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Ableist Ideologies Stifle Neurodiversity and Hinder Inclusive Education

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Marie Adrienne R. Manalili

Inclusion has different conceptualizations that shape the issues, challenges, and dilemmas in educating children and young people who are identified as "having special educational needs and/or disabilities." As an autistic woman and an experienced speech-language therapist from the Philippines, I will make the case that these notions are too often underpinned by ableist assumptions, and that inclusion can never be fully achieved if ableism continues to form the foundations of inclusive approaches. Ableism, in this context, refers to the explicit and/or implicit systems of discrimination that give a pupil negative evaluations and inferior status on the basis of their disability and/or neurodivergence (Nario-Redmond et al., 2019; Bottema-Beutel et al., 2020). Neurodivergence, in contrast, is an epistemologically useful construct from the neurodiversity paradigm that does not dehumanize or pathologize a person's divergence from dominant conceptualizations of mental functioning or selfhood (Chapman, 2020). Most importantly, the neurodiversity paradigm explores people's potential to learn and flourish in their own right.

This essay will introduce the reader to ableist ideologies that impede the movement towards inclusion on a broader global scale and beyond Anglo-American standpoints, as evidenced by key literature and legislations on inclusive education. I will then proceed with a critical analysis of the issues, challenges, and dilemmas generated by these ableist trends in my professional context; and conclude with my reflection on how practitioners can help bring about emancipatory inclusive practices that are informed by the neurodiversity paradigm. To respect the preference of the communities and the intersection of identities I represent, this paper uses inclusive identity-first language (American Psychological Association, 2019; Bottema-Beutel et al., 2020; The Alliance for Inclusive Education, 2021) and does not conform to divisive or Anglo-American dichotomies (e.g., d/Deaf distinction; Kusters et al., 2017; Pudans-Smith et al., 2019) when writing about pupils or learners who are traditionally identified by the education sector as needing "special education."

Conceptualizations of Inclusion

Ableist conceptualizations of inclusion influence how practitioners educate neurodivergent and disabled learners. When a pupil is perceived by teachers as performing differently from their peers or the school curriculum's idealized pupil, they are systematically referred to professionals who can identify them as having special educational needs and/or disabilities (SEND). Naturally, it can be assumed that the rationale behind most, if not all current practices, is to help the pupil receive the support they need, even if such practices do rest on or implicitly validate ableist assumptions.

However, in doing so, such practices also perpetuate ableism. Labeling a pupil as having "special needs" or needing "special education" bolsters ableism because these euphemisms, which have now become dysphemisms (i.e., euphemisms that are more negative than the uncomfortable words or phrases that they replace), imply segregation (Gernsbacher et al., 2016). These practices instinctively assume that the pupil is the problem, and consequently pressures the pupil to undergo elaborate and subjective scrutiny in the form of numerous assessments, while their peers, their teacher's pedagogy, and their school curriculum remain unquestioned. To most people, especially those who are not disabled or neurodivergent, this form of ableism may not be visible at all (i.e., covert ableism). Hence, this section will uncover forms of ableism in the contexts of inclusive education and healthcare, with an aim to help practitioners make necessary changes.

A wide range of inclusion models that have emerged from the education sector are underpinned by ableist ideologies. Unfortunately, many gained considerable influence, and those that persist merit further analysis. The first of these is Gulliford's (1971) seminal book, *Special Educational Needs*, which defined inclusive practice as the exhaustive methods of "special teaching" for "children with special needs." Gulliford further argued that these "special teaching" methods should compensate for the "uneven development" caused by children's disabilities and "environmental handicaps." This assumption that disabled children require a "special" form of teaching is synonymous to the idea that teachers may not perceive disabled children as capable of receiving the education they provide to non-disabled children. The suggested necessity for exhaustive "special teaching" methods intensifies the prejudice towards disabled children as it implies that disabled children are perceived

as "deficient" (Barnes & Sheldon, 2007; Booth & Ainscow, 2016) since teachers are advised to teach them using extraordinary measures. Moreover, Gulliford's suggestion that "special teaching" methods can help disabled pupils compensate for their "uneven development" instantly assumes that disabled pupils are inadequate, even though Gulliford does not substantially clarify nor specify what constitutes an "even development."

 Another ableist framework that is related to Gulliford's (1971) notion of "uneven development" is Wolfensberger's (1983) conceptualization of social role valorization. This account of social role valorization defines inclusion as a principle of "normalization" that aspires to enhance people's social images and personal competencies in order to defend people from "devaluation." If teachers follow this principle, they risk assuming that disabled children are inherently in a "devalued" state that needs to be "normalized" through training them to repress their authentic selves in order to resemble "normal" or non-disabled ways of being. The belief here, yet again, is that the child has to change, but not the social environments (e.g., home, school, community, society) that contribute to their disability. In other words, teachers who follow this principle appear to expect the disabled pupil to become "normal" or learn in "normal" ways, as if the notion of "normality" that they prefer is definitive. Relying on a concept of "normality" requires answering difficult questions that arguably cannot be tackled objectively. What does it mean to be "normal"? Who is "normal"? Who has the right to decide who is or is not "normal"? Does being "normal" guarantee success in school and life? When broadly applied, educating disabled children in order to "normalize" them leads to dangerous and unwarranted ideologies, such as eugenics (i.e., the belief that what is perceived as undesirable human traits should be eliminated at all costs, including death).

Moving away from problematic notions of inclusion, broader conceptualizations have also emerged in the form of social models. In 1983, Oliver (2013) wrote about the social model of disability. This model may be one of the earliest emancipatory paradigms advanced by disabled people that rightfully continues to gain traction at present. Oliver's social model of disability suggests that people are disabled, not by impairments, but by society's disabling structures and systems. Personally and professionally, I believe in the social model's empowering notion as it rightfully challenges the dominant ableist or "normalization" paradigms of inclusion that are still

in existence globally. In the classroom, the social model encourages teachers to appreciate that disabled and neurodivergent pupils have as much potential to learn as any other pupil. Teachers who live by this model value everyone's authentic selfhood and do not force pupils to repress their identities nor unreasonably expect them to become fictional "normal" or "typical" pupils. At the same time, teachers who practice according to the social model help children, their peers, and their families identify and address the learning barriers in the classroom, including their own teaching methods, and in their shared communities.

Oliver's (2013) social model also challenges the medical model of disability that unduly pathologizes neurodivergence (Chapman, 2020) and disability. As Brisenden (1986) competently argued, the medical model does not see people beyond the clinical diagnoses of a cadre of medical professionals. Drawing on my clinical training and experience as a speech-language pathologist from the Philippines, I can confirm the dehumanizing elements of the medical model that Brisenden (1986) argues against. Much like the "normalization" paradigm in education that I discussed earlier, the medical sector also has a role in perpetuating ableist ideologies that discriminate against disabled and neurodivergent pupils. Despite the multifaceted limitations of extant diagnostic tools, medical professionals (e.g., physicians or general practitioners, developmental pediatricians, psychiatrists) have the authority to diagnose and assign a lifelong label to a child who is perceived to be performing "poorly" in comparison to their peers. Once a diagnosis is in place and communicated across the child's social environments, the child's family, teachers, peers, and others begin to instinctively evaluate the child's abilities as inferior to those who do not have a diagnosis.

Both the social model of inclusion and Brisenden's (1986) movement against the medical model strive for liberation and may have inspired more progressive perspectives such as Swain and French's (2000) affirmation model of disability. The affirmation model opposes "tragic" (Swain & French, 2000) perceptions around impairment and disability, and promotes positive social identities instead. This perspective is important in replacing negative and patronizing perceptions by the family, teachers, and peers of a neurodivergent or disabled pupil. When a pupil is immersed in narratives and social dynamics that are shaped by such negative perceptions, the pupil will likely believe that their disability or neurodivergence makes them inadequate,

and be convinced that they are the problem in such environments. Such ableist dynamics are detrimental to the pupil's well-being as they contribute to the development of internalized ableism. Internalized ableism and ableist social dynamics pressure the pupil to consciously or subconsciously mask their neurodivergent identity (Pearson & Rose, 2021) or disability. The affirmation model provides a crucial attitudinal shift, which may help the pupil's family, teachers, and community appreciate neurodivergence and disability as part of the pupil's positive social identity.

Another progressive perspective that relates to the affirmation model is Farrell's (2004) practice-oriented conceptualization of inclusion. Farrell suggests that schools attain real inclusion by satisfying four conditions: presence, acceptance, participation, and achievement for all pupils. Presence is attained when disabled pupils attend lessons in mainstream school settings. Acceptance occurs when school staff and non-disabled pupils welcome all disabled pupils as vital members of their community. Participation is attained when disabled pupils actively contribute together with non-disabled pupils in all school activities. And finally, achievement is attained when disabled pupils develop positive views about themselves. These four conditions for inclusion appear to be good ingredients for an inclusive learning environment. However, evaluating disabled pupils' achievement based on positive self-image alone without explicitly specifying how they will be supported to excel may imply that Farrell's (2004) model cannot imagine that disabled and neurodivergent pupils have the potential to succeed in their own right. Hence, a more nuanced and empowering model of inclusion may be necessary to help address such a gap.

In comparison to all the models I reviewed in this section, Booth and Ainscow's (2016) *Index for Inclusion* appears to be the most comprehensive and actionable conceptualization of inclusion that explicitly rejects the dehumanizing "special,", "normalization," and medical models of inclusion. Instead of identifying problems within the student and labeling them as having "special educational needs," the *Index for Inclusion* focuses on identifying educational difficulties stemming from the barriers to learning and participation that disabled and neurodivergent pupils face in their home, school, and shared communities.

For example, barriers to learning and participation can take the form of classroom learning activities that are not designed with all the pupils in mind. If the teacher knows that they have signing deaf pupils in class but only delivers instruction orally or without a sign language interpreter, then the teacher and their strictly oral language instruction become barriers. In contexts where there are autistic students in class, the teacher also becomes a learning barrier if they carry out activities that do not capture the autistic pupils' interests. Identifying these barriers through the *Index for Inclusion* can then facilitate pedagogical and curricular interventions to better support disabled and neurodivergent pupils. Most importantly, the *Index for Inclusion* promotes participatory approaches where the expertise of disabled and neurodivergent people (Gillespie-Lynch et al., 2017), including pupils and professionals, are respected and consulted to help address the barriers to learning and participation that the pupils face.

Global Trends Towards Inclusion

The preceding section of this essay suggested that ableist ideologies underpin some models of inclusion, and it discussed some promising models that challenge them. In this section, I will critique international and local legislations focused on inclusive education to determine if ableist ideologies also hinder global initiatives from implementing genuine inclusive approaches. Of utmost importance on a global scale is Article 26 of the Universal Declaration of Human Rights (UDHR), which states that "everyone has the right to education" that "shall be directed to the full development of the human personality, and to the strengthening of respect for human rights and fundamental freedoms" (United Nations, 1948). This obliges the education sector to provide disabled and neurodivergent students with forms of education that respect their agency and authentic ways of being. It also gives the families, teachers, peers, and shared communities of disabled and neurodivergent learners active roles in empowering these learners to achieve their full potential. Moreover, Article 26 of the UDHR has anchored succeeding declarations and legislations that are specifically tailored for the benefit of disabled learners around the world.

Another step toward inclusive education is the World Declaration On Education For All, which defines education as "the foundation for lifelong learning and human development" (UNESCO, 1990). This declaration and

its accompanying Framework For Action To Meet Basic Learning Needs build on the philosophy that everyone has educational entitlements. However, it does not specify which content of education could meet what they propose as "basic learning needs" for all. Such ambiguity also characterizes The Salamanca Statement and Framework For Action On "Special Needs" Education, which advocates for the inclusion of children, youth, and adults with "special educational needs" within the "regular" education system through what they propose as "child-centered" pedagogy (Ministry of Education and Science Spain, 1994). It is worth noting that when The Salamanca Statement refers to disabled and neurodivergent students as possessing "special educational needs," they are also extensively perpetuating ableism across international policy-making areas and levels. According to Gernsbacher et al.'s (2016) association data, euphemisms like "special educational needs" have become dysphemisms as they connote ableist ambiguities and segregation in education. Hence, the educational recommendations proposed by The Salamanca Statement contradict the essence of inclusion as they are underpinned by dysphemisms and ableist frameworks.

In the United Kingdom (UK), education policies are also underpinned by ableist ideologies that contradict emancipatory principles of inclusion. For instance, ableism in the form of positive and institutional discrimination (Booth & Ainscow, 2016; Wedell, 2019) is perpetuated by the Department for Education's (DfE) guidance for schools regarding the Equality Act 2010. In this guidance, the DfE suggests that schools "must treat a disabled person more favorably than a person who is not disabled" and that one has "to treat male and female, black and white, gay and straight pupils equally, but may be required to treat disabled pupils differently" (Department for Education, 2014, p. 24). Such positive discrimination, coming from a powerful policy-making body, creates additional negative perceptions towards disabled pupils because it implies that extraordinary measures (e.g., SEND Code of Practice: 0 to 25 years), favors, and even pity are needed when interacting or working with disabled pupils. Furthermore, such positive discrimination contradicts equality and creates even fewer learning opportunities as it discourages people from creating mutually beneficial social relationships with disabled students.

In the Philippines, the government also has a tendency to create and maintain inequalities through positive institutional discrimination. For example, the Inclusive Education for Children and Youth with "Special Needs" Bill describes disabled and neurodivergent pupils as different "to such an extent that the use of modified school practices or special education services are required to develop them to maximum capacity" (Inclusive Education for Children and Youth with "Special Needs" Bill, 2019, p. 5). Again, the ableist language here implies that disabled and neurodivergent children are arbitrarily judged as "deficient" because the government is recommending that the only way to educate them is through the use of extraordinary measures such as "special education," similar to Gulliford's (1971) principles. While it is evident that the *Inclusive Education Bill* has generally moved away from the term "special education," the overall structure still regards inclusive education as an educational alternative. Since the country's first adoption of the model in 1997 (Inciong & Quijano, 2004), inclusive education is still understood and implemented as specialist schools or centers within a "regular" school, where disabled and neurodivergent pupils are still primarily and predominantly seen by "special education" teachers outside the mainstream classroom. With this approach, a form of segregation or exclusion is still practiced, and the stigma around disability and neurodivergence is maintained.

Despite the numerous trends towards inclusion worldwide, ableist ideologies still inform the relationship among policies, professional knowledge, and practices around inclusive education (Norwich, 2019). Inclusion and exclusion are still interchangeable, as exemplified by the policies and implementations in the Philippines. Inclusive education in the UK is still hampered by what Wedell (2019) calls the nineteenth-century factory model that groups pupils inside and outside classrooms. Disabled and neurodivergent students are still predominantly placed and grouped in specialist units or classrooms with little to no meaningful and mutually beneficial interactions with the rest of the pupils in the mainstream classrooms. Though 73 years have passed since the conception of UDHR Article 26 in 1948, inclusive education is still in its infancy. The vision of inclusion as defense against discrimination (Warnock & Norwich, 2010; Booth & Ainscow 2016) and as a shared enterprise of learning and participation (e.g., opportunities that facilitate non-disabled and disabled pupils to equally learn from each other) still has a long way to go.

Pitfalls of Existing Inclusive Approaches

The earlier sections of this essay discussed how ableist ideologies hinder trends towards inclusion, as evidenced by key literature and legislations on inclusive education. This section presents a critical analysis of the issues, challenges, and dilemmas generated by these ableist ideologies that are specific to my professional context. From the outset, I mentioned that I am an autistic woman and an experienced speech-language therapist from the Philippines. I have the capacity to leverage both my personal and professional expertise on neurodivergence and disability. As Gillespie-Lynch et al.'s (2017) research data suggests, autistic people are autism experts because we draw on our valuable lived experience of being neurodivergent. Compared with non-autistic people and researchers, our nuanced lived experience gives us the capacity to evaluate autism research critically and thoroughly, especially research founded on stigmatizing notions of autism, neurodivergence, and disability.

The intersection of my personal and professional identities gives me a clear view of the issues, challenges, and dilemmas around inclusion in contexts that are relevant to my lived experiences. Growing up in the Philippines and educated in both the Philippines and the UK, I have been deeply immersed in social dynamics and narratives that are shaped by negative perceptions of disability, similar to what Swain and French's (2000) affirmation model opposes. As a consequence, I grew up with internalized ableism that persisted as far as my undergraduate clinical training, my early career as a speech-language pathologist, and my postgraduate education in the UK. The first two decades of my life and my collective social environments have pressured me to subconsciously mask (see Pearson & Rose, 2021) my autistic identity. Fortunately, my keen interest in science and my critical consumption of research took me to an article about autism in girls and women (see Szalavitz, 2016) five years ago. Even though that article cited harmful autism theories (e.g., Simon Baron-Cohen's gender-biased "extreme male brain" theory) and still framed autism from ableist and sexist perspectives, useful elements from it helped me realize that I have been masking my autistic identity for most of my life. This personal breakthrough, along with the emancipation from arbitrary and hollow notions of being or aiming to pass as "neurotypical," also made me realize that my autistic

identity can be one of the main reasons why I can better understand and help the neurodivergent children I work with in my clinical practice.

Despite the empowering breakthroughs that my autistic identity brought to my personal and professional lives, I still have to face dilemmas around clinical assessment and intervention. Before I discovered my autistic identity, I had to conform to the ableist practices that my upbringing and professional training have taught me. These have implications in the home, school, and community contexts of the linguistically-diverse, neurodivergent, and disabled children I work with. In the field of speech-language pathology, there is still no optimal method for assessing language difficulties in bi/multilingual children anywhere in the world (Dollaghan & Horner, 2011). This is true especially in the Philippines, where reliable and culturally-sensitive language assessment tools that can fairly account for our more than 100 local languages are still non-existent.

For neurodivergence like autism, the medical field's so-called "gold standard" tests for diagnosing autism are still gender- and epistemologically-biased as the underpinning research behind them only predominantly included male autistic participants (Pearson & Rose, 2021). Hence, clinical practitioners like me have to be very cautious when using such tools. We have to carefully draw on our clinical judgment and practice-based evidence to compensate for the many limitations of the "formal" tools we have for assessment and intervention. Failing to do so, especially when communicating a diagnosis across the child's social environments, can further contribute to the already existing stigma around neurodivergence and disability.

Potential Ways Forward

Throughout this essay, I made the case that ableist ideologies hinder trends towards inclusion on a broader global scale and beyond Anglo-American standpoints, as evidenced by key literature and legislations on inclusive education. I also discussed the issues, challenges, and dilemmas generated by these ableist ideologies in my professional context. Learning from all of these, I now live by an understanding that inclusion is everyone's responsibility, and that inclusion can never be fully achieved if ableism continues to form the foundations of inclusive approaches. The education sector has the highest responsibility in providing disabled and

neurodivergent pupils with forms of education that respect their agency (see Brownlow et al., 2021), and celebrate their authentic ways of being to help them flourish. Inclusion also requires the active involvement of their families, teachers, peers, and shared communities in helping explore learning approaches that work for neurodivergent and disabled learners. To help address the deeply-rooted and pervasive ableism that hinder inclusion, a promising way forward is for practitioners to understand neurodiversity, and in doing so, redirect education toward emancipatory, inclusive practices that are informed by the neurodiversity paradigm.

As I mentioned from the outset, the neurodiversity paradigm is an epistemologically useful construct that does not dehumanize and pathologize a person's divergence from dominant conceptualizations of mental functioning or selfhood (Chapman, 2020). Anchored by the social model of disability (Oliver, 2013), Chapman (2021) provides a multilevel functional analysis of neurodiversity, which proposes that functions or functional roles (e.g., individual cognitive styles, mental traits, or overall functions of a group) are contextual and relational rather than intrinsic to individuals. Under this ecological model of neurodiversity, dysfunction or disability is a result of relational breakdowns between any of these functional levels that hinder a person's propensity (e.g., neurodivergence, identity) to persist. In other words, disability is caused not by individual impairment alone, but also by disabling societal barriers, and epistemic oppression (e.g., ableist assumption that disabled people are inferior or ineducable). Hence, this paradigm acknowledges the potential benefits of social, educational, and medical interventions either separately or collaboratively, as long as the person's agency is respected. Consistent with *UDHR* Article 26, the neurodiversity paradigm honors people's rights and views people as valuable, regardless of their functional propensities. Most importantly, I believe the neurodiversity paradigm acknowledges biological (or anatomical) differences while being vigilant to the constantly evolving contexts of human experiences.

 Specific to education, the neurodiversity paradigm is compatible with the *Index for Inclusion* (Booth & Ainscow, 2016) as it actively rejects the dehumanizing "special", "normalization", and medical models of inclusion. The *Index for Inclusion*'s focus on identifying barriers to learning and participation is one application of the neurodiversity paradigm's functional analysis of relational, contextual, and societal breakdowns that contribute

to the pupil's educational difficulties. Going back to the example I presented earlier, a teacher who strictly delivers instruction orally in a class where there is a signing deaf pupil becomes a learning barrier. In such a scenario, the teacher is contributing to the signing deaf pupil's disability. Hence, the situation requires both social and educational interventions that the teacher and the whole class can help deliver. The social intervention can take the form of the teacher and all the pupils learning sign language together in order to create more learning opportunities as well as facilitate meaningful and mutually beneficial interactions with the signing deaf pupil. The educational intervention can also take the form of the whole school working together in developing flexible curricula that can accommodate constantly evolving inclusive approaches, depending on the students' needs such as teaching everyone sign language so the signing deaf students are not left behind in most aspects of schooling that can benefit them.

In contexts where the school curricula cannot be modified internally due to national policy constraints, a broader social and educational intervention will be needed. Such a resource-intensive intervention requires the active and proactive involvement of the responsible government departments and teacher preparation institutions. Considering the complex power dynamics and potential conflicting interests involved, the process can begin with thoughtful and continuous dialogues that center disabled and neurodivergent people as experts (see Gillespie-Lynch et al., 2017), who can better inform genuinely inclusive curricular and pedagogical reforms. A good example is Wood and Milton's (2018) *Transform Autism Education* project, a tri-national teacher training scheme that ran from 2014 to 2017 and aimed to foster educational inclusion of autistic children in Italy, Greece, and the UK. From this project's discourse analytical data, they were able to capture the unequal power balance perpetuated by the non-autistic practitioners' seemingly unconscious refusal to cede the power from them and their institutions to the autistic experts. Making the power imbalances more visible is a vital step in helping drive change towards the recognition of neurodivergent dispositions and expertise. Wood and Milton's (2018) teacher training project offers a good participatory model that other teacher training bodies around the world can adopt. Participation leads to empowerment and, therefore, I believe these are the ways forward that can potentially help practitioners change the trajectory towards emancipatory inclusive practices.

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