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Critical Disability Studies: Theory and Practice

March 3, 2023

**Race and Disability in Urban Education**

Black and Latine children are underdiagnosed, misdiagnosed, and overdiagnosed with learning disabilities and mental illnesses at overwhelmingly disproportionate rates in the United States. This paper aims to explore some of the complex factors that influence these statistics, especially in urban education settings. I would like to acknowledge that the term “urban” lacks a universal definition, though it often carries negative connotations when brought up in the context of schooling. Although I will be discussing shortcomings of the modern public school system, I do not believe that these issues are produced by or reflect the intentions of any number of individuals operating within the system. Additionally, I do not aim to monolith the experiences of people of color, but due to the current research available and the scale of this review, my discussion specifically centers Black and Latine children from low-income backgrounds. The following will examine how intersectional issues of race, class, and disability manifest in the development and classification of non-normative behaviors and cognitive styles in children. Further, I will analyze the ways in which the structure and application of special education programs exacerbate pre-existing racial prejudice and achievement gaps in schools.

Before delving into the complexities of diagnostics, it is imperative to examine the systemic roots that enable and empower the racial and socio-economic disproportionalities in the development of disability. There are a variety of explanations behind the likelihood of a child presenting with a mental illness or learning disability; these causes are often attributed to either genetic, or environmental factors. According to the biological perspective, these disorders are products of dysregulation and abnormality in the nervous system and endocrine system.1,2 While a child may have an increased genetic vulnerability to developing a given condition, the diathesis-stress model posits that tracing disorders’ etiology requires a conjunctive examination of the individual’s environment.3 That which a child experiences or is exposed to in the early stages of their neural development has the capacity to profoundly alter their physiology, this is especially salient in the case of stress.4

As supported by the 2021 poverty rate for Black and Hispanic people recording as over twice as high as white Americans’,5 race and socio-economic status in the United States is inextricably linked. Those living in poverty are exposed to a host of biopsychosocial factors that permanently influence their physical and neurocognitive functioning. Among these are proximity to waste facilities and toxicants, inadequate access to proper nutrition, and chronic stress. 6 When a child faces prolonged, unmediated adversity — such as existing in a white supremacist society as a person of color, their stress responses are over-activated which can impede their brain and body’s ability to form and function properly.8 Notably, toxic stress often results in damage to the endocrine and nervous system, as well as disruption in neural formation which, as previously cited, can precipitate the development of learning disabilities and mental illness. Divorcing academic contexts entirely, it can be seen that the conditions children of color are disproportionately exposed to put them at an elevated risk of neuropsychological challenges within and outside the traditional learning environment.

By no means do all children of color have learning disabilities or mental illness, especially not by virtue of their race alone. Nonetheless, it remains impossible to produce statistics that provide a representative estimate of these disorders’ prevalence across this demographic. Countless testimonies have proved that Black and brown children’s struggles in the classroom are consistently overlooked or inaccurately attributed to not otherwise relevant causes. Unfortunately, many schools in densely populated, low-income districts are given sub-adequate local and state funding. Consequently, staff are often underpaid, undertrained, and overworked.9 Teachers are not responsible for, nor equipped to identify the specific symptoms a given child may exhibit, and subsequently diagnose them. When these teachers are assigned dozens of children per class, it is even harder to expect them to be able to devote the kind of time and attention it takes to address the individual needs of each student. That being said, children are very perceptive, and especially moldable during the formative years of their education. The effects of instructor biases have not only the capacity to influence students’ academic trajectories, but the construction of their self-concept as well.

Upon entering the classroom, Black and brown kids whose learning styles or behavioral patterns fall outside of normative expectations rarely receive appropriate accommodations. Since disruptive behavior and academic underperformance falls within societal expectations for these children, root causes or other contributing factors are commonly dismissed. Due to the stereotypes assigned to people of color in society and popular media, a Black or brown student who struggles with impulse control, a common symptom of ADHD, is more likely to be deemed defiant than neurodivergent.10 When a white suburban child struggles with reading, it may be dyslexia.11 When a Black or brown child does, it is par for the course.

While not always, in wealthier white schools, if a student is struggling in the classroom or on the playground, they will often be referred to a specialist for an evaluation. These evaluations typically consist of a series of tests, surveys, and interviews with the children and parent(s) to assess neurological and socio-emotional functioning. These exams are conducted over the course of several hours, broken up into two or more days; a time commitment not readily available to parents working full-time or multiple jobs. Once the results are analyzed, parents receive detailed reports of the child’s diagnoses and recommendations for accommodations in academic and social settings. Unfortunately, communities of color must overcome several barriers in order to receive this care.

These evaluations range from several hundred to thousands of dollars in cost. Furthermore, most insurance providers will only offer coverage if the testing is deemed “medically necessary” — which typically refers to neurological diseases or injuries.12 Due to mass poverty rates and scarce access to medical care, 21% of Black Americans and 19% of Hispanic Americans were uninsured in 2021 according to a community survey of the non-elderly population in the U.S.13  Insured members of low-income communities often receive coverage under Medicaid. This federal funding source is notoriously stingy and makes it even more difficult to access testing locations and opportunities. If low-income Black and brown children are able to make it into these appointments in the first place, they are vulnerable to psychiatrists’ implicit biases and preconceptions. For instance, Black and Hispanic men were found to be diagnosed with psychotic disorders at a rate three to four times higher than white men.14 The exclusion of cultural context and tendency to rely on racial stereotypes in the diagnostic process — as well as the DSM-5 criteria itself — leads to countless children being misdiagnosed with illnesses or disorders that align closer with the evaluator’s expectations for someone from their background than with the child’s lived experience. Inaccurate diagnoses readily lead to ineffective or counter-effective academic interventions, notably including deeply flawed special education programs.

In theory, intentionally dedicating space and resources to ensure children with disabilities receive personalized instruction in their schooling experience is a commendable endeavor. In practice, however, this dream does not always come to fruition. In attempting to level out the playing field by providing extra support to those who the system believes need it, they isolate the students from their peers and place them in an environment that has implicit and explicit consequences on their socio-academic development. Special education classes statistically yield lower academic achievement; this reality can be explained by a number of theories including the following. Expectations for students’ literacy and math proficiency are markedly lower 15 — especially for students of color — and when students are not being appropriately challenged, they are at risk of falling behind or getting bored. Additionally, the teachers hired in these position’s expertise is working with students who have special needs, not the subject area they teach; therefore, students in special education programs may not receive as thorough material and pedagogy as their peers.7 Arguably more so than exclusively academic repercussions, the employment of these programs consistently detriment students’ self-esteem and interpersonal skills.

A key tenet of special education is the insulation of disabled children from their non-disabled peers — or depending on who you ask — the other way around. The strong, persistent stigma around special education does not go unnoticed by the students within or outside the program. Being called *special ed* is an insult on the playground; a watered down iteration of r\*tard, shorthand for weird and dumb. The children enrolled in the program are exposed to this rhetoric and inevitably, to various extents, internalize it. Perceived judgment of inadequacy from instructors and peers tells those in special education programs that this is not only true, but an inherent facet of their identity. Combining this messaging with the racial discrimination and segregation children of color are already exposed to increases the likelihood that expectations of underachievement and delinquency will become self fulfilling prophecies.16 One study, using a sample of over a thousand Black children, found that those enrolled in special education programs were significantly more likely to encounter substance abuse, incarceration, and elevated depression, as well as lower rates of high school completion.7

The decision to create a separate classroom for children identified as having special needs likely comes from a place of well-intent — a mutually beneficial arrangement that prioritizes both groups’ academic and socio-emotional development. In many cases, however, the opposite is true. Inclusive education has been proven to increase intellectual and emotional intelligence universally in both groups of students. Eliminating some of the aforementioned barriers created by segregated schooling provides opportunities for children who qualify for special education to close the disproportionate achievement gaps. Standardized testing scores of 24,000 adolescents that met criteria for special education programs revealed that spending 80 or more percent of their time in mainstream classrooms raised their math and reading scores by 18 to 24 points.17 As well, this inclusive model has been associated with higher attendance and graduation rates, along with decreased frequency of behavioral issues and unemployment rates post-graduation for students with special needs. Though the academic response of non-disabled students’ appears less dramatic, their scores have still been found to either increase or remain neutral when placed in integrated classrooms.More importantly, these students demonstrate higher self-esteem and decreased prejudice and fear of difference.18

Reforming special education is a necessary step in disability justice and has the potential to significantly improve the social and academic trajectories of children of color. However, this addresses only a symptom, not the underlying cause. Black and brown children are far overrepresented in special education and this is no coincidence. Many of the issues involving underdiagnosing, misdiagnosing, and overdiagnosing children of color can be boiled down to the systemic racism deeply embedded into our society. Culture as Disability provides a theoretical framework to conceptualize the relationship between race and disability, allowing us to better understand the origins of both racism and ableism. This ideology suggests that disability is a product of the norms decided by dominant culture.19 As people of color are not a part of this group, their deviation from whiteness and the standard expectations of academic and social whiteness classify them as disabled. The average American child will spend over 15.5 thousand hours at school by the time they graduate from high school — granted they make it that far. That which they experience throughout these hours can have far reaching, and potentially devastating effects on their self-concept. In order to do our part to make sure these children are receiving appropriate support on a socio-academic level, we must first identify the ways in which racial prejudice and adverse social conditions influence the way Black and brown children learn, and the way they are perceived. Nevertheless, mere acknowledgment will never be enough; to make true change requires completely dismantling the educational policies and stereotypes that contribute to this racial disparity in disability classification and intervention.

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