

Spring-Cleaning Ourselves

Revolutionary Common Sense by Kathie Snow, www.disabilityisnatural.com

Ahhh—we're inspired by nature when the grass is greening, buds are blooming, and everything looks new again. When springtime rolls around, we open the windows and let the fresh air in; do some heavy duty cleaning and scrubbing; and scour our closets and cupboards, getting rid of old, worn-out things. But, actually, *any time* is a good time for spring-cleaning!

What if—on a regular (daily?) basis—we also performed these rites of spring-cleaning in ourselves? What if we scavenged around in our minds and examined our attitudes and the words we use, looking carefully to see what is old and no longer valuable? What if we discarded these and replaced them with new attitudes and words?

The great American philosopher and psychologist William James (1842-1910) said, "The greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind." So let's sweep out the cobwebs and get busy with the dust rag, to get a closer look at what's in our minds. Then we can discard what's no longer useful and replace the old with the new. In the process, as James said, we'll alter our lives.

In *Living with Change: The Semantics of Coping*, Wendell Johnson (1906-1965) writes, "Our language does our thinking for us." And this can lead to harmful consequences to people with disabilities. So our language is the first thing to examine and change.

Using People First Language is an important step in altering our attitudes. (See my People First Language article at www.disabilityisnatural.com.) But simply changing the words we use is not enough. We must also change our attitudes *about* the words. I've met many folks who use People First Language, yet they still maintain they "know" a person when they know the diagnosis. They may even believe they know what he needs, his potential, and more. *But nothing could be further from the truth.* All we really know is

the person's diagnosis. No two people with Down syndrome, for example, are alike. They each have different abilities, different personalities, different likes and dislikes, different needs, and different everything! The diagnosis is largely irrelevant; it's important only as a sociopolitical passport to services. And the diagnosis can be downright harmful when it's used to decide where someone attends school, what type of education he'll receive, where and how he'll live and work, and so much more.

In general, we've developed habitual responses and attitudes based on diagnoses. It's okay to "know" the names of diagnoses: Down syndrome, cerebral palsy, autism, and more. But what we need to sweep out of our heads are the habitual attitudes and perceptions *about* those diagnoses. This can be difficult, but not impossible.

The next time you hear someone's diagnosis, say to *yourself* (or say it *out loud* if you're in a meeting with others), "I don't know what that means. I want to focus on the person, regardless of the diagnosis."

Professionals frequently disagree with this position. During a break at a conference where I was presenting, "Veronica," a school social worker, insisted she would be unable to help a child if she didn't know the diagnosis. I reiterated that knowing the person's unique needs, along with his interests, strengths, and other traits, were really more important than the diagnosis. She disagreed, saying it was important to know the diagnosis so she would know the "cause" of the person's condition and/or situation.

I shared the following example with her: "If you have three people who all use wheelchairs, what difference does it make whether one was born with cerebral palsy, one was injured in a car accident, and one had a stroke? What difference does the 'cause' make? What's most important is *knowing the person and what he needs.*" She shook her head and said I wasn't being "realistic."

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As long as Veronica believes the diagnosis and the “cause” are critical pieces of information about a person, her attitudes and perceptions about that *diagnosis* may be transferred to the *person*. This can, in turn, generate a negative outcome for the person, since his *individual* characteristics will be overshadowed by the *generic* characteristics of the diagnosis.

Once we change our attitudes about diagnoses, the next step in our spring-cleaning efforts will be easier. It involves sweeping away the “givens” we’re all accustomed to, based on diagnoses and the conventional wisdom of the service system.

For example, we take as a given that all babies with disabilities and their families need and want Early Intervention (birth to three) services and/or Early Childhood Special Education (ages 3-5). For some families, these services and programs are not all that helpful—they may even have negative side effects (like disrupting a family’s schedule, segregating very young kids, and more). So some families are picking and choosing what parts of these services they want, instead of accepting the whole enchilada, and some families are saying “no” to these services altogether.

If you’re a professional in this field, you can also question if these services are needed and wanted by every family you’re supposed to serve. You can recognize that these services are *options, not mandates*, for families. And when speaking to parents, your words can have a profound impact, as in, “These are the services available from the state/county, and you’re free to choose any or all you think may be helpful. Or you can choose to not receive any of these services. You know what’s best for your child and your family.” Imagine the outcomes if every professional reinforced every family’s autonomy and expertise, instead of inadvertently making many parents feel inept and dependent.

We take as a given that special education services are mandatory for school-aged students with disabilities. Parents and educators, in fact, often believe the *only* way a student with a disability can attend public school is through the special ed portal. Many school districts do not follow special ed law (IDEA), resulting in too many students with disabilities being segregated, isolated, and undereducated. But students

with disabilities are residents of their respective states, which have *general ed laws* that apply to *all* students. And this is another portal to consider.

We can question whether all students *need* special ed services. We can examine the pros and cons of enrolling a child with a disability in the public school (just like we enroll his brothers and sisters) and forego special ed services. Some parents are doing just that: their children are included and, in lieu of special ed services, parents work closely with their children’s teachers to ensure the child is successful.

Other parents pick and choose which special ed services are really important and necessary for the child. They recognize that some of the offered services, like physical, speech, and occupational therapies, for example, may result in their children being pulled out of academics. “Pull-out” can have harmful results. Students who are pulled out are at risk for falling behind in academics. In addition, they’re not seen (by their classmates) as really being part of the class, so making friends is more difficult. To add insult to injury, many therapies delivered at school may not be worth all the effort it takes to get them. Does stacking plastic donuts or riding a scooter board really provide substantial benefits to a child’s overall school experience?

Educators can clean out the old attitudes in their brains, and recognize that children who happen to have disabilities are children, first. And you, as an educator, were trained to teach children, period. A class of 30 includes 30 different learners. A student with a disability is not so different from other students. On a regular basis (and without even realizing you’re doing it), you probably make accommodations for students *without* disabilities in your class, and you may employ a variety of instructional strategies to meet the needs of your students. So what’s the big deal about doing the same for a student with a disability? Many teachers have learned that including students with disabilities in their classrooms helped them become better teachers!

We take as a given that vocational-rehabilitation (VR) and/or other special employment services are needed and wanted by adults with disabilities. Many believe a high school student should automatically move from public school special ed services to the adult services system. But even with all the “special”

employment help, we *still* have an estimated 75 percent unemployment rate of adults with disabilities (and it's higher for those with significant developmental disabilities)! Shouldn't this dismal statistic cause us to question whether this is the best route to take? As in other examples, let's pick and choose what's really needed and wanted from VR and other adult service providers.

Let's weigh the pros and cons of using the system (and its entanglements) versus using our own natural resources. As parents, why don't we help our children with disabilities get jobs the same way our other children do? Why don't we ensure they learn how to take care of themselves while they're still living with us, instead of turning our children over to a group home or habilitation center? Why don't we do what it takes to ensure our children receive the education they need to go on to college or a real job? (Even if that means substituting a private school, charter school, or homeschooling, for traditional public schools.)

If you're a professional in the adult services field, you may be ready for things to be different. If so, bravo! Put those ideas to work, change the system, and change people's lives. If, however, your good intentions are thwarted by your organization's policies, and you're determined to make a difference, why not change careers? Go to work in the human resources department in some big company and recruit people with disabilities. That will help lower the sky-high unemployment rate!

Is all this pie in the sky thinking? It is if you believe it is. But if you believe in the power of individuals to make a difference, if you believe there are better ways to do things, and if you have the courage to adopt new attitudes and try new things, "unrealistic" thinking can turn into realistic results.

John F. Kennedy was considered "unrealistic" when he said we could put a man on the moon. Albert Einstein, Stephen Hawking, Thomas Edison, Henry Ford, Susan B. Anthony, Abraham Lincoln, and many others were considered pie-in-the-sky thinkers at one time. They, and others like them, did a form of

spring-cleaning, ridding their minds of the old and adding the new. *They each had a vision.*

Wendell Johnson, mentioned earlier, also wrote, "Those who reject...new ideas tend to reject *themselves* too, whereas those who accept [new ideas] tend to accept themselves as well...One of the reasons it is so hard for us really to communicate seriously about new ideas, for example, ideas that might change our attitudes, our beliefs, our likes and dislikes, is that we tend to share these things with people whose friendship, companionship, and love we value very highly. And we would rather have the friendship and the companionship and the love than a new idea...And so we learn to be 'tactful' and it becomes something more than tactfulness." [Italics added.]

How might Johnson's words apply to your life, and what's happened when you've attempted to share new ideas with others? In order not to offend others, you may have "shaded the truth." As *listeners*, one of the most important things we can do is to not take things personally—shutting out the speaker and his new ideas in the process.

Consider the example of a parent expressing why her child needs to be included in a regular classroom instead of a segregated special ed room. If the special ed teacher takes this as a personal insult, she has re-framed the conversation to be about *her*, instead of the child. At this point, little or no progress will be made. The teacher can, however, consciously choose to know the conversation is *not about her*, but about the child and the parent's wishes. This may be hard to do, but it's a doable choice we can make.

In the end, this is all about making choices. We choose what to think. We choose how to interpret what we think and what we hear. We choose the words we use. We choose what meanings to attach to those words.

Get the broom out and get busy with your mental spring-cleaning. Start over. Make some bold choices. Change your attitude, change your life, and change the lives of those you touch.