

Difference, Not Deficit: Neurodiversity and Accessibility

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Terminology

Neurodiversity: A term coined by autistic sociologist Judy Singer in the 1990s. It frames conditions formerly thought of as diseases to be cured as different ways of being human, or ways for the brain to be “wired.” It covers a wide range of human brain variation.

Or, to quote Wikipedia,

“The term neurodiversity refers to variation in the human brain regarding sociability, learning, attention, mood and other mental functions.”

Neurodivergent: a term describing a person possessing a brain with less common “wiring,” such as autism, ADHD, dyslexia, dyspraxia, dyscalculia, anxiety, depression, Tourette's and more.

Neurotypical: a term describing a person possessing a brain mostly similar to the greater part of the population (does not have autism, ADHD, etc.).

Paradigm Shift:

How we think about neurodivergence

Medical Model of Disability

- Prevailing view of disability- although that is changing
- Focus on curing or managing disabilities medically- the body is a like a machine that must be fixed to fit into the norm
- Focus placed on person with disability and what is “wrong” with them, not the social and cultural systems and structures that make life difficult for them
- Focus on disabled bodies as pathological/defective



Social Model of Disability

- Popular among disability rights advocates, including the autism rights movement, with growing popularity in areas such as education and legislation
- Focus on accommodation and support for disabled people that allows them access to the same quality of life as non-disabled people
- Focus placed on society and the ways that it fails to include or take account for disabled people. Disability does not equal a defect, but the restrictions caused by society
- Focus on impairments not necessarily automatically leading to disability unless society does not include or accommodate them



Paradigm Shift:

How we think about neurodivergence

Pathology: There's something wrong with you and it needs to be changed or fixed in order to fit in



Neurodiversity Movement: There are different types of brains and ways for brains to function, the problem starts when culture and society punish or do not accommodate these differences

The Balance

A strengths-based, diversity-celebrating approach, while acknowledging that conditions like ADHD and autism can present real and severe difficulty to people's lives



From "Clearing Up Some Misconceptions about Neurodiversity" by Aiyana Balin (The Scientific American, June 2019)

- "Autism and other neurological variations (learning disabilities, ADHD, etc.) may be disabilities, but they are not flaws. People with neurological differences are not broken or incomplete versions of normal people.
- Disability, no matter how profound, does not diminish personhood. People with atypical brains are fully human, with inalienable human rights, just like everyone else.
- People with disabilities can live rich, meaningful lives.
- Neurological variations are a vital part of humanity, as much as variations in size, shape, skin color and personality. None of us has the right (or the wisdom) to try and improve upon our species by deciding which characteristics to keep and which to discard. Every person is valuable.
- Disability is a complicated thing. Often, it has defined more by society's expectations than by individual conditions. Not always, but often. "

What are our students facing?

1. **Lack of resources**- it's difficult in this area to get access to medical and mental health care, even in the best of circumstances. Poverty and other factors exacerbate these difficulties exponentially.
2. Non-traditional/older students may have been in school during a time when neurodivergence was poorly understood and highly stigmatized. Any student may have **trauma from previous school experiences**, but older students may have a great deal of pain in their pasts relating to their perceived abilities and how they were treated as a result.
3. Not only are neurodivergent brains different than neurotypical brains, no two neurodivergent brains are alike, either. **It can be very difficult to articulate what is wrong**, what is causing a difficulty, why something isn't working, or why a particular stimulus is upsetting.
4. Students may have learned, through a lot of struggle or painful experience, how to mask their neurodivergence and how to appear "normal" or function in mainstream society. What isn't visible is the incredible amount of effort this takes, leading to **burnout and stress**. A lot of things take twice the normal effort.

So What Can I Do Right Now?

- Reach out to SAS if you would like assistance with finding resources for Universal Design or accommodative distance learning.
- Assess assignments and instructions/directions for clarity and readability.
- A predictable routine to the day/week etc. is beneficial to many neurodivergent people.
- Consider putting multi-step directions or lengthy instructions in a bullet-pointed list instead of a solid block of text. Avoid extraneous information when giving instructions and put tasks in as linear a format as possible.
- Run Microsoft's Accessibility checker on Word documents.
- Make lecture slides and other classroom materials available for students prior to lectures. If they have seen the slides before, it can help students really focus more deeply on the other information that you are providing during lecture.
- Turn on automatic captions for Zoom lectures.
- Whenever possible, make sure a student has important information down in writing, such as sending a summary email after an in-person conversation that contained instructions of some kind, etc.
- Many neurodivergent students have intense special interests. Showing an interest in or appreciation for their knowledge, when timely or appropriate, can help them feel seen and valued.
- Understanding your own communication style and working on the shortcomings you may have – for me personally I know that I can talk too fast sometimes, and if I am having a conversation with a neurodivergent student, whether they have a TBI/ are a stroke survivor, are autistic, or have any trouble with auditory processing, I know I need to slow down (in a respectful, unobtrusive way!) and make space in the conversation for them to take their time to think through their words and respond at their own pace.



Discussion