

Blueberries, Batman, and Special Education

Eric S. Piotrowski • October 2016

“Special education” classification is a tool. Like any tool, it is not inherently positive or negative — the moral value comes from how it’s used. (Some tools, like land mines, are almost never positive, while others, like breath mints, are almost never negative.)

I put special education in quote marks because it is, in some ways, an arbitrary distinction based on highly subjective factors. To wit: Its definition from the Individuals with Disabilities Education Act: “specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability.” If we removed the last three words here, no parent in the world would refuse the same for their own child. Every person is unique, and every child has unique needs. Unfortunately, the incredible demands on our school systems require less individual attention than students really need. Therefore not all children can receive “specially designed instruction [...] to meet [their] unique needs”. (Imagine if doctors had to help patients 30 at a time, the way teachers have to help students.)

As a result, our society believes that the best way to maximize the potential of our limited resources is to provide special attention (smaller classes, more one-on-one time, different facilities) for those students with disabilities. This makes sense, although — again — I wish to insist that such adjustments to the “standard” educational structure, in an ideal world, would be considered for every student in the building.

With regard to physical disabilities, there is little to discuss. Obviously a student who is unable to walk should have an altered physical education curriculum. Cognitive disabilities are more tricky. In part this is due to the labyrinthian nature of the human brain. Only in the last 50 years have we begun to scratch the surface of understanding this infinite organism inside our heads. Consequently, educational policy has constantly reinvented itself to match our understanding of developmental research.

The biggest challenge I see is the schism between short-term and long-term assistance for the disabled child. Leaving aside for the moment the question of diagnosis (to which I shall return, fear you not), we have to understand that what’s helpful for a student in the short term is often diametrically opposed to that student’s best interests in the long term. This is a paradox at the very heart of compulsory education itself: The kid is tired, the kid wants to sleep. But we have to force them into school so they’ll have more opportunities in life, get better jobs, and not be so exhausted later in life. (This presents unique challenges for those educators among us who are anarchists, but that’s a discussion for another time.)

The implementation of special ed classifications and modifications compound this schism profoundly. Let's take a (relatively) simple case like anxiety. (I have no idea where that problem lies on the chart of disability classification, but we're seeing it all over the place these days, so it's a common example to interrogate.) When a student suffers from anxiety, the impulse for a compassionate educator is to excuse them from situations where that anxiety is aggravated — speaking in front of the class, for example. On the other hand, a long-term focus must recognize that the student must at some point overcome this anxiety, and find ways to fight through it, to avoid being defined and limited by it forever.

A callous, insensitive teacher will say: "I don't care about your anxiety. You need to get over it. Everyone has to give a speech, and if you don't, you get an F." But an equally harmful educator on the other end of the continuum will say: "Your anxiety makes it impossible to do the speech. You get an A even if you don't speak in front of the class." This second teacher is enabling a total evasion of the problem, and ordering the student to surrender to anxiety. Therefore a balance must be struck.

I cannot recommend enough an episode of the NPR podcast *Invisibilia* called ["How To Become Batman"](https://goo.gl/uSRGJH) (23 January 2015), text link: <https://goo.gl/uSRGJH> . The show explores the remarkable case of Daniel Kish, a blind man who taught himself as a child to "echolocate" (like a bat) in order to make sense of the world around him. He became so skilled at this practice that he can now ride a bike. Even more remarkably, brain scientists have discovered that echolocation allows blind people to form neural structures similar to those created by the eyes in people who can see. (This leads the hosts to literally climb on a rooftop in order to shout: "You might not need eyes to see!") It's a remarkable program, and I really do urge you to listen right now.

Kish's biggest point, which he stresses at every opportunity, is that his biggest obstacle in life has not been the blindness itself, but the limitations people place on him because of it. He explains that *most* blind children begin echolocating at a young age, but teachers and adults immediately order them to stop. They worry about social stigma and the kid's self-esteem.

This goes into another dimension when it comes to safety. Parents obviously want to protect their children from harm, but Kish says parents of blind children need to trust their kids more to explore and learn for themselves where the boundaries of safety and harm reside. The podcast features Kish's mother, who explains that she let him roam around by himself, even though it was dangerous. Being a child is inherently dangerous anyway, she explains. This independence and self-reliance has obviously served Kish well throughout his life. Now he teaches other blind children how to echolocate and move around on their own.

This is not to say that we should remove all restrictions and supports for children with disabilities. But Kish's story is a powerful reminder about how urgent it is for all adults — and

especially educators — to check ourselves. Our desire to help children in the short-term can easily hamper their ability to become strong and self-sufficient in the long term. I've seen plenty of students diagnosed with ADHD use their diagnosis as a crutch to enable unhealthy behavior. I've seen plenty of parents and counselors assume that kids cannot perform a task because of a disability classification. This is unkind and dangerous.

Ideally, a new paradigm of mental health and cognitive classification would recognize the perils of “deficit” thinking against some imaginary ideal brain. Instead we could recognize that every person has some varying levels of difficulty when it comes to, say, paying attention. (It's hard for *all of us*, especially in our postmodern hyper-accelerated culture.) This could help reduce stigma while also recognizing that such difficulties are not inevitable limitations, but obstacles that can be overcome — or at least ameliorated.

That's a radical and far-off notion, however, so I'll return to the here and now, and (as I begin my third page of this long-winded diatribe) touch on some things I haven't mentioned yet.

Yes, I think all children *can* benefit from disability testing. But I hasten to add that any such testing (and construction of “special education” accommodation/curriculum) *must* put the student at the center of the process. So often I see young people in IEP meetings as distant observers, only tangentially involved in the process. I always speak directly to the student, but in most cases I'm the only one.

I did my undergraduate study at New College of Florida, which features no grades and an intensely student-centered pedagogical philosophy. (The motto of New College is: “In the final analysis, the student is responsible for his or her own education.”) Spending four years in this rigorous environment of academic freedom and intellectual responsibility made me into the erudite and indefatigable scholar that I am today. Ten years of standard schooling had mostly trained me to regurgitate answers on tests and then forget the information immediately afterward.

I wish I had some specific ideas of how to make “special education” more student-centered, but I can say for sure that all students must become familiar with the concept of metacognition at an early age, and return to it on a regular basis throughout their schooling. They must start figuring out (much earlier than I did) what they need to get from school, and go after it. Our models of education rely heavily on passive students and rote “learning”, for many reasons. Transforming this mindset will benefit not only those students with disabilities, but all other students as well.

I must close with an emphasis on resources. Everybody talks about “how important education is” and “how valuable teachers are”, but our public policies and budget decisions as a society reflect a very different view. Helping kids individually takes time and money. (Again, consider the chaos that would result from a doctor having to help patients 30 at a time.) Most initiatives aimed at helping students are *not* accompanied by money for more staff or resources. (Jamie

Vollmer's 2010 book *Schools Cannot Do It Alone* explores this phenomenon in great depth. He is also the author of "[The Blueberry Story](#)", which is a quick but essential read for anyone interested in education. Text link: <https://goo.gl/7eh4fU> .)

Go to any public school in the United States and talk with the special education teachers about how busy they are. In most cases they are twice as exhausted as the regular teachers — who are plenty exhausted themselves, believe you me. We like to think of teachers as being capable of magic, so it doesn't matter if they have 10 kids or 20 or 30. (Well-funded press releases from education-reform organizations like The Gates Foundation declare with great volume the irrelevance of class size. Meanwhile, the private Lakeside School — which Bill Gates loved so much — brags on [its website](#) about an average class size of 17 students.)

If we're serious about helping kids with disabilities, we must pay for that help. It's not cheap, and doing it right requires great effort from all of us — especially the students. But each of us would want the best, most individualized care for our own children, with conscious emphasis on approaches that will best help kids in the long term. Therefore anything less is an affront to our shared humanity.