

DIFFERENCE IS NOT DEFICIT

**A Community Vision
for Special Education**

Dr. Bibinaz Pirayesh

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Figure 2.2: "Some Basic Feelings We All Have" from *Nonviolent Communication: A Language of Life* by Marshall B. Rosenberg. Copyright © 2015 PuddleDancer Press. Reproduced by permission of PuddleDancer Press (Grant Meiji Stewart, Publisher).

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wouldn't want them to see her working there and asking questions. Still, she agreed that while you could hear the noise from the lobby in the business center, the large clear table and the spacious room felt inviting. "Maybe I'll try to work here," she finally said, "we'll see."

I had no issues getting a meeting at Imani's school. In fact, the school staff were very eager to meet about her. They prided themselves on having structures in place that allowed everyone to come together for their SCSs, or student-centered success meetings, as they called them. Within a week of my request, I attended a meeting that included eleven people in total—all her teachers, the school counselor, the learning specialist, the dean of student affairs, and the principal, as well as me and Imani's mother. I was shocked. Imani, ironically, was missing from the "student-centered success meeting." I was assured that this was only because they wanted to discuss things with me first and that the learning specialist and counselor would relay everything to her later and be sure to answer any questions she had.

Race was the first thing I noticed when I got to the school—aside from the science teacher and the principal, the entire school staff was white. I knew from reading their profiles that both the Black science teacher and principal were alumni of the school, which I found interesting. And then there was me and Imani's mother. Each teacher took their time talking about what a wonderful person Imani was: polite, thoughtful, kind . . . but tired. They all seemed well versed in describing ADHD symptomatology and very understanding of the needs of "differently abled" children.

"Children with ADHD are more likely to have sleep disorders," Imani's evaluator had written in the report, "and the severity of their sleep problems correlates with their ADHD symptom score." Imani did in fact have ADHD. Her processing and language delays (though not significant enough to qualify her for a second diagnosis) also posed challenges for her. But the real reason she couldn't keep her eyes open in class was far simpler. She wasn't getting enough sleep. Any teacher would wonder if a student who is tired in class might be sleep deprived. But because Imani had a diagnosis, the simpler explanation was ignored.

As I reviewed her scores, I found myself thinking of the concept of WEIRD (Henrich et al. 2010; Henrich 2020; Watters 2010, 2013) and how assumptions tied to able-bodiedness and neurotypicality shape the

standards by which assessments are normed. Generalizing data from a WEIRD population to the whole of humanity is like studying penguins to generalize about birds, I had read. What does it mean when we study typical learners and generalize to all learners?

In my research methods class, I have students watch a TED Talk called “Different Ways of Knowing” (Tammet 2011). In it, Daniel Tammet, a savant who is autistic, describes how his linguistic, numerical, and visual synesthesia impacts the way he sees numbers in his mind, which is different from most of us. I then invite my students to discuss the ramifications of our academic (and social) classroom norms being set by neurotypical people who not only see numbers the same way but assume everyone sees them the same way. I then ask them to think about other differences we might have in a classroom. And then, circling back to our discussion of WEIRD populations, we talk about missing entire ways of knowing, thinking, and understanding. The narrow lens we take to the human experience, all the while claiming to have the only legitimate lens, doesn’t just erase entire ways of knowing and thinking, but the actual experience of every unique human being who comes to us in search of healing and guidance. Narrow epistemologies lead to narrow methodologies, and I think about this every time I read a neuropsychological evaluation report.

DEDUCTIVE METHODOLOGIES

As Stephen Jay Gould beautifully traces in his 1981 book, our current systems of testing, which include diagnosis in special education, emerged as the methodology of empiricism. It is to be expected that an empirical epistemology that focuses on observation yields a categorization and diagnostic methodology aimed at diagnosis using deductive reasoning to draw conclusions about behavior. In many ways, the *DSM-5* is the core of our methodology in both psychology and education, as it not only labels and classifies all mental states, but also and more importantly presents a rubric for diagnosis. Practically every diagnostic criterion reads as the observations of an external

observer and not the self-reporting of a “patient” about their inner state. Interestingly, self-report is considered the least reliable data in psychology even though no one is experiencing the inner state but the self. Yet, as developmental psychologist Urie Bronfenbrenner notes, the criteria used to assess students are derived from generalizations deducted from the strange behavior of children in strange situations with strange adults (Bronfenbrenner 1979). Students are rarely assessed in their natural environment; instead, a specialist whom they’ve often never met before observes them in an environment that is sometimes even artificially constructed to “standardize” the assessment. Most teachers or psychologists would comfortably admit that our behaviors are often responses to our environment and cannot on their own be a description of our inner experiences and feelings.

Herein lies the shaky and fundamentally invalid ground on which mental and psychological science and diagnosis lie: We talk about diagnosis as if the observable behaviors represent some inherent inner identity of the person when all they signify are their behavioral reactions and responses as mediated by their inner mental state, of which we have zero understanding because it cannot be observed by an outside observer. And while it may seem that we in education are somewhat safe from this lack of validity since the special education criteria do not use the *DSM-5* in the school system but rather the Individuals with Disabilities Act (IDEA) law, the fact is, IDEA is also a diagnostic methodology based on exactly the same observational principles as the *DSM-5*. This also impacts our methodology in education in general, where testing, be it standardized or any other kind, is used to determine what a student knows in their head. The problem is, test-taking itself is a limited methodology that often leaves teachers unable to truly gauge what a student knows. I cannot count the number of times I have had students, Imani included, not be able to demonstrate their knowledge due to test anxiety, language confusion, and a whole host of other reasons, making test results an invalid representation of student understanding. And this isn’t limited to tests. In 2022, in response to the proliferation of AI in educational settings through tools like ChatGPT, many critics, like Stephen Marche lamented the consequences of the proliferation of AI. In his article, “The College Essay Is Dead,” Marche helped catalyze the critique of AI by arguing that the ability to write an essay is the quintessential test

of an educated mind (Marche 2022). Never mind that this kind of linear, five-paragraph essay is extremely disabling for kids with executive function disorders like ADHD who may otherwise be extremely intelligent, or that “worship of the written word” is actually a tenet of white supremacy (Okun n.d.). My point here is not to degrade the importance of being able to write. I am a writer myself. But I also know from years of work with kids with disabilities that how I can think and deduct in linear sentences in my mind in order to get my thoughts across is not how others think, and what comes naturally to me and can therefore be shaped in our current schooling models is not generalizable to everyone. Our methodologies in schooling are, by empiricism’s own standards of validity, invalid. So what do we do?

Once again, we can rely on Indigenous sciences to guide us away from the corners into which we seem to push ourselves with our limited lens. Instead of valuing abstract knowledge derived from experiments and controlled variables, Indigenous sciences acknowledge that knowledge is derived through direct interaction with the natural world and that research encompasses all processes of perceiving, thinking, acting, and coming to know that evolve through human experience. Human beings, students included, are part of a system, a history, and an ongoing process. In this way, every student, every diagnosis, becomes an opportunity for critiquing the medical model that shapes not only our special education system, but education in general. This is also why I believe that children with disabilities in our school system hold the key to the undoing, and therefore the healing, of our schools. In fact, I would argue that if you pulled at the thread of any and every issue in your school system, you would arrive at the issue of ableism and the question of how we see and treat difference as the central issue to address. This is why I strongly believe that if we listened to the needs and asks of students with differences, we could build systems and schools that work better for everyone.

With regard to methodology, we need to question the most holy concept in Western medicine and mental health: that of diagnosis and disease. We need to question why inclusionary pedagogical practices for diverse learners continue to be lacking from the point of view of misdiagnosis and incomplete diagnosis. We need to take the opportunity to use a student’s diagnosis to ask larger questions about the merits of making

education more “scientific,” the value of the ever-evolving tools of measurement now coming in from neuroscience into education, and whether the problem is not that our tools are not exact enough, but rather that we cannot measure teaching or learning using such tools at all. In this way, the diagnosis sees the student as part of a system, a history, and an ongoing process.

CONTEXTUALIZED DIAGNOSIS

In most school meetings, I find myself making a case for the child’s diagnosis, trying to help the school understand that the behaviors they are observing (failing, not doing homework, spacing out, apathy, outbursts, etc.) are due to the child’s diagnosis and are “normal” behaviors given the student’s learning profile. At Imani’s school, however, things were different. All her teachers had received professional development from the learning specialist at the school and accepted Imani’s diagnosis of ADHD. They assured me and Imani’s mother that they were here to support Imani any way they could. It was important to them that she did not equate her worth with her academic achievement. Based on her teachers’ reports, she was regularly groggy and tired during classes, sometimes even taking naps, but “we understand that is a symptom of her inattentive ADHD,” the learning specialist assured us. “Don’t worry, the teachers know not to penalize her for that.”

My intuition, like that of Imani’s mother’s, was that in *this* case, her ADHD was being used as a scapegoat by her school. Imani’s mother had expressed to me before the meeting that the school did not require enough accountability from Imani. She wished Imani faced more consequences. “Well, I sometimes tell her she needs to sit up,” objected Cherylynn, Imani’s science teacher, in a low, hesitant whisper.

When Imani’s mom had to leave the room to take a call during the meeting, I took the opportunity to ask the group, “Do you think the tiredness might be due to her nephew and room situation?” They had no idea what I was talking about. I explained that Imani was not getting enough