities. "The above-mentioned people must show a willingness to cooperate and be ready to operate within a coherent framework of specific theoretical or purely common sense assumptions. They should also be willing to accurately understand the reality and the self-awareness of people involved in complex and multi-faceted educational processes" (Jagięła, 2018, p. 134).

Taking into account the social changes taking place in the approach to disability and the educational law system, the question arises whether and to what extent the living space, including the educational space, of students with intellectual disabilities has improved. Is the debiologization of disability and a new approach to the limits and possibilities of development of these people actually taking place, and do educational institutions provide optimal education to students with diverse needs, including students with deeper intellectual disabilities and with the autism spectrum (Ćwirynkało, 2011, p. 7). Dilemmas related to in-

clusive education under the shadow of ideology and oppression are addressed by Krause, who acknowledges that the problem of, for example, inclusive education determines the axis of the dispute "whether joint teaching in a public school will be optimal for every person with a disability. In the discussion for and against inclusive education, its supporters mainly point to the legal and social foundations of equal rights; opponents raise the issue of student mental comfort and problems with the quality of teaching in this system" (Krause, 2023, p. 11).

The above problems are also related to the question of creating the identity of students with ID, the question of creating handicapping discourse, the forms of social and cultural oppression, the mechanisms of marginalization, exclusion, manipulation, establishing norms, assigning labels and negative evaluation of behavior, communication and corporeality, and about psychiatricization, i.e. being forced into the role of a mentally ill person (Gajdzica, 2012; Rzeźnicka-Krupa, 2019, Gumienny, 2021; Davis, 2022, Garland-Thomson, 2020; Beeker, et al., 2020).

Disability entangled in handicap

Handicap means neglect, backwardness in some field. One can distinguish economic, social and economic handicap, as well as handicap considered in medicine as a limitation in the function of an organ (Szymczak, 1981, p. 610). Sztompka, analyzing the ideology of social inequality, mentions, among others: egalitarian ideologies that are "formulated by disadvantaged groups" or other entities acting on their behalf. The main messages of egalitarian ideology are: demands for identical living conditions for everyone due to the existence of the same needs; meeting human needs; equal opportunities to achieve them; equality before the law and equality of subjective rights. In this context, handicap refers to the social position of certain groups whose condition tends to deteriorate, especially if they have previously "fallen to a low position" (Sztompka, 2002, pp. 357 and 367).

Therefore, the handicapped group may include any person who, in the course of life, experiences (short- or long-term), e.g. injustice, violence, isolation, deprivation, marginalization, surveillance, ableism, indoctrination, disinformation, informational or relational manipulation, as well as a person who is deprived of the goods necessary to live in dignity and freedom. It can therefore be concluded that handicapped groups are those which, in the course of their development or life, have not had equal opportunities, have not been given these opportunities, or have lost them, including many rights and privileges, and their needs have been deprived (e.g. due to race, gender, sexual orientation, disability, primary attributes, views, religion, etc.). The phenomenon of handicap can also be considered from a micro- and macro-social perspective, analyzing contexts regarding privileges, prohibitions, orders, expectations and obligations.

Handicap is associated with an action that puts a disabled person in a worse and unfair situation (Barnes & Mercer, 2008), making it difficult, limiting, or preventing the fulfillment of life tasks and roles which are appropriate, e.g., to age and gender in given socio-cultural conditions (Drypałowska, 2004, pp. 646-647). Krause (2016), in turn, states that handicap as a social dimension of this phenomenon is the accumulation of systemic, environmental and cultural conditions and factors that determine the strength and direction of handicap, and assumes that the condition or degree of this handicap will intensify with deeper or coupled disabilities. Therefore, to handicap means to treat someone in an unfair way, to humiliate, weaken, neglect, limit the functioning of a given person (Szymczak, 1981, p. 610), it is addiction and incapacitation, which is the result of relationships prevailing in a given environment (Speck, 2005, p. 228). It is also a violation of human dignity that occurs when disabled people encounter cultural, physical and social barriers that limit their participation in various areas of activity available to other citizens (Kosakowski, 2013, p. 34).

In this perspective, being in the world depends not only on development potential or broadly understood resources, but also on environmental factors, e.g. attitudes, discourse, stereotypes, existential conditions, barriers, etc. In the socio-cultural aspect, handicap appears as a specific set of interactions with the environment in which specific characteristics become deficits in relation to a specific set of requirements. It is disability that is entangled in the world of senses and meanings, perceived as a "social fact", as a construct that is defined and interpreted in various ways. The authors pay special attention to the concept of intellectual disability, which "is not only a term describing a certain state of affairs, but also a concept which, in order to be understood, requires values and assessments, hidden postulations, camouflaged labeling" (Gustavson, Zakrzewska-Manterys, 1997, p. 26).

An interesting perspective is presented by Davis (2022, pp. 12 and 154), who refers to the phenomenon of handicap to a deliberate situation in which "the stronger one is disadvantaged to equalize the opportunities of the others." In terms of analyzing disability, Davis also uses the term handicapping, especially when society segregates impairments. He gives an example of "wearing a hearing aid, which is socially perceived as much more handicapping than wearing glasses, even though both instruments enhance the failing sense." The author adds that handicapping also means the impairment of femininity, masculinity, attractiveness, assigning meanings to body parts, assigning value to certain activities or dysfunctions, which outlines the mechanism of the social construction of signs and meanings.

In general, the meanings that are assigned in the discourse of social definition of disability take on a certain construct of the mental map of society, which, by creating a given culture, determines the relational and existential scope of

certain groups or people, locating them in a stereotypically constructed "norm". In M. Foucault's perspective, the norm is grounded in the discourse of knowledge, classifications, categorizations of disorders and is sanctioned by personnel with the power to repair and restore individuals to the sphere of normality (Foucault, 2009). Shakespeare (1994, pp. 283-199) believes that the disabled are subject to objectification through cultural representations, and that handicap and perception are omitted in the social concept of disability.

An interesting approach is proposed by M. Chutorański (2022, p. 20), who argues that disability is performed within heterogeneous systems of people and non-humans, showing disability as a verb. Such a constellation means that disability is "performed - stabilized and destabilized - within the arrangements between nature and culture that organize the thinking of dominant approaches to disability ("medical model" vs. "cultural models"). The researcher's verb approach results from selected analyses of posthumanism, new materialism and the actor-network theory.

The consequence of the handicapping discourse is medicalization, stigmatization, pushing a person to the margins of a given social group, falsifying their identity and depriving them of development opportunities. Identity falsification may be identical with identity handicap, which, according to Gajdzica (2014, pp. 232–233), is reflected in the concept of a handicapped "self", determined by specific practices of social construction, based on emphasizing the special needs of a given individual. Therefore, handicapping practices (relational situations) have the power to create a handicapped identity, initiating and strengthening specific consequences.

Handicap may result from perceiving disability as a category of exclusion, and the process of exclusion itself often begins in the family, educational or community environment. The process of handicapping also constitutes the architecture of social constructions, showing the relationships between the person(s) with intellectual disability and the educational environment, and between the parents and this environment, as well as between the parents and their children. Moreover, the process of handicapping illustrates the educational and cultural-social mechanisms of perpetuating disability as a category which constantly deviates from the norm. This approach activates many mechanisms, including the mechanism of psychiatrization of people with ID in the educational environment.

Psychiatrization of students

Psychiatrization as a complex, global and multi-contextual phenomenon involves various actors in social arenas, and is one of the mechanisms of handicapping the identity of students who, through the narratives of school employ-

ees, are forced into the role of a mentally ill person, and therefore pose a threat to the social group of normalized educational participants. Naive pseudo-diagnosis of student behavior by the educational staff, searching for mental illness and claims for psychiatric treatment, including pharmacotherapy, are becoming a harmful phenomenon determining the biography of students with ID (de Barbaro, 2012, 2016; Beeker, et al., 2020; Gumienny, 2021, 2023; Batstra et al., 2021). The literature shows that students with intellectual disabilities (e.g. ASD-related), students with pervasive developmental disorders and students with attention deficit hyperactivity disorders are most at risk of psychiatricization.

The educational environment is one of the basic socio-cultural systems, it is a microworld reflecting the way intellectual disability is defined and represented (Borowska-Beszta, 2016). It also belongs to the arenas of social interactions in which various performances involving people with intellectual disabilities take place. At school, children and adolescents spend a significant part of the day establishing peer relationships and being influenced by a team of teachers and specialists who, by creating their identity, also take part in their life history. Educators use power, and following Foucault's (1995) concept, we should say: power-knowledge, which means that they have the power to discipline, tame, standardize, normalize and regulate. They use various forms of discourse, including verdict discourses located in medicine, having the nature of social practices, specific language, position or relations. Foucault's (1977) discourse is associated with a category of statements which is an element of a certain whole or context of a social, political and cultural situation (relation). However, one of the forms of discourse is language, treated as an extremely important sequence of social and interactive behavior, and it is formed by the following determinants: who speaks, to whom, in what situation and for what purpose (Grabias, 1994).

Social constructionists take the position that "language not only reflects reality, but it actually creates it. In other words, when we verbalize the world, it gains causative power. Michael White (...) noted that *a problem becomes a problem, not a person*, which means that a problem arises when language formulates it as a problem (...). In this sense, the word creates a reality that imposes a certain scenario or – as constructionists would say – a certain narrative" (de Barbaro, 2016, p. 141). Therefore, "a deviant is one who has been effectively labeled as such (...). (Becker, 1963, cited in: Barnes & Mercer, 2008, p.11). By using the language of normalization, it can be assumed that the label of mentally ill refers to behaviors of people with ID that go beyond the established and accepted framework of a given community. This means that the conceptualization of defining non-normative disorders is variable and depends on the specificity of a given environment, the discourse of decision-makers and creators, and on the primary behavioral characteristics, including communication characteristics of the people who have been labeled.

The classification of states of human behavior as mental disorders results in the expansion of psychiatric institutions and an increase in mental health diagnoses, as well as the penetration of its meaning and impact on human experiences. "In terms of diagnosing or treating children, psychiatry is usually presented as a more or less monolithic, top-down process that, according to some, ensures the child's right to health, while for others it constitutes a form of child abuse" (Beeker et al., 2020, p. 12).

Psychiatrization is not only a language or a specific medical practice, it is primarily a tangle of infrastructures and ideologies generating a number of social phenomena that organize and direct human life, creating a material and symbolic space. It permeates education, family life, the identity repertoire, and the social welfare system. This concept indicates that psychiatricization is not only a consequence of psychiatrists' activities or the pharmaceutical industry, but is a phenomenon co-created by top-down and bottom-up interactions of citizens unrelated to the health care system (Witeska-Młynarczyk, 2019).

Psychiatrization is part of the medical language, the phenomenon of medicalization, defined as "the process in which problems previously considered "non-medical" are defined, described and treated as medical, mainly through the use of the terminology of diseases and disorders and the application of therapeutic procedures." In other words, it is the creation, programming and application of medical categories to human problems and events" (de Barbaro, 2012). We are talking about a situation when a person does not manifest mental disorders, does not have a medical diagnosis, but is treated as mentally ill only due to the demonstration of specific communication, including behavioral one. This fact may also be influenced by the phenomenon of the so-called diagnostic obfuscation, i.e. an incorrect correlation of the actual mental disorder symptoms with behavioral abnormalities that accompany intellectual disability" (Davidson & O'Hara, 2019, p. 400). This type of diagnostic reasoning can be compared to pseudopsychiatric reasoning, which belongs to "categorical abuses in the nature of metaphors borrowed from the field of psychiatry to describe phenomena from other areas of social life and evoking the context of medicalization, covering increasingly wider areas of experience of individuals and social groups" (Prokop-Dorner, 2017). Since identity is situational and variable in nature and is constructed similarly to social reality in the process of social interaction (Hałas, 1987, p. 180), so the phenomenon of psychiatricization should be considered as a concept of identity falsification by imputing a mental illness, which affects not only the educational career, but also the interweaving of multi-threaded relational, developmental, functional and life situations of people with ID.

Uramowska-Żyto (1992, p. 119) claims that unmasking a mental disease "causes very severe social reactions and, as a result, individuals burdened with them are unable to perform their roles effectively (..), and public stigma may

completely paralyze their social activity, they may retreat to the margins of society.” Therefore, the problem of mental disease is related to the professional definition of what the norm is, because this type of categorization affects not only research results, analyses and conclusions from observations, but also societal opinion, religious and cultural values. The boundary between norm and pathology may be fluid, and the term "mental disease" has for years referred to human behavior, which is rather a description of behavior that is difficult to explain (e.g. mania, paranoia, madness are terms related to medical conditions, but if used informally, go far beyond the medical nature) (Puzyński, 2015, after: Kmiecik, 2022, p. 38).

Scientific analyses show that psychiatricization occurs when the censor, using his or her own, naive perspective, abuses and overinterprets the behavior of people with ID, by strengthening medicalization and finding mental disease. The focus is on behavior defined as: hyperactivity, hyperreactivity, aggressiveness, self-aggression, malice, etc., which, in the opinion of the censor, lead to dangerous situations and pose a threat to the social group. "The construction of a psychiatric identity by educators, labeling children as crazy, imputing the child's mental illness to the parents is part of the so-called pseudo-protection strategies – both for children with ID, peers and teachers. As a result, protective measures allow children with ID to legally reside in the demarcation territory, and the educational center remains at the disposal of the group members who promise to strengthen their social capital in the future” (Gumienny, 2021, p. 180).

Tonge (2010, p. 109), a child psychiatrist, believes that it is extremely important to observe the behavior of children and adolescents with ID, because in some situations these behaviors may regress, which determines the deterioration of cognitive competences and the demonstration of bizarre, psychotic-like behaviors, mistakenly diagnosed as schizophrenia. The author draws attention to environmental factors, including deprivation of children's needs, abuse, stimulating-functional minimalism and the low level of emotional, relational and social activity, which contributes to an increase in the level of intellectual disability and consequently to the demonstration of various behaviors. The reason for using medical language of a psychiatric nature are the students' behavioral reactions (perceived as bad, aggressive, abnormal, bizarre, crazy, deviant), often coded and incomprehensible to the school staff (Gumienny, 2023). Therefore, the students' unrecognized communication codes (behavior, relationships, verbal and non-verbal communication) constitute a primary attribute, which creates an opportunity for stigma, i.e. a sign that depreciates the social identity of people – the carriers of attributes (Goffman, 2005).

When addressing the problem of psychiatricization, many researchers ask the question: why do teachers usually suspect that a child who achieves, e.g., poor results and/or exhibits difficult behavior has a mental illness? The answer

comes down to the following conclusion: a problem creates a diagnosis – and this factor plays an important role in an increase in the number of psychiatric diagnoses in children. This process is called reification, which literally means creating things from something that does not have objective characteristics. Specifying difficult behaviors, the excess of states of increased emotionality and hyper-reactivity of students becomes a problem for teachers, which determines the creation of the student as a neurobiological person (Hyman, 2010, citing: Batsara et al. 2021). According to Obuchowska (1983, pp. 147–148), when child behavior (exaggerated, intense, extreme) exceeds the threshold of adult tolerance, it is treated as problematic and not as signal behavior (by means of which the child consciously or unconsciously signals his or her unmet needs). Therefore, the socio-cultural perspective is the language of meanings, patterns, stereotypes, assessments, diagnosis, categorization and perception of people with ID. Language creates and formulates problems, language has causative power, it works where it is spoken and created, it does not reflect reality - language creates a person (Gumienny, 2021). Teacher discourse proves that student behavior is not recognized as a form of communication and as a functional message; the context of pedagogical perception is limited to stereotypes relating to psychopathological and medical phenomena. In this situation, students have no chance to defend themselves because they are labeled as having a handicapped and/or autistic mind affected by mental illness.

Conclusions

The phenomenon of psychiatrization is gradually penetrating many social groups, including school environments, where students demonstrate emotional (hyper)sensitivity, various behaviors or other behaviors resulting from developmental disorders, disabilities, experiences and other multi-contextual situations. The danger appears wherever student behaviors and reactions become the focus of teacher attention and their alleged beliefs about an emerging or existing mental illness. A particularly sensitive group are children and adolescents with intellectual disabilities (and/or coupled with ASD), or students with pervasive developmental disorders or other special needs, because the way they are perceived and categorized may be related to the language of pseudo-diagnostic psychiatry. Verbalized meaning categorizations, including labels, based on opinions such as: the student is unable, unwilling, does not perform, behaves negatively, is aggressive, malicious, goes beyond the norm, is mentally ill, etc. may take the form of a permanent variable that determines not only the educational career, but also the life history of the student and his or her family.

Failure by teachers to recognize as well as falsifying the communication codes of students with ID, hidden in behavioral acts or in incomprehensible verbal communication, may lead to the development of the role of a disabled and mentally ill person. Persistent "interest" in the student as a neurobiological individual who poses a threat to himself or herself, the peer group and the school staff may also result in marginalization by veiled encouragement for parents to seek individual teaching (at home). This is a subtle method of removing the student from an educational institution while receiving educational subsidies for his or her education. A student labeled mentally ill becomes the silent subject of a hidden program, pseudo-education and pseudo-upbringing, "taking on the dimension of the opposite, perversion, hypocrisy or pretense" (Śliwerski, 2004, p. 441), which is evidence of anti-pedagogical activities that conceal deceit, pretense, discrimination, enslavement, oppression or violence (Śliwerski, 2010, pp. 72-83).

Psychiatrization causes a great deal of harm: both to student functioning and his or her family, as well as to the moral, ethical, social, civic, medical and cultural aspects. There is a risk that this discourse of pedagogical or therapeutic communities will, over time, intensify as an intrusive and unpleasant practice of creating school psychiatric factories, and a diagnosis validated by psychiatrists will reinforce the constellation of the handicap mechanisms.

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Psychiatryzacja jako mechanizm upośledzania uczniów z niepełnosprawnością intelektualną

Streszczenie

Celem artykułu jest przeglądowa analiza problematyki dotyczącej zjawiska psychiatryzacji, szczególnie w odniesieniu do uczniów z niepełnosprawnością intelektualną (i np. sprzężoną z autyzmem). Z analizy literatury przedmiotu wynika, że przez dziesięciolecia niepełnosprawność intelektualną określano jako upośledzenie umysłowe i traktowano jako obniżenie sprawności psychicznej oraz utożsamiano z chorobą psychiczną. Fakt, że osoby z niepełnosprawnością intelektualną mogą przejawiać zaburzenia psychiczne (Rola, 2004; Bouras, Holt, 2019), ale to nie oznacza, że ten stan jest powszechny i dotyczy całej populacji.

Psychiatryzacja wiąże się z dyskursem np. personelu szkoły skierowanym do uczniów z niepełnosprawnością intelektualną, z narracją nacechowaną pseudomedycznym określeniem: „chory lub zaburzony psychicznie”. Badania naukowe dowodzą, że uczniowie ci, ze względu na prezentowany specyficzny kod komunikacyjny, ukryty w zachowaniach (określanych jako trudne, agresywne, bierne, aspołeczne itp.), mogą być traktowani jako osoby zaburzone psychicznie. Ten rodzaj kategoryzacji dotyczy zjawiska medykalizacji o charakterze psychiatryzacji, gdzie konsekwencją jest stygmatyzacja, upośledzanie i fałszowanie tożsamości uczniów.

Słowa kluczowe: psychiatryzacja, medykalizacja, upośledzanie, niepełnosprawność intelektualna, edukacja.