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# 'They think it's trendy to have a disability/mental-illness': disability, capital and desire in elite education

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## ABSTRACT

Research has long demonstrated the exclusion and Othering experienced by young people with disabilities in education. This paper presents findings from an ethnographic study conducted in an 'elite' sixth-form college in England, set against the backdrop of a shifting social, political, and cultural landscape, where neo-liberal discourses of dis/ability and healthism—centring on mental health and wellbeing—are becoming further embedded in educational policy. Drawing on theoretical work by Bourdieu and Foucault, we demonstrate how the students in this study appeared able to re-make disability as a liberal intellectual identity marker and use it as a form of capital within the bounded college sub-field. However, we argue that these empowered disabled subjectivities were strongly *middle-classed* and *precarious*. The findings have implications through advancing current understandings of young people's complexifying relationships with disability in education, of enduring inequalities around disability, and how social class is implicated in this.

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Disability; elite education; social class; ethnography; mental health; special educational needs

## Introduction

*'They just think it's trendy to have a disability or be mentally ill.'*

The above quote is taken from one of the young people participating in our ethnographic study that sought to explore teenage students' intersectional experiences of disability in a selective sixth-form college in England. Camila, aged 17 years, is a student of mixed ethnic heritage and is currently studying for her A-Levels. Camila has been identified by medical professionals as likely having autism and ADHD. In the quote, Camila articulates her parents' response to her voicing a wish for a referral for a formal diagnosis. The statement is provocative and intriguing—linking disability with fashionability—and captures some of the issues and tensions we wish to critically unpack in this paper.

This was not the only instance in our data set where disability linked with notions of contemporary popularity. Whilst the quote conveys dismissive undertones on the part of Camila's parents, we found that the young people in our study were in fact able to position

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themselves in empowering ways in relation to divergence from health ‘norms’. In many ways, to have a disability in this college site was not something of which to be ashamed or to want to hide—a phenomenon that has long been documented amongst young people in educational institutions for fear of being stigmatised or marked out as different (e.g. Mueller 2019; Olney & Brockelman 2003). Rather, disability as identity marker appeared to afford a level of *prestige*—a phenomenon that has hitherto been largely undocumented in the educational literature.

We seek to read this emerging condition through the lens of Bourdieu’s (1977, 1984) work on field, habitus and capital, and Foucault’s (1972, 1977) understanding of discourse and power. We argue that, in this elite schooling context and within this socio-historical-political moment, disability as subject position could afford power through the accrual of capital. We make a specific link between disability and social class, teasing out how the young people in this elite setting appeared to re-construct disability as a new marker of social status—which we argue represented and outward and embodied demonstration of contemporary liberal intellectual socio-political values regarding universal rights and respect for diversity, tolerance, and inclusion (McAndrew, O’Brien, Taylor 2020). In this paper, we explore how this phenomenon played out in our ethnographic data and consider implications in relation to individual student outcomes and social justice in education more widely. In the sections that follow, we review literature pertaining to the history of disability and stigma in society and education, before moving on to outline the theoretical ideas which underpin this paper.

### **Disability and stigma**

The precise origins of the definition and meaning of disability are unclear, although individuals with any perceived health or physical difference have long been subject to harsh treatment and exclusion. Stiker (1999) traces the origin of disability stigma back as far as ancient Greece when those with a deformity from birth were seen to have been ‘cursed’ and were ‘excluded or left to die by exposure to the elements’ (p.viii). Oliver and Barnes (2012) focus on more recent times and link the definition of disability with the emergence of industrial society. They note that when agrarian society shifted towards individualised wage labour in the factory under capitalism, those with ‘functional limitations’ (p.16) were seen to be a problem by government because they could not engage in manual work and therefore support their families—feeding into the common trope of the disabled person as ‘burden’. It was not until the formation of the welfare state in the mid-twentieth century that the English government began to use the term ‘disabled’ as a classificatory term to refer to individuals who would be entitled to state support and benefits, i.e. the blind, partially sighted, deaf, hard of hearing, and those with physical impairments (1948 *National Assistance Act*) (Oliver & Barnes 2012). Towards the latter part of the twentieth century, there was an attempt to provide a more consistent and internationally-reaching classificatory system for disability in the commissioning and publication of the World Health Organisation’s [WHO] *International Classification of Impairments, Disability and Handicap* (WHO 1980), which has subsequently seen multiple revisions (e.g. WHO 2001).

As is evident, disability has long been linked with pejorative narratives and discourses which position disabled people as lacking or ‘Other’. For example, scholars have identified a charity/tragedy model of disability whereby those with severe impairments are positioned as victims

of fate and to be treated benevolently (Allan 1999; Benjamin 2003). Much early work in the sociology of disability focused on the notion of stigma, as exemplified in the work of Erving Goffman (1963) who linked disability with social deviance—albeit an involuntary form—and subsequently elucidated the mechanisms by which individuals with some form of physical or mental difference become marginalised and oppressed by virtue of their difference.

The emergence of critical disability studies as a field has sought to further understand disability as a political category around which socio-economic and cultural scripts are mobilised (Goodley 2013), with myriad studies documenting the negative attitudes towards, and discrimination encountered by disabled people with different types of impairment (e.g. Thomas 2007; Shildrick 2007). In fact, in a paper arguing for the ‘conservation’ rather than eradication or ‘curing’ of disability, Garland-Thomson (2012) starts from the position that there exist a ‘strongly negative collection of cultural understandings about disability and life with a disability...’ (p.341), citing Kristeva’s interpretation whereby the ‘category of disabled is not simply to be understood as “sick” or “spoiled,”...but to endure “sufferings,” “exclusions,” and “isolation” distinct from and more acute than any other marginalized identity group’ (p.340).

### ***A ‘turning of the tide’?: changing attitudes towards disability***

Whilst historically disabled people have been subject to much marginalization and prejudice, positive steps forward have been recognised in terms of equality policy and legislation, societal perceptions, and cultural representations more recently. Disability activism has been seen as key in impacting the agenda; for example, Shakespeare and Watson (2022) see the publication of the *Fundamental Principles of Disability* by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976 as of central importance in changing widespread perceptions of disability, politicizing the issue and demonstrating how society works to restrict participation of those with impairments (Union of the Physically Impaired Against Disability 1976). This shifts the focus of the ‘problem’ away from the disabled individual and onto social, economic and cultural factors—later formalized into the ‘social model of disability’ by Oliver (1983, 1990). Similar disability activist movements have been witnessed in other regions in the Global North including North America (Kelly 2013) and Europe (Vanhala 2015)—although it has been lamented that such activism has been less prominent in the Global South (Meekosha & Soldatic 2011).

Rights for disabled people as enshrined in law have also been extended in recent decades in many countries globally; in the UK, the Disability Discrimination Act was passed in 1995 and later subsumed under the Equality Act 2010, in which disability is recognised as a protected characteristic (Disability Discrimination Act 1995; Equality Act 2010). Shakespeare and Watson (2022) note that the social model of disability has also gained increasing influence in international policy by organisations who might be seen as ‘legitimate’ promoters of inclusion and citizenship, e.g. WHO’s ICF and ICD-11 (WHO 2001, 2019), the United Nations *Convention on the Rights of Persons with Disabilities* (United Nations 2006).

It could be argued that cultural understandings of disability have also witnessed a shift in recent years; a range of prominent figures in celebrity and popular culture have ‘opened up’ and publicly shared their experiences of ill health, particularly mental health conditions such as bipolar, anxiety, depression and OCD, e.g. Stephen Fry, Lady Gaga, Adele, Prince Harry, Lena Dunham, Kendall Jenner. Others have discussed diagnoses of eating disorders

such as anorexia and bulimia (e.g. Taylor Swift, Jameela Jamil, Zayn Malik, Demi Lovato), and autism or Asperger's Syndrome (ASD) (e.g. Greta Thunberg, Elon Musk, Courtney Love). Other cultural products including TV shows, books, films and plays centring on disabled characters have garnered popular interest—and sometimes critical acclaim—placing the experiences of disabled people into public consciousness (e.g. *The Curious Incident of the Dog in the Night-Time*, *A Beautiful Mind*, *The Theory of Everything*). More complex, nuanced and (in part) empowering discourses have also been identified by scholars working in the fields of disability, education, and cultural studies in relation to certain impairments, e.g. Mendick (2005) highlights a link between mathematical genius and mental health difficulties.

Whilst the above pertains largely to non-visible impairments (i.e. those that are not immediately obvious), changing narratives are also apparent in relation to physical and sensory impairments. This is evidenced, for example, by the increasing prominence in coverage of the Paralympic games in the past decade (Goodley 2016; McGillivray et al. 2021), and disabled people featuring more centrally in 'mainstream' TV programming. Examples in the UK context include journalist and TV presenter Alex Brooker who has limb differences and a leg amputation, deaf actor Rose Allying-Ellis, and comedian Rosie Jones who has cerebral palsy.

Disability scholars have, however, been careful to highlight the ways in which proportionality remains skewed and that representations of disability in the media often continue to reinforce stereotypical narratives such as that disability should be transcended or conquered, e.g. the disabled person as 'overcoming adversity' (Bolt 2014) or the Paralympian as 'super-crip' (Goodley 2014; McGillivray et al. 2021). Further, Houston (2019) argues that disability and diversity appear to have become increasingly commercialised and commodified in recent years, citing the example of Dove adverts featuring women with physical impairments to create a 'brand identity'. Some also emphasise a potential distinction in value afforded to different impairments, with individuals with less severe impairments and non-visible disabilities—where the individual can 'pass' as non-disabled—seemingly able to occupy more empowered positions in the social hierarchy and encounter less prejudice (e.g. Coleman-Fountain & McLaughlin 2013).

It is also the case that the experiences of disabled people have not been universally transformed. Institutional barriers, oppressive social and welfare policies, and outright discrimination still endure. For example, Office for National Statistics [ONS] (2022) data indicates that disabled people in the UK aged 16 to 64 years are less likely to be in employment than non-disabled people (53.5%/81.6%), and approximately 1 in 4 (24.9%) disabled people are in rented social housing compared with 7.9% non-disabled people. Disabled people are almost three times more likely to experience domestic abuse than non-disabled people (ONS 2021). This indicates that whilst human rights legislation and socio-cultural perceptions might be changing—to a certain extent—the situation is complex and many institutional, structural and attitudinal barriers still remain.

### ***The emerging prominence of mental health and wellbeing in educational policy***

Alongside changing cultural and socio-political scripts framing disability in wider society, following the turn of the twenty first century, the topic of young people's mental health and wellbeing has been increasingly embedded in policy discourse in the context of education

in a way that marks a notable shift (Brown & Carr 2019). In England, this focus is in part rooted in the publication of quantitative evidence which suggests a sharp rise in the number of young people displaying mental health difficulties (e.g. NHS Digital 2017, 2020), and government concern to address this based on envisaged social and economic impacts, e.g. youth isolation, social exclusion, uneven labour market outcomes. This shift has, however, been seen by some critical researchers as embedded in wider neo-liberal public health imperatives of healthism, self-regulation and self-responsibilisation whereby the onus of responsibility for the maintenance of one's health—both physical/bodily and mental—is placed onto the individual (Rich 2018).

A number of educational policies have subsequently been introduced in England which underscore how schools should make provision for student health and wellbeing, with one recent example being that each school must now have a senior mental health lead (e.g. Department for Education [DfE] 2018, 2021). As of 2019, mental health and wellbeing has also been included as an assessment criteria in the Ofsted (2019) framework which includes aspects such as pupil confidence, independence, and resilience. Such a move to institutionalise young people's health and wellbeing in education connects with deeper questions as to the purposes of education and what schools can and should be for (Norwich et al. 2022). The outcomes at 'ground-level' of this shift in policy emphasis in schools are only just starting to emerge, and this paper offers insights into how strengthening and complexifying webs of discourses around ill/health are taken up by those in education and shape student identities, desires and experiences.

### ***Bourdieu's theory of field, habitus and capital***

In this paper, we draw on theoretical tools offered by Bourdieu regarding field, habitus and capital to understand the mechanisms of social reproduction in intersection with disability in one elite college site. Bourdieu understands the social world as composed of various fields comprising networks of relations between social positions (Bourdieu & Wacquant 1992). There are invisible dynamics at play within these fields of relations which are independent, generative and 'shot through' with power relations. Bourdieu utilised these ideas to study education as a field which operates at societal level as dominated by elites (i.e. the upper/middle classes) who monopolise resources (e.g. access to good schools) (Bourdieu & Passeron 1990). Yet these theoretical tools can be translated to the meso-level to understand how educational institutions such as schools and colleges might be considered a sub-field within the wider education field, with their own internal logics and power struggles.

Within fields and sub-fields there exist various capitals that help individuals to accrue value and advantage (Bourdieu 1977, 1984). In Bourdieu's (1986) traditional schema there exist three main forms of capital; *economic capital* (one's financial resources), *social capital* (one's social contacts, networks of associates and group membership), and *cultural capital* (one's possession of legitimate goods and knowledges which can exist in the embodied, objectified or institutionalised state). Other capitals have subsequently been proposed by various scholars, including emotional capital (Reay 2004) and embodied capital (Shilling 1991). Yet Bourdieu emphasises that these capitals have meaning only within the specific field in which they exist, and their value is open to renegotiation. Capital links closely with, and interacts with habitus, with Bourdieu outlining a theory of practice in which there is

a dialectical relationship between human thought, feeling and action (*habitus*) and the objective world (*field*). It is when ‘*habitus* encounters a social world of which it is the product, it finds itself “as a fish in water” (Bourdieu cited in Bourdieu & Wacquant 1989, 43)—yet a clash in *habitus* can result in an individual experiencing insecurity and uncertainty (Reay, Crozier, Clayton 2009).

This paper makes particular use of the concept of *institutional habitus*. Reay, David, Ball (2001) were central in developing the concept in the context of education and define it as: ‘the impact of a cultural group or social class on an individual’s behaviour as it is mediated through an organisation’ (para.1.3). Institutional *habitus* is a product of an educational institution’s unique locality and history which implies some fixity, but Ingram (2009) asserts that institutional *habitus*es can to some extent evolve over time as individual *habitus*es (e.g. students’ and staff’s) work to ‘structure and restructure the institutional *habitus*’ (p.424).

### **Disability co-opted as a form of capital?**

It might seem counter-intuitive and uncomfortable to link disability with any form of capital, for capital facilitates and legitimates social advantage (Bourdieu 1984, 1986). Some impairments<sup>1</sup> cause individuals (and their families) immense pain and suffering (e.g. chronic pain, cancer, dementia) and can restrict participation in everyday life (Shakespeare 2013). Simply put, some individuals want ‘rid’ of their impairments. Historically, disabled people have also been subject to widespread discrimination and state violence through a preponderance for medicalised intervention and rehabilitation to ‘cure’ those deemed abnormal. Yet disability, when ‘separated’ from impairment (i.e. biological) and understood as a socially assembled identity facet (i.e. a social, cultural and political entity) forms a core part of one’s subjectivity (Garland-Thomson 2005; Friedner 2010). For example, research conducted with deaf people has illustrated how the self can be produced through, and strongly anchored in culturally Deaf communities which form rights-bearing groups (Ladd 2003). To deny the power that can be afforded by disability as social marker therefore appears limiting. Indeed, the affirmative model of disability challenges the (non-disabled) presumption that disability can and should equate to personal tragedy or deficit (Swain & French 2000), as does *crip* theory (McRuer 2006).

The disabled body can be understood as a key site for exerting human agency, power and resistance—rupturing a deficit approach. The disabled body is material in that impairment is manifest in flesh and/or the mind,<sup>2</sup> but is also social in formation in that bodily presentation and adornment accord symbolic value (Shilling 1991). Disabled bodies are read through social and cultural scripts—or in Foucauldian (1972) terms *discourses*—and there is significant ideological de/value given to disability as a master category and different disability types in certain socio-historical moments. Whilst there are some tensions between Bourdieusian and Foucauldian theory in terms of understandings of agency and institutionally or discursively mediated legitimation, as in both Bourdieu’s (1986) theory of capital and Foucault’s (1977, 1980) concept of power as relational, scripts are not static and monolithic but are context-dependent and have differential value and meaning within specific contexts.

Traditionally disabled bodies have been denigrated and much maligned (Stiker 1999), with the slim (White) able body as revered (Shilling 1991). Yet such scripts are in flux and shift relative to field and over time. An example could be current narratives in Western popular media which link ASD with notions of exceptionality and genius—privileged and



desirable subject positions. Here disability is not confined to lack or exclusion or a biological/cognitive restriction, although this can certainly be experienced by the individual during particular moments—and an individual can experience multiple inclusions and exclusions simultaneously. Rather, disability is something that can afford *status*; a ‘cultural resource invested within the body’ (Shilling 1991, 654). Of course, different kinds of cognitive/bodily difference are invested with different levels of prestige and/or prejudice, and this needs to continually be borne in mind, i.e. not all subject positions are open to all and afford similar levels of capital. For example, the middle-aged woman with cerebral palsy might experience different prejudice to the teenage boy with ADHD. The situation is, then, complex.

In this paper, we understand disability as intimately linked with capital. This operates at the level of language, discourse, symbol, culture and embodiment. Further, we see the value of capital as fluid and context-dependent; specific to sub/field and bound up with institutional/individual habituses.

## Methodology

This paper is based on data collected in an ethnographic study conducted in one sixth-form college in England—given the pseudonym Highton. Sixth-form colleges are educational institutions where students complete the final two years of their secondary education (typically aged 16–18 years). There are 44 across England (Association of Colleges 2022) where students study for advanced-level qualifications (e.g. A-Levels) which can facilitate entry into universities. Sixth-form colleges are different from sixth-forms attached to secondary schools as they are discrete institutions, and contrast with further education (FE) colleges which tend to be larger and often offer apprenticeships, university access courses, and community provision (e.g. adult education).

Highton is relatively distinctive in that it might be considered an ‘elite’ institution. Unlike most sixth-forms and FE colleges, Highton is selective and students must undertake entrance exams and an interview before an offer of a place is made—yet it is a state-funded institution with no fees to be paid. Most students come from non-selective state schools, although a number come from affluent backgrounds with children being the offspring of academics, teachers, architects and business/industry managers. There are means-tested bursaries for students from less affluent backgrounds and the college has several outreach schemes targeting students in care, those eligible for Free School Meals, and Pupil Premium.<sup>3</sup> Of the approximately 100 students on roll, the majority of students achieve above national-average A-level grades and go on to study in high-performing universities, with around 10% of students accepted to Oxbridge. The college site is situated in an urban location. Students are free to come and go as they please and regularly visit the city centre to ‘hang out’ in parks and cafes in friendship groups.

The research took place from 2021–2022 following the easing of Covid-19 lockdown and social distancing restrictions in England, with approval granted by University of Exeter’s Ethics Committee (ST1819-012). We were given access to the whole college campus. Data collection was undertaken by the three authors who engaged in several elements—we visited the college on a number of occasions and met with senior leadership, touring the campus and learning about the everyday ethos, culture and rhythms of the institution. We examined policies relating to SEN, behaviour management, anti-bullying, safeguarding, admissions, and equality and diversity. We were also given access to timetables for Year 12 (16–17 years)



**Table 1.** Student demographics.

Name	Age	Gender (self-identified)	Ethnicity	Social Class	Disability (self- and/or medically diagnosed)
Robyn	17 years	Female	White-British	Middle-class	Autism, physical disabilities, chronic pain, mental health difficulties
Laura	18 years	Female	White-British	Middle-class	Depression, anxiety, autism
Darcie	16 years	Female	White-British	Working-class	Autism, mental health difficulties, dyslexia, chronic fatigue, eating disorder
Mel	17 years	Female/gender fluid	White-British	Middle class	Diabetes, autism
Kara	17 years	Female/gender fluid	White-British	Middle-class	Anxiety, depression, chronic pain, autism
Camila	17 years	Female	Mixed Ethnic heritage	Middle-class	Autism, ADHD
Emma	17 years	Female	White-British	Middle-class	Autism
Ollie	17 years	Male	Mixed Ethnic Heritage	Working-class	Anxiety
Reuben	17 years	Male	White-British	Middle class	Mental health difficulties, anxiety, autism
James	16 years	Male	White-British	Middle-class	Autism
Liam	17 years	Male	White-British	Middle-class	ADHD
Issy	17 years	Female	White-British	Middle-class	No disability
Ruby	17 years	Female	White-British	Middle-class	No disability
Arden	16 years	Gender fluid	White-British	Middle-class	No disability
Harry	17 years	Male	White -British	Middle-class	ADHD
Heidi	16 years	Female	White-British	Middle-class	No disability

and Year 13 (17–18 years) students. In addition, we conducted sixteen in-depth semi-structured interviews with students, focused participant observation in classrooms and social spaces over a term, and conducted individual semi-structured interviews with six staff members with roles including Deputy Head, class teachers, and SENCO. All participants (students and staff) gave their written consent to participate.

The student sample comprised a mix of young people identifying as male, female and non-binary or gender fluid, both with and without ‘official’ SEN support and/or an Education, Health and Care plan (EHCP).<sup>4</sup> We did not want to focus recruitment solely on students with SEN/disability due to fears around stigmatisation, and to facilitate an exploration of the experiences of those who might feel they have a disability but not in an ‘official’ sense. We delivered a talk about the research to students during an assembly and asked those interested to express their interest *via* an online polling system. Out of the sixteen students in the sample, twelve had either an EHCP, SEN support, or self-identified as having a disability. For participant demographics, see Table 1. Interviews were conducted in an empty classroom and lasted around 1–1.5 h each. Two students asked to meet with us for a second interview as they wished to tell us more about their lives.

Data analysis took the form of a reflexive thematic and discursive analysis (Braun & Clarke 2019; Potter & Wetherell 1987). The research questions framing the analysis were:

1. What are students’ understandings of disability, and how do they experience this in college?
2. What are the normative expectations of students in this educational context, and how are they negotiated and/or challenged by young people with disabilities?

We read the interview transcripts several times to gain familiarity and made initial case summaries (i.e. ‘pen portraits’) for each student to capture what we felt were salient aspects

in their narratives. Transcripts were coded line-by-line through semantic and latent coding to capture surface meanings and underlying patterns and assumptions. Codes were then collapsed into categories, from which overarching discursive themes were drawn following critical discussion amongst the team. The observation fieldnotes and college-related documents were also coded thematically, with centralising concepts identified across the data types. Patterns and tensions emerged relating to interconnections between disability, power and prestige.

In the next section, we outline in greater detail the college context before moving on to present the study's findings, with a focus on the student interview data. All names used are pseudonyms.

### ***College ethos, SEN policy and practice at Highton***

The wider ethos and philosophy of the college was repeatedly described by staff as having a '*lack of hierarchy, the idea that we are a community that is learning and that there isn't any sort of pecking order of any kind*' (Stephen, Teacher). The Deputy Head, Will, spoke passionately about Highton's ethos being concerted and deliberately 'antithetical' to others and with staff priding themselves on their 'rare' levels of open-mindedness and tolerance: '*I believe as an institution that the institution should bend around the individuals within it wherever possible which is the antithesis to very many schools who will try and bend the students to fit their methods, I think. So, tolerance, acceptance I suppose and any and all adjustments that we can realistically financially make*'. Refracted through the student lens, students spoke of a strong feeling of 'freedom' in the college:

Darcie: There aren't many rules. In fact, I don't think there are any rules, it's just like don't do anything that's going to hurt anyone else and then the finer clarification is provided upon request on the secretary. Which I quite like.

The quality of SEN and pastoral support is something that is strongly championed at Highton—as indicated on the college website and mentioned by staff repeatedly during interviews, e.g. '*It's incredibly encompassing and supportive*' (Lynne, Teacher). All students are allocated a personal tutor whom they meet with regularly. For students with identified needs, there is a team of pastoral staff who occupy a specialist room in the college dedicated to 'peace' [Sanctuary] where students can go if they are feeling stressed, anxious, or want to talk to someone. Students are allowed to leave classes with no questions asked to visit Sanctuary. Following Covid-19, some students join lessons online from Sanctuary room, and there is an app that students can use to report personal difficulties. The college's website and SEN policy documents emphasise how staff are very proactive and 'vigilant' around identifying needs that might previously have gone unidentified.

For those students with identified needs, the college adopts a 'graduated response' approach to SEN support. There are repeated references in the documents to a focus on 'student voice' and a 'cyclical approach' to the planning, monitoring and reviewing of support. Regular whole college assemblies are an important feature of everyday life at Highton, which often cover issues relating to mental health and wellbeing such as developing self-confidence and coping with exam pressures. Staff and students frequently mentioned the relatively small size of the school which was said to create a 'family feel', where staff could keep close track of students.

## Findings

### ***Disability as a desired label: the drive to seek an official diagnosis***

During the interviews, the students in the sample talked about disability in overwhelmingly positive terms. This was the case for students with and without disabilities. For example, when asked what the experience might be like at Highton for disabled students in comparison with non-disabled students, comments included:

Harry: I think it would be the same. Of course if you have any problems [staff] would come and support you but otherwise you'd just be treated normally as hopefully as you should be.

James: I feel like it's a lot more accommodating [here]. I know back at my secondary school there were certain things they would have dealt with that weren't a pressing matter to deal with but [here] it's very ok, if this is what you need help with, we will help you...as soon as we can.

Many of the students expressed a strong desire to seek out an official label for a disability they felt they might have, which had either been self-identified through looking on the internet at medical information, had been discussed with their peers, or had been 'picked up' by teaching staff. This was also evidenced by the fact that half of the students in the sample (8 out of 16) were currently, or in the near future stated that they would be actively seeking a referral through the NHS for a disability (or additional disability). For example, Liam was struggling with symptoms linked with ADHD and felt that, whilst he did not experience symptoms as strongly as some, a diagnosis would enable himself and others to better understand some of his 'loud' and 'hyperactive' behaviours which he felt could be interpreted as disruptive—*'I am doing very well in my studies but there's a certain amount of social etiquette that I sometimes lack'*. Another participant, Kara, stated that she had realised about a year ago that she displayed traits associated with autism and had talked with college staff about getting a diagnosis, but needed to discuss this with her parents. When asked why she thought a diagnosis might be valuable, she replied: *'I guess it's better to have a label then it is easier for people to help you. In school I don't feel like I need that much help in like the actual lessons or tests, but I guess out of school it would definitely help in other ways.'*

This was also illustrated in the case of Camila, who spoke about the struggles she had experienced with her health:

I have sensory issues with like autism and I struggle with eye contact and new situations, people, I get very stressed, I stim, I self-soothe, I do a lot of the stereotypical things that, I didn't speak at all until a little bit older than I should have started, I have my special interests...I spent a lot of the summer before last in hospital and a lot of my doctors were steering, what I was being treated for towards getting an autism and ADHD diagnosis because they were like that clearly affects you and that's clearly something you are dealing with.

Camila spoke frankly, however, about the lack of support she had received from her parents: *'they think it's a fad and a trend and I was like it's not really something you latch onto immediately, it's something that's been long-term. But they think it is stupid and upset and ok fair enough, I'll wait [a year] until I am eighteen [before seeking an official diagnosis]'*. Camila went on to explain that the pastoral team at Highton had been very understanding and had offered her adjustments such as extra time and rest breaks in exams, earplugs to block out noise, and the ability to visit Sanctuary whenever she needed peace. As Camila expressed:

*'It's been amazing they've been so helpful and so understanding towards certain needs and I don't think I would have gotten through a different system or a different school quite as easily'.*

### **Lack of stigma around disability**

In a related way, when asked directly whether there was any stigma around disability at Highton, all sixteen students replied that there was very little to no stigma. Example comments included:

Interviewer: Do you feel like there's any stigma about disability here?

Arden: No, I think people are pretty freely accepting.

Camila: Not at this school no, none, at all none.

James: Here, not really, it's just part of the, like ok, here's a thing you have we'll help you with that but it doesn't really affect anyone's opinion of someone. So, here I feel like everyone just gets, it's like more of a normal thing, it's a thing that happens and everybody really cares.

Reuben: Not here because it's specifically here... [I think] Highton handle it as well as I think anyone could handle it.

Laura stated that there was something of a 'running joke' at Highton about the particularly high number of students with autism which she felt 'normalised' disability: *'When I say joke it's more of a kind of, it's so normal that it's unquestioned...I don't think I'd call that a stigma because there's no difference. I'm not treated any differently by friends or teachers or anyone because of [my autism].'* Government data for 2020–21 indicates that Highton has more than double the national average of students with SEN support on roll, standing at over a quarter of the total college population—something which staff felt might in part be related to the Covid-19 pandemic. This aligns with Laura's perception.

There was also a strong sense from participants that the culture of Highton was 'welcoming', 'caring', and that all students were 'respected' and 'valued' as individuals:

Robyn: I think I am more respected, respected as a person. [Staff] have all made an attempt to learn like every single one of them, they actually seem to care about us as human beings rather than as objects that they have to get to be as perfect as possible.

Noah: [Teachers] respect you, they treat you as equals.

Reuben: In lessons I know that if I am struggling and it's too loud and I can't sit there for anymore then I am ok to just leave and just take five minutes and go somewhere quiet and people won't judge me or won't worry, and there's a massive emphasis on not judging people and just...respecting people for whatever is going on.

Laura: I do have a comfort in, I think they care more about me as a person than they do my success and my grades and what I go on to do in the future as long as I am happy.

There was remarkable consistency in the young people's narratives around the existence of a strong and tight-knit college community where students got along very well with each other, e.g. *'I think I could talk to just about anyone in my year. Everyone is so lovely and people are so polite, everyone is so helpful'* (Camila). Some students pointed out that there were no real issues with bullying in the college, which was acknowledged to be unusual: *'there's no*

*fighting here really at Highton which is quite nice'* (Reuben). There was also evidence of an active drive by students (in addition to staff) to cater for students' diverse needs through communal peer-led practices:

Liam: I am chairing the prom committee at the moment and one of the main things that we're looking at and we are going to do it as a silent disco because we're very much aware that we've got a high percentage of people with autism or ADHD or people who suffer from, like myself, have some sort of sensory overload just some anxiety from too much going on and so certainly being able to have something like a silent disco where people can turn down their volume where they are comfortable with and even then possibly step outside if there's sort of lights flashing, loud noise. So, there is a lot of understanding here about it and people are very happy to make space for it.

Another student, Issy, explained that the student council had recently conducted a student welfare survey where anxiety was found to be an issue in the college, and was now an area under focus.

When asked how this culture might have been fostered, several participants linked an accepting and open mindset amongst the student cohort with intellectual ability—it was felt that because students in the college were clever (seemingly as defined by performance in official assessments), they were more likely to be enlightened and tolerant of difference than other young people. For example, Ollie expressed: *'I mean in a sense intelligence plays a bit of a part because everyone here is very smart, they've obviously done their research and they can sort of understand people'*. It must also be recognised that Highton is small in relation to most other colleges with around 100 students on roll. Students therefore described the college as being like a small community where everyone knew each other—and where if someone said something discriminatory that was frowned upon, word would spread quickly and that person would likely be ostracised within the college.

### ***'It's different in the outside world': the college as 'safe haven'***

There was clear awareness amongst the students, however, that Highton was not typical and that there was something unusual about this space. When asked if there was stigma around disability in wider society, all sixteen students expressed there was stigma. For example, Mel has type 1 diabetes and recounted several instances at secondary school where she felt stigmatised and discriminated against because of her disability:

Like at secondary school, they always said yeah, yeah, yeah, you just do whatever you need to do and unless it was something that sort of was out of the ordinary...until I got stuck in a classroom at lunchtime because I was hypo I couldn't really get up and go anywhere very far and they would be like no, no, you need to go outside...[or] I'd be stuck in a science lab and I would be like I need to eat and it was like no, you can't eat in the science lab and I am like yeah, my hands are clean I'm not eating radioactive materials I just need to eat so that I don't collapse on the floor.

In contrast, Highton was described by Mel as offering a feeling of protection and 'safety': *'There's definitely a stigma pretty much everywhere else but I don't know how but Highton sort of batted that away, it sort of feels like a safe haven at least for me'*. The metaphor of Highton as safe space or 'safe haven' was used by several participants to seemingly convey the sense of a culture of care and inclusion, contrasting with exclusionary (and sometimes

hostile) practices that could occur in the outside world. Robyn—a student with multiple disabilities including a physical disability which requires she walk with a stick—recounted an incident which sharply contrasted Highton with the world just beyond the college gates:

Weirdly, not in Highton but literally outside of the gate there was this scene where a man... comes up to me and tells me he's a street preacher, he asks me what was wrong with me I tell him it's genetic... He goes well maybe Jesus can cure it... He said can I put my hand on you and I am going no, he goes I just want to pray for you, can I put my hand on you, I am like no... he did eventually just hover his hands, I do not like being touched, he put his hands above my body, he's going pray for this lady to heal her, pray for her to find a cure and I am like, what is all the holy in hell is happening, I told you not to pray for me I told you what was wrong with me, it couldn't be cured. It was uncomfortable. Why is the world like that?

Whilst quite an extreme example and an unpleasant experience, Robyn was a composed and self-assured young person and described in interview how she valued her disabilities as a key facet of her identity, embracing both the positives and negatives that they afford: *'it does affect everything about me so the good things and the bad things. Therefore, you know, everybody loves bits of themselves and doesn't like other bits'*. It was significant that Robyn spoke of Highton with warm regard in terms of staff support and the friendships she had established, asserting: *'Here it feels like home'*.

## Discussion

As evident in the above findings, Highton represents an intriguing case. All students in the sample praised the college's accepting culture. Yet it is important to consider how this culture might be difficult, if not impossible, to realise in other less elite contexts.

### *Highton's institutional habitus*

Within its boundary lines (Bourdieu 1990), college operations at Highton are seemingly underpinned by an institutional habitus whereby the ethical and moral tenets of valuing diversity, tolerance and respect for difference are firmly embedded in the ethos and praxis of the institution—as evidenced by the students describing feeling 'respected' and 'cared for' by staff, and that there are no 'real issues' with bullying. This habitus might in itself be understood as elite, for studies have demonstrated how private and selective schools can often 'buy out' of traditional models of education and—in somewhat contradictory and paradoxical ways—proclaim the virtues of egalitarian, liberal and progressive values and anti-elitist sentiments (e.g. Kenway & Lazarus 2017). It is also noteworthy that liberal values have been understood by sociologists as socio-political views linked particularly with the urban intellectual scholastic elite (i.e. a distinct strata of the middle-classes) (Harrits 2013; McAndrew, O'Brien, Taylor 2020; Lindell & Ibrahim 2021)—resonating with Ollie's comment that he feels that 'intelligence' plays a part in fostering tolerance for diversity amongst students at Highton. When understood in tandem with recent educational policy directives that require school leaders address the health and wellbeing needs of their students (Brown & Carr 2019), it is understandable as to why this culture and ethos might have been championed so strongly at Highton.

At Highton, this values framework appeared to be experienced by the students as natural and there was a seeming compulsion to behave in accordance with it—it had become *doxa*



(Bourdieu 1977). The active demonstration of enlightened worldviews formed part of the ‘rules of the game’ in Highton and organised students’ evolving individual habituses in a dialectical fashion, shaping their ways of thinking, being and acting, e.g. Liam and the prom committee organising a silent disco to support those with autism and ADHD. Not only this, but Highton appeared to have become a self-policing sphere (Foucault 1977), where students who expressed views that might lie in tension with individual rights and respect for difference would be ostracised. Whilst clearly positive, it is questionable whether less elite schooling contexts could offer students such protection given the lack of financial, cultural and physical resources which trouble non-selective schools. At the simple level of school size, for example, it would appear more difficult to promote a sense of community and shared values when populations are large and diversity facets more expansive (i.e. institutions with sizeable populations of mixed ethnicities, social classes, genders, disabilities, etc.). The students themselves acknowledged that Highton was quite unusual and a potential outlier in this respect.

### **Disability as reworked(?)**

The findings also indicate that disability as identity marker was less closely linked with stigma and marginalisation. There was evidence of the young people reinscribing disability to construct and occupy empowered subject positions, using it as a form of capital in the bounded sub-field. In this way, traditional associations between disability and personal tragedy or Otherness were side-lined. Yet this is not to imply that students’ identities were stable and unchanging or that no instances arose where exclusions were felt (c.f. Qvortrup & Qvortrup 2018); for example, Robyn explained that sometimes insensitive comments could be made about her physical impairments: ‘*off hand type comments, you know, about ability using and things like that*’. But Robyn expressed she felt these were relatively minor incidents. This is also not to suggest that the students ‘feigned’ impairments to gain privileged status or wished for an impairment that might cause them pain and suffering—many of the students recounted instances where their impairments caused them distress or impacted on their daily lives. Emma, for instance, has a more severe form of autism and described how she can find it difficult to do everyday tasks such as go shopping on her own—pointing to the precarity of disabled identities by field/context. Yet there was evidence of individual agency and that disability as social assemblage could be reworked by the participants at Highton to embody *empowered* and in many ways *pleasurable* subject positions (c.f. Swain & French 2000)—the scholastic young person as diverse, respectful and intelligent. In this way, the young people were not necessarily escaping disablist norms (Goodley & Runswick-Cole 2011), but such norms had shifted or altered slightly in Highton’s institutional habitus. Consequently, students appeared able to have their disabilities read differently or as more ‘normal’ in this unique space.

### **Disability as powerful in the bounded institutional sub-field**

It is, however, imperative to re-emphasise the significance of institutional sub-field in the above analysis, for as Bourdieu contends: ‘capital does not exist and function except in relation to a field’ (Bourdieu & Wacquant 1992, 101). Whilst disability as identity marker appeared to have exchange value in the protective sphere of Highton, this did not necessarily

extend beyond the walls of the college—clearly illustrated in the cases of Camila and Robyn. For example, Camila's parents restricted her from seeking an official diagnosis for her impairments until she had moved out of the family home, which unsurprisingly caused Camila some distress, '*I talked to my parents about it and they were like don't [seek an official diagnosis], you're going to waste your own time*'.

The perception that Camila's disability was not 'serious' could have been produced through wider contemporary discourses of disability in popular culture, where mental health difficulties and neurodivergence have increasingly been linked with celebrity (e.g. popstars, Hollywood actors)—often associated with a focus on the self, superficiality, and inauthenticity (e.g. Franssen 2020; Moulard, Garrity, Rice 2015). However, Camila articulated that she was a student of mixed ethnic heritage and felt that her parents' views could be a product of her family background: '*I think from my own personal experience in the families of colour from my mum's side disability gets ignored, it's something that's swept under the rug, it's considered something you should be ashamed of and should not talk about*.' Other studies have emphasised how ethnicity can shape family and cultural understandings of disability (e.g. Ali et al. 2001; Mohamed, Mandy, Aranda 2019), demonstrating the importance of recognising intersectionality (Crenshaw 1989). In relation to this study, the significance lies in that Highton appeared a relatively insulated space where family dispositions could be challenged through institutional habitus and student-mobilised and teacher-supported counter-narratives.

In the above example, Camila appeared to experience a conflicted habitus which resulted in feelings of disjuncture and ambivalence. In a similar way to the working-class students in elite universities in Reay, Crozier, Clayton's (2009) study and the high-achieving working-class schoolboys in Ingram's (2011) research, Camila narrated a 'habitus tug' across social spaces in terms of identity and disposition—in this case, tensions between her 'non-disabled' ethnic home identity which her parents sought to preserve, and her disabled student identity. It is noteworthy that Camila expressed she felt a greater sense of 'fit' at Highton than at home, placing significant value on her disabilities which were experienced as an important aspect of her 'self'.

It is also important to reflect on the types of impairment that were apparent at Highton and how this might have shaped students' perceptions and experiences of disability. Robyn was the only student with visible physical impairments that we interviewed, and non-visible impairments (i.e. autism, ADHD, anxiety) were those discussed most frequently by both staff and students when asked to comment on disability in their college. Given the increasing emphasis placed in cultural discourse and educational policy on non-visible impairments (i.e. mental ill/health, neurodivergence), it could be the case that difference is still only 'tolerable' in educational institutions when within the purview of normalcy (Coleman-Fountain & McLaughlin 2013). In fact, Deal (2003) suggests there exists a hierarchy of impairment types *within* groups of disabled people, highlighting complexity under the broader disability category that requires greater critical awareness and appreciation.

## Conclusion

Through drawing on data collected in an ethnographic study set in a selective sixth-form college in England, this paper has demonstrated how the students appeared able to re-make disability as a liberal intellectual identity marker and use it as a form of

capital within the bounded college sub-field. In this way, participants troubled traditional disability tropes and enjoyed relatively empowered subject positions. However, we have argued that this identity marker was strongly *middle-classed* and *precarious*; we highlighted that Highton is a small and relatively homogenous elite college—quite an unusual educational context and the type of institution where few students are afforded the opportunity to study in reality. The college was also seen by students as a protective space and insulated from wider society—and even the family - where disability discrimination can prevail. Questions might therefore be raised as to the limits of the discursive performatives documented in this paper, including how empowered disabled identities might simply be ‘off limits’ for the majority, and how they might ‘travel’ beyond context in terms of time and space (Youdell 2006). Overall, the findings have implications in terms of advancing our understandings of young people’s changing and complexifying relationships with disability in education in the current socio-cultural-political and policy context, and the ways in which inequalities endure.

## Notes

1. Disability scholars often distinguish ‘impairment’ from ‘disability’ with the former referring to a part of the individual that is private and relates to potential bodily differences, and the latter referring to a socially created form of oppression that is culturally and historically specific (Shakespeare, 2013). This is how we deploy the two terms in this paper, although we see the two as closely intertwined.
2. We see cognitive impairments as having the power to manifest in different forms of bodily and behavioural expression.
3. Pupil Premium is a scheme offered by DfE in England to improve outcomes for disadvantaged pupils through targeted funding (DfE, 2022). Free School Meals is a statutory benefit for children from low-income households (DfE, 2023a).
4. An education, health and care plan (EHCP) is a legal document outlining the needs of a young person which relate to their SEN and/or disability and necessary support (DfE, 2023b).

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