REDEFINING NORMAL:
THE PATH TO SELF-ATTAINMENT FOR PEOPLE WITH NEURODIVERSITIES:
HOW DO PEOPLE FROM THE NEURODIVERSE SPECTRUM DEFINE SELF-
FULFILLMENT?

Maggie Williams Daugherty
B.S., California State University, Sacramento, 2001
M.A., California State University, Sacramento, 2004

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A Dissertation

by

Maggie Williams Daugherty

Approved by Dissertation Committee:

__________________________________________
Dr. Rose Borunda, Chair

__________________________________________
Dr. Jean Gonsier-Gerdin, Committee Member

__________________________________________
Dr. Lisa Romero, Committee Member

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FULFILLMENT?

Student: Maggie Williams Daugherty

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Dr. Carlos Nevarez

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Date
DEDICATION

I dedicated this dissertation to all those with neurodiversities. May you redefine your normal and find self-fulfillment.
ACKNOWLEDGMENTS

I would like to take the time to acknowledge those who helped me on my own journey of self-attainment and educational doctorate endeavor. First, I would like to thank my doctoral committee for their time, support, advice, constructive criticism and belief in my vision. Thank you, Dr. Jean Gonsier-Gerdin for being the special education voice within my committee and guiding me to find a topic that inspires me too. Thank you, Dr. Lisa Romero for looking at my dissertation through your K-12 lens and embracing my qualitative data. And to my chair, my rock and my mentor, Dr. Rose Borunda, thank you for putting your whole heart into my work and embracing my vision of diversity. Your work on diversity and the human approach exemplifies all this world should be. Your heart is truly colorful. Clearly, without you and the support of my dissertation committee, this would have been a path that may have gone untraveled.

I want to say how meaningful this experience was. Hearing six amazing stories, from six courageous and strong individuals inspired me to continue to fight for change. The fact that isolating individuals with neurodiversities in social and educational situations is still considered acceptable makes me angry and sad. Teachers still talk negatively about these students in front of them and focus strongly on their deficits and dysfunctions instead of their talents, strengths, and abilities. I hope, when my nephew is in school, his life as a student with down syndrome can be filled with acceptance, honor, and joy. May we all evolve as a society and come to embrace the belief that we hold value and to think otherwise, reflects a moral deficit.
I would like to thank my cohort support system and unofficial committee – Jon Knolle, Christopher Morris, Tabitha Thompson, and Kevin Gonzalez. You made me laugh, encouraged me when I was close to tears, and drove me to do my best. Without you four I’m not sure I would have made it through, or at least not without having so much fun. You are my friends and colleagues for life.

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To my wonderful boys, thank you for being so patient while mommy went back to school. You understood when mommy had to leave or study or miss baseball games.
Know my heart was with you whenever I was gone. This path I traveled was to give us all a better life and work towards a better world. I know you will continue this change when I am gone. I see the unconditional love and acceptance you already give to all those you meet. May you follow your dreams one day to be who ever you want to be and reach your own self-fulfillment. You all are part of mine. Mommy loves you Ryan, Bret and Jack Daugherty.

Lastly, I want to thank my loving and supportive husband Joel. It is with sincere love and gratitude that I acknowledge all your sacrifice and dedication so that I could follow my doctorate dream. In addition to being an amazing father to our three boys, you are the world’s best husband. Your commitment to your family is truly remarkable. You took excellent care of our three boys, even putting on special boys’ nights to help alleviate my guilt and make the experience fun for the kids. This journey could never have happened without you. You are one of the smartest people I know and even though I hold the official title of Dr. Daugherty, you hold the honorary doctorate degree for Team Daugherty. May our crazy journey go on forever Dr. Joel Daugherty. Always remember that you hold my heart. I love you.
CURRICULUM VITAE

Education

May 2004   California State University, Sacramento
Master’s degree in Education With an Emphasis is Special education

May 2003   California State University, Sacramento
Mild/Moderate Special Education Teaching Credential

May 2001   California State University, Sacramento
Bachelor’s Degree in Child Development

Professional Employment

Butte County Office of Education   August 2012-present
Program Specialist- SELPA

Chico Unified School District   August 2004-August 2012
SDC M/M Teacher (7th-8th grade)

Stockton Unified School District   Jan 2002- June 2004
RSP English, Math & REACH Teacher (7th-8th grade)
SDC M/M High School Teacher (9th-12th grade)
SDC M/S School Teacher (7th-8th grade)

Fields of Study: K-12
REDEFINING NORMAL: THE PATH TO SELF-ATTAINMENT FOR PEOPLE WITH NEURODIVERSITIES: HOW DO PEOPLE FROM THE NEURODIVERSE SPECTRUM DEFINE SELF-FULFILLMENT?

by

Maggie Williams Daugherty

Neurodiversity is a controversial concept at the core of a social movement. It posits that disabilities of neurological origin, or atypical neurological development, are a typical human variance that should be respected as diversity instead of a disabling condition or deficit (Armstrong, 2010; Harmon, 2004; Ortega, 2009). Neurodiversity typically encompasses a variety of identifications, such as autism, ADHD, Down syndrome, learning disabilities, anxiety disorders, mental and emotional challenges, Tourette’s syndrome and other neurological differences. These individuals are often viewed by society as having a disabling condition, without the recognition of the differences and strengths that individuals with neurodiversities possess.

This qualitative phenomenological study examines the path to self-attainment for individuals with neurodiversities. Interviews were conducted with 6 adults with
neurodiversities, who identify as being self-fulfilled in their lives. The participants were all students of California State University, Sacramento. The data, gathered in face-to-face interviews, sought to uncover how people with a neurodiversity define self-fulfillment and the journey they took to reach self-acceptance.

1. How does each person define success (self-fulfillment)?

2. How does each person define happiness?

3. What identified strengths do people with neurodiversities have that lead to their success?

4. What experiences helped lead someone with neurodiversities to develop as an individual and be successful?

5. What challenges and barriers had to be overcome to reach success, happiness and self-fulfillment?
   a. How did they overcome stereotypes to identify strengths?
   b. How did they build resiliency to attain self-fulfillment?

Using Bronfenbrenner’s Theory of Ecological Development to frame the study with support from Malsow’s Theory of Motivation, Benard’s Theory of Resiliency and Steele’s Theory of Stereotype Threat, the researcher analyzed the data showing that the participants defined success and self-fulfillment through a sense of determination and defined happiness through a strong sense of identity. The area of strength identified to help the participants be successful was self-efficacy. The experiences were identified with internal and external factors. The internal factors were high expectations,
knowledge, facing challenges, and autonomy. The external factors were support systems, social acceptance, and culture. The barriers each individual identified as having to overcome were related to societal mindsets toward individual with neurodiversities. Overcoming these stereotypes was achieved by self-acceptance and support systems. Participants indicated that resiliency was built through sense of purpose, problem-solving skills, sense of belonging, autonomy and family support. These findings correspond directly with Benard’s Resiliency Theory.

This study concludes with policy and future research recommendations, as well as recommended changes in practices in schools. Institutions must consider using strength-based approaches for all students, especially those with neurodiversities. Therefore, to help students build self-fulfillment, students need to recognize strengths and develop a sense of purpose and a strong identity.
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Chapter 1

INTRODUCTION

If I could snap my fingers and be nonautistic, I would not. Autism is part of what I am. (Grandin as cited in Goodreads, n.d., para. 9)

We can't solve problems by using the same kind of thinking we used when we created them. (Einstein as cited in Harris, 1995, para. 28)

Background

The history of individuals with disabilities is filled with pernicious injustice. Throughout history, people with disabilities have been murdered, abused, institutionalized, segregated, ignored, thrown away, labeled, judged, and mistreated (Chupik & Wright, 2006; The Minnesota Governor’s Council on Developmental Disabilities [MNDDC], 2010). They have been viewed as less than, not good enough, and deficient. They were often mocked and belittled with atrocious nicknames such as retard, gimp, cripple, dimwit, imbecile, lame, moron, mental, and diseased. When people are told they are nothing, how can they believe anything else?

There is a pervasive mindset about people with “disabilities.” Their differences have been viewed as a disease, a disorder, or a deficit. This negative perception has led to atrocities toward individuals considered “abnormal.” One of the most notorious injustices committed against people with special needs was the Nazi genocide during Hitler’s rule in Germany. The United States is not immune to barbaric behaviors either. In 1927, the U.S. Supreme Court, in Buck v. Bell, ruled it was constitutional to sterilize anyone deemed incompetent and liable to pass on his or her genetic impurities or social
inadequacies to their children (Lombardo, 1985; Smith, 2004). Justice Oliver Wendell Holmes wrote in the majority opinion, “society can prevent those who are manifestly unfit from continuing their kind” and this procedure was justifiable “in order to prevent our being swamped with incompetence” (Buck v. Bell, 1927, para. 4). Carrie Buck, a “feeble-minded woman” labeled the child of an imbecile, was the first to be sterilized under the law, as was her daughter, Vivian, who later became an honor student (Lombardo, 1985; Smith, 2004). Justice Holmes argued, “three generations of imbeciles are enough” and “society will be promoted by her sterilization” (Buck v. Bell, 1927, para. 4). Carrie Buck, by accounts of friends and teachers, did not have an intellectual disability (Berson & Cruz, 2001).

Students with disabilities, considered unable to learn, were once denied an education. The establishment of the Elementary and Secondary Act of 1965, the Education of the Handicapped Act of 1971, and the Education for all Handicapped Children Act (EAHCA) of 1975 were the first pieces of legislation to provide educational equality for students with disabilities (Zettel, 1977). Individuals with special needs who had been restricted from school and believed incapable of being educated began to see their anomalous status fade soon after the formation of these acts (U.S. Department of Education [DOE], 2007; Zettel, 1977).

Unfortunately, the mentality did not change and mistreatment did not end as laws and policies evolved. In 1993, James Watson, Nobel Prize winner and co-discoverer of DNA, wrote an article titled “Looking Forward” that criticized parents who chose not to
undergo genetic testing and “dismissed the value of people with severe disabilities” (Smith, 2004, p. 12). Watson argued consideration needed to be given to “children who must face up to lives of hopeless inequality” (Smith, 2004, p. 315) and believed we must stop “seriously disadvantaged individuals from being born into a world where we can never provide for him or her a realistic opportunity for a meaningful life” (p. 315). He added that gene therapies “have the potential to help today’s victims of genetic injustice” (p. 315) and “we must all hope that such diseases could be alleviated if not cured by prospective gene therapy” (p. 315).

Some may agree with Watson, as the following cases reveal. On October 24, 1993, Robert Latimer killed his 12-year-old daughter, Tracy, who was born with a severe case of cerebral palsy (Hayward, 2009). In his ruling, Justice Ted Noble stated it is a “rare act of homicide that was committed for caring and altruistic reasons. That is why for want of a better term this is called compassionate homicide” (R. v. Latimer, 1997, para. 50).

Negative perceptions of people with neurological differences negate their humanity and potential. They are often viewed as disabled, strange, or with little to offer society. This mindset is evident on the website for the Centers for Disease Control and Prevention (CDC), which offers research, information, and statistics on autism, ADHD, and other neurological differences. The CDC website discusses treatment and symptoms of the “diseases” (CDC, 2012). Labeling individuals with neurodiversities as ill or inferior is no different than labeling homosexuality as a disease or a darker skin
color as inferior. There is a negative association placed on the “difference” that then marks the individual for devaluation and subsequent mistreatment. For our society to change, so must this pernicious and dehumanizing mindset.

Over time, the United States has made some strides against injustice through enacted policy changes and awareness; however, the way people continue to think about diversity of abilities reveals the need for further transformation. It is time to evolve away from a society of tolerance into a society of acceptance and understanding.

**Special Education**

Physical and emotional injustices toward students with diverse needs are committed within the school system as well. One such injustice is the controversial practice of student restraint and seclusion. Surprisingly, almost 90% of states allow restraint in schools; 41% of states have no laws, policies, or guidelines concerning seclusion and restraint in public schools; and only 45 states require or recommend parent notification after restraint or seclusion (Armstrong, 2010; National Disability Right Network, 2009). Perhaps it is not surprising then that during the 2009-2010 school year, there were nearly 39,000 documented incidents of restraint and more than 25,000 of seclusion at the K-12 level (DOE, 2012). While federal laws restrict the use of seclusion and restraint in hospitals, nursing homes, psychiatric facilities, and group homes, there are no federal laws, and few state laws, regulating the use of these practices in schools (U.S. Government Accountability Office, 2009) despite the fact there has been significant action to pass federal legislation on the matter (TASH, 2013).
The mistreatment of children who receive special education services seems to be a common theme in many schools throughout the United States. According to a U.S. Department of Education Civil Rights data collection survey (DOE, 2012), 70% of students restrained had disabilities. Numerous examples exist of children being tied with cords, duct taped, restrained with Velcro, placed in prolonged isolation, drug around by their arms, and physically restrained to the point of breaking bones, or even dying, as a result of injuries sustained (National Disability Right Network, 2009; U.S. Government Accountability Office, 2009). For example, on April 18, 2012, Corey Fischer, a 16-year-old boy at a residential treatment facility, stopped breathing, went into cardiac arrest, and then died while being restrained by a staff member (Resmovits, 2012). In 2006, Angellika Arndt, a six-year-old girl with ADHD, was killed at school during a 98-minute restraint to which she was subjected for blowing bubbles in her milk (Disability Rights Wisconsin, 2008; National Disability Rights Network, 2009).

By design, special education is a segregated and separated system within the education realm (Armstrong, 2010). The movement to mandated education for all students has resulted in the practice of separate facilities and classrooms for individuals with diverse abilities. The Individuals with Disabilities Education Act (IDEA), the current law defining special education services and rights of parents and students, mandates that students be placed in the least restrictive environment:

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only
when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (DOE, 2004, 34 CFR 300.114 (a)(2)(i))

The terms mainstreaming, integration, and inclusion are not included in federal law (Dorn & Fuchs, 2004). Unfortunately, the implementation of the policy allows segregated settings and leads to variances in placement between educational sites (Schaller, Yang, & Chang, 2004). Segregation creates the feeling of isolation, exclusion, and subsequently, the perception of being abnormal (Swain & Cameron, 1999). Ultimately, “the very idea of teaching is undermined if we believe that [cognitive] differences can block a student from learning” (Jurecic, 2007, p. 437), and yet schools continue to endorse the practice of segregating children with neurodiversities from their peers.

The topic of neurodiversity and recognizing each individual as a diverse human being, moving beyond the labels of disability, is worthy of study because there needs to be a move beyond tolerance to humanize people with differences. The documented cases of physical and psychological abuse point to a need for change in the way people perceive children with neurodiversities. The special education system, with a focus on diagnosis and deficits, can lead to students feeling isolated, abnormal, and strange. Educators must help people embrace themselves and others, while looking beyond differences to recognize strengths.

In our society, there is a move toward the acceptance of differences in the areas of race, religion, ethnicity, and sexual orientation. By recognizing that ours is a diverse
society, we have taken steps toward embracing and honoring those differences, transforming our hearts, and making us better people. If we could begin to recognize that people with neurological diversities are part of this diversity, then we could truly transform as a society.

Neurodiversity

Neurodiversity is a controversial concept at the core of a social movement. It posits that disabilities of neurological origin, or atypical neurological development, are typical human variances that should be respected as diversity instead of disabling conditions or deficits (Armstrong, 2010; Harmon, 2004; Ortega, 2009). People with neurodiversities represent a significant and growing population. Neurodiversity typically encompasses a variety of identifications, such as autism, ADHD, Down syndrome, learning disabilities, anxiety disorders, mental and emotional challenges, Tourette’s syndrome, and other neurological differences. There is no documented number of people with neurodiversities, but the CDC website indicates 1 in 88 people have been identified with autism, about 1 in 691 babies each year is born with Down syndrome and, as of 2007, approximately 9.5% or 5.4 million children have at one time been diagnosed with ADHD according to parental reports (CDC, 2012). In the U.S., roughly 15% to 20% of people have a language-based learning disability, usually identified as dyslexia (National Institute of Child Health and Human Development, 2010). About 9.5% of the U.S. population, aged 18 and older, have a mood disorder,
and it is estimated that roughly one out of four Americans may experience a diagnosable mental disorder in any given year (Kessler, Chiu, Demler, & Walters, 2005).

For the purpose of this study, the terms and research provided generalize each category of diversity under the umbrella of neurodiversity. In other words, the research and data collected were generalized and not focused specifically on one type of neurodiversity, but rather framed around concepts and themes that may apply to various individuals with neurodiversities. The research was not focused on specific characteristics associated with different “disabilities” or labels, but instead on the impact of being labeled with a disability has on the individual and the stereotypes associated with the disability.

Labels

The concept of neurodiversity represents a change in the way neurological disorders are perceived. It does not imply that the differences or challenges inherent in these diversities diminish or are insignificant. It will not make the differences or challenges go away, but it may help change the way people look at neurological disorders. The use of broken and fixed or other disease-based metaphors places emphasis on differences and encourages the idea of contagion (Broderick & Ne’eman, 2008). Recognizing strengths of individuals and specific neurodiversities may help to diffuse the prejudice associated with these differences. The ultimate goal is that “like oppressed minorities everywhere who have achieved freedom around the world, people with neurodiverse brains will be liberated from all the prejudice and help achieve
Neurodiversity is a term created by Judy Singer, an autism activist and mother of a daughter with autism (Armstrong, 2010). Harvey Blume was first to publish the term in a September 1998 article (Armstrong, 2010). Blume (1998) wrote, “Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general. Who can say what form of wiring will prove best at any given moment” (para. 4)? In 1999, Judy Singer, in a book chapter titled Why Can’t You Be Normal for Once in Your Life?, wrote “The ‘neurologically different’ represent a new addition to the familiar political categories of class/gender/race and will augment the insights of the social model of disability” (Singer, 1999, p. 64).

Changing the mindset with which neurodiversities are perceived may contribute to greater self-acceptance for those with neurodiversities. Griffin and Pollak (2009) interviewed and documented the personal experiences of 27 neurologically diverse individuals. Nearly two-thirds of the participants in this study experienced social difficulties and trouble in school, including unfair treatment by teachers, and problems with academic work. Approximately 50% of the participants identified their neurological difference from a deficit or medical frame. They used terms such as symptoms and suffering, and were able to talk openly about their weaknesses, but struggled to identify their strengths. When asked about their future, they expressed uncertainty and concern. In contrast, the participants whose self-perception reflected a
strength-based orientation, grounded in a difference paradigm as opposed to a deficit paradigm, had higher self-esteem and ambition. The results indicated that a “sense of neurodiversity is clearly related to the meanings their label gives them and that is related to previous educational experiences, career ambition and academic and social self-esteem” (Griffin & Pollak, 2009, p. 37).

Most of the literature and research refers to individuals as having a disability or disease, but there is an increase of literature written specifically about neurodiversities (Armstrong, 2010; Griffin & Pollak, 2009; Harmon, 2004; Singer, 1999). Of the literature sources referring to neurodiversity, most focused specifically on autism (Jurecic, 2007; Singer, 1999); however, much of that research discusses the need to understand the individual and can be applied to all neurodiversities. Increasingly, more is being written about the strengths and benefits of having a neurological difference (Armstrong, 2010), how the label of disabled shapes identity (Griffin & Pollak, 2009; Singh & Ghai, 2009), and the neurodiversity movement to embrace all individuals (Armstrong, 2010; Ortega, 2009; Wheeler, 2011). Furthermore, an increasing number of qualitative studies about disabilities are being conducted in the form of autobiographies, memoirs (Chamak, Bonniau, Jaunay, & Cohen, 2008; Grandin, 2006), first-hand accounts by relatives and professionals (Singer, 1999), as well as an increase of discourse on identity through narratives (Corker & French, 1999; Grandin, 2012) and ethnographic accounts (Bagatell, 2007; Jurecic, 2007). Qualitative research provides valuable perceptions of experiences, which can be used as anthropological tools
(Chamak et al., 2008) to help understand the significance of this human cultural variance.

This study adds to the literature because it focused specifically on individuals with neurodiversities who self-identify as successful and fulfilled. This study explored themes around factors that helped the individuals with their development of identity and their overcoming the oppression society places on them as “disabled.” The research supports that success and happiness cannot be defined by society, but by the individuals themselves. It provides narratives that may change the way in which people think about neurodiversity and promotes the belief that every individual adds value to society. It affords the possibility of evolving people’s capacity to embrace those with differences, while also promoting the capacity of those with differences to embrace themselves.

**Problem Statement**

Students who receive special education services face educationally imposed barriers to inclusion, which creates segregation and inequitable educational experiences. These individuals are often viewed by society as having a disabling condition, without recognition of the differences and strengths individuals with neurodiversities possess. This mindset oppresses those with neurodiversities and can lead to self-doubt and a sense of worthlessness. Social justice, equitable education, fair treatment, and elimination of prejudice toward individuals with differences are in dire need for those now branded with negative labels.
Purpose of the Study

The purpose of this study was to examine how people with a neurodiversity define self-fulfillment and the journey they took to reach self-acceptance. It was designed to expose the ways people with neurodiversities are treated as well as provide insight into how people with neurodiversities come to accept themselves. Ultimately, the acceptance of differences will change the prejudicial perspective directed at individuals with neurodiversities and help them overcome the oppression placed on them by societal imagery of disease-based disorders that need prevention, cure, and treatment. Removing the negative labels associated with disabilities and transforming the mindset so individuals are perceived as diverse may foster the capacity of moving people with neurodiversities through the spectrum of inclusion to achieve self-actualization.

This study provided an opportunity for individuals with neurodiversities to identify and communicate their strengths and the inherent worth that lies within their differences. Giving focus to the views and stories of a person with a neurodiversity validates their autonomy as an individual with thoughts and feelings (Chamak et al., 2008). Their experiences and worldview can add to greater understanding of how these differences can not only add value, but also transform us as individuals. This study critically examined the label of disability, current pedagogical methods, and educationally imposed barriers. It examined educational best practices and how educators, parents, and peers impact development and help individuals achieve self-
fulfillment. Recommendations are made to guide practices within schools with the intention of transforming the perceptual mindsets of students, staff, and parents.

**Nature of the Study**

**Methodology**

This study used a qualitative approach as a means to understand how people define their own experiences and create their own realities (Merriam, 2009). This qualitative study included six participants, ages 20-24, attending California State University of Sacramento who received special education services during their K-12 schooling. It was conducted as a phenomenological study, which is the study of lived experiences and “aims at gaining a deeper understanding of the nature or meaning of our everyday experiences” (Manen, 1990, p. 9). Phenomenology looks at the essence or structure of an intense or emotional human experience (Merriam, 2009). This study examined strategies and experiences used by this population to build self-esteem and acceptance to achieve self-fulfillment. A focus was placed on educational experiences, family and community support, environments, development, and self-identity. Interpretations were made after data analysis to capture the essence and meaning of the experiences shared (Creswell, 2009). Chapter 3 addresses discussions about the questions, purpose, and methodology in more detail.

**Research Questions**

1. How does each person define success (self-fulfillment)?
2. How does each person define happiness?
3. What does each person identify as his or her strengths and capacities?

4. What individual strengths do people with neurodiversities have that lead to their success?

5. How have experiences, strengths, needs, and support helped lead someone with neurodiversities to develop as an individual and be successful?

6. What challenges and barriers had to be overcome to reach success, happiness and self-fulfillment?
   a. How did they overcome stereotypes to identify strengths?
   b. How did they build resiliency to attain self-fulfillment?

**Conceptual Framework**

This study used the frame of Bronfenbrenner’s (1976, 1977, 1986) ecological theory of development. It drew upon Maslow’s (1943) theory of motivation, Benard’s resiliency theory, and Steele’s (1997) theory of stereotype threat to support Bronfenbrenner’s theory of development by borrowing elements or pieces of each theory to connect and strengthen the framework.

**Ecological Theory of Development**

Bronfenbrenner’s theory of development posits that collections of hierarchical systems interact and influence an individual’s development (see Figure 1) (Bronfenbrenner, 1977, 1976, 1986). The ecology of human development examines the mutual exchange between an individual and her changing environments throughout her lifetime (Bronfenbrenner, 1977). This process of exchange can be affected by
relationships within and between these immediate environments and the larger social settings in which they exist. Specifically, there are five systems influencing an individual’s development.

*Figure 1. Bronfenbrenner’s model.*

The microsystem is the system that directly impacts development, and includes family, school, peers, biology, and religious influences (Bronfenbrenner, 1977). The mesosystem is the relationship existing between microsystems and the connections and
influences one may have on another. The exosystem is a system in which the individual does not have a direct role, but is, nonetheless, influenced by it. For example a parent’s job or a government agency may have an impact on an individual and his or her development. The macrosystem is the culture, customs, or laws within the environment where the individual lives. The chronosystem is the influence of specific events on the other systems over time. Each system and layer of a person’s life impacts his or her development and self-reflection. Development and outcomes are a joint endeavor of environmental influence and personal attributes (Sontag, 1996).

Applying Bronfenbrenner’s ecological theory of development, outside factors were examined on the outcome of self-actualization. Influences of specific events, relationships, and settings contribute to the development of the participants’ identities. To help guide others through the process of self-attainment, there must be an understanding of the influences that can hinder or promote this development. These influences may be peer interactions, parental support, teacher or mentor relationship, participation or exclusion in the inclusive classroom, or other contributing factors. By framing these systems and their influence through a hierarchical model, it may be discovered one factor is more influential than another.

**Maslow’s Theory of Motivation**

The journey to self-fulfillment and actualization is a long process; a journey many never complete. Being labeled as disabled adds additional weight to carry on that long journey. Maslow’s theory of self-actualization involves a hierarchy of five basic
needs: a) physiological, b) safety, c) belonging and love, d) self-esteem, and e) self-actualization (see Figure 2) (Maslow, 1943). Before higher levels can be achieved, the lower levels must be fulfilled.

*Figure 2. Maslow’s model.*

When people reach the self-actualization stage, they are not concerned with the opinion others have of them; their goal is to reach their full potential through personal growth. This occurs when “satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability and adequacy of being useful and necessary in the world” (Maslow, 1943, p. 382).

Conceptualizing from Maslow’s theory, a label of disability and removal from the general education classroom for not achieving at the rate of other students may stop someone at the belonging stage, impacting their self-esteem. Removing the labels of
disability and viewing individuals as diverse and different beings with strengths may foster the capacity of people with neurodiversities to move through the hierarchy and achieve self-actualization.

**Resiliency Theory**

Resiliency is the ability to overcome or bounce back from adversity (Benard, 1993; Prince-Embry & Courville, 2008). It entails a healthy development of successful outcomes to adversity, and enhances the individual to change or transform (Tebes, Irish, Vasquez, & Perkins, 2004). Resiliency theory was used to examine individuals with neurodiversity who identify themselves as being self-fulfilled and who have overcome adversity as a result of their diversities.

Resiliency theory indicates that individuals with resiliency have four attributes contributing to their resilient attitude: social competence, problem-solving skills, autonomy, and a sense of purpose (Benard, 1993) (see Figure 3). A person’s attributes, their family qualities and support, and their outside support systems, such as teachers and friends, are all influences on resiliency. This connects to Maslow’s theory of needing safety and security, as well as a sense of belonging, to be able to move up the hierarchy to self-esteem and self-attainment, which for some individuals requires resiliency.

A correlation exists between individuals’ needs, environmental elements, strengths, and success. In particular, individuals need to have high expectations placed on them, a caring and supportive environment, and meaningful participation to build
resiliency and increase self-efficacy (Benard, 2004) (see Figure 4). This strength, success, and self-efficacy lead individuals toward self-actualization and secure identity development.

![Resiliency Model](image)

*Figure 3. Resiliency model.*

Resiliency theory applies strongly to school situations. Students facing adverse conditions need to be engaged and have meaningful responsibilities and activities. By being allowed to face adversity and given the skills to cope, problem-solve and make effective choices, students can build resiliency (Kitano & Lewis, 2005) and learn self-advocacy skills to deal with any educational barriers they might face due to their learning differences. The practice of “labeling students ‘at risk’ can set in motion a
vicious self-fulfilling prophecy” (Benard, 1993, p. 47). This connects to the neurodiversity frame of thinking instead of a disability frame. We need to remove the labels focusing on deficits and offering no opportunity to build skills of resiliency and coping, and, instead, focus building resiliency strengths and youth outcomes.

Figure 4. Benard’s model.

**Steele’s Stereotype Threat Theory**

Stereotype Threat Theory explains individuals connected to a particular social group are at risk for conforming to a negative stereotype placed on that group (Steele, 1997). Continued exposure to stereotype threat can lead to lack of confidence, diminished performance, and lack of motivation in the relevant area of achievement. This is a relevant threat to students being labeled and stereotyped due to their disability and essentially at risk of negative social mirroring, or developing negative behaviors by copying others in social settings.
Examining how stereotypes shape identity, performance, and development in individuals labeled as special education students helps guide practices. This developmental and educational barrier can negatively influence self-fulfillment. Societal stereotypes about certain groups can impact the academic success and identity development of individuals associated with that group (Steele, 1997). This theory is based in the notion “that to sustain school success one must be identified with school achievement in the sense of its being a part of one’s self-definition, a personal identity to which one is self-evaluatively accountable” (Steele, 1997, p. 613). Many students with neurodiversities are stereotyped as having poor academic achievement and being less capable than their typical peers. If overexposed to stereotype threat, individuals may develop a sense of self-hatred and inferiority and low expectations for themselves (Steele, 1997). The stereotype threat could become less relevant to an individual sense of identity if they are able to see themselves as separate and unique individuals (Ambady, Paik, Steele, Owen-Smith, & Mitchell, 2004).

The Relationship among All the Theories

All the theoretical pieces connect in the development of an individual (see Figure 5). As the systems in Bronfenbrenner’s theories interact and influence the development of the individual, the individual moves up and down Maslow’s hierarchy based on their needs being met or neglected. Resiliency helps an individual strengthen self-development, and a strong microsystem helps build resiliency as well as, providing a barrier or buffer to stereotype threat. A weak microsystem leaves an individual
potentially vulnerable to stereotype threats and with less resilience to adversity. This
theoretical framework provides a context by which to examine how resilient individuals
have survived and overcome specific obstacles, developed a strong sense of identity, and
achieved self-actualization.
Overall individual development, in addition to be influenced by the various systems, is influenced by the Hierarchy of needs proposed in Maslow’s theory. The two development systems overlap.

The strong, supportive Microsystem strengthens self-development and can help build resiliency against adversity and create barriers/buffers to stereotype threat.

Figure 5. Overlapping theories model.
Definition of Terms

Anxiety

A state of worry, nervousness, and unease

Attention Deficit Hyperactivity Disorder (ADHD)

Disorder characterized by a persistent pattern of inattention, impulsivity, and/or hyperactivity (National Alliance on Mental Illness [NAMI], 2013)

Autism

“A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences” (U.S. Department of Education, 1964, (CFR Title 34 Sec 300.8 (c)(1)(i))

Cerebral Palsy

An impairment of muscle coordination and/or other impairments caused by damage to the brain at or before birth (Mayo Clinic, 2012)

Disability

For the purpose of this study, disability is defined as a societally established physical or neurological condition that limits a person’s abilities according to society’s standards of what is typical.
**Down Syndrome**

A genetic disorder, associated with the presence of an extra chromosome 21, often resulting in mild to severe intellectual disabilities (NICHD, 2012)

**Dyslexia**

A learning disorder impairing the ability to recognize and process written words; a reading disability (NICHD, 2012)

**Learning Disability**

A difficulty in processing information that can impact how someone learns to read, write, hear, speak, and calculate (NICHD, 2012)

**Mental Challenges (also know as Mental Illness)**

“Conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning; result in a diminished capacity for coping with the ordinary demands of life” (NAMI, 2013, para. 1). Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD), and borderline personality disorder.

**Neurodiversities**

The concept that individuals with atypical neurological development do not have a disability but a human variance, and because of the variance are able to see the world in a different way, while possessing both strengths and needs just like all humans (Armstrong, 2010)
Self-actualization

Accomplishing one’s potential and doing what one is meant to do to be happy

(Maslow, 1943)

Self-determination

An individual’s actions based on free will and choices (Wehmeyer, 2003a)

Self-esteem

A high evaluation of one’s self firmly based on actual ability, achievement, and respect from others (Maslow, 1943)

Self-fulfillment

The ability to find personal satisfaction and become everything one is capable of becoming (Maslow, 1943)

Success

Achievement of a goal

Limitations

The study was limited to a small sample size of individuals with neurodiverisities located within Northern California and willing to participate in the study. The sample size used in the study may not be large enough to generalize and transfer the findings to others with a neurodiversity. Individuals with neurodiversities may struggle to communicate all the details they wish to express, which may leave the study with gaps or missing data. The researcher may be biased due to her experience as a special
educator, the fact her nephew has Down syndrome, and her strong, passionate feelings on the topic.

**Significance of Study**

This study is significant because it provides insight into the phenomenological reality of individuals with disabilities by giving respect to the expression of participants’ experiences and worldview. It allows those who do not understand or have direct insight into the life of an individual with disabilities to become more humanized as they come to embrace “differences” with a positive, rather than negative, perspective. It may help change the mindset of educators toward people with neurodiversities and guide future educational practices by revisiting the students labeled as disabled and segregated from their peers. It provides a different frame in which to view the current definition and beliefs about disabilities and helps decrease prejudice and oppression of those with neurological differences.

This study addressed a gap in the current literature and research by giving a personal voice to individuals with neurodiversities who overcame adversities, stereotypes and bias, recognized their strengths and gifts, and achieved self-fulfillment and satisfaction in life. Each individual’s experiences differed; their stories are meaningful, as each explained how they defined self-fulfillment and provided examples of overcoming adversities. It may help others with neurodiversities to accept themselves and embrace their extraordinary gifts. Where many researchers have relied on autobiographies, memoirs, and narratives to tell stories, few have used phenomenology
to compare the voices of individuals and find themes in their accounts. None have examined what has helped an individual with neurodiversity to overcome his/her oppression and rise to a successful and self-fulfilled life.

Educational leaders help guide practices and beliefs. An educational leader’s commitment is to make a difference in the lives of students, but one cannot be an effective educational leader without a sense of moral purpose (Fullan, 2001). The moral purpose of this study was to create a paradigm shift in educational leadership that evolves the mindset of educational leaders toward individuals with neurodiversities. The ultimate goal of this research is to help leaders guide educators and community members to move beyond the status quo and transform not only educational practices and policies, but also the attitude and beliefs toward individuals with diverse learning and neurological needs. This happens when leaders engage in ongoing dialogue about diversity and humanity. A leader needs to become an advocate of others and be outraged when empowerment and purpose are neglected (Sergiovanni, 1992).

Reflection on current practices and beliefs cannot occur without awareness and knowledge. Phenomenology shows every human being has a “unique life of consciousness” (Stone, 1979, p. 5), thus helping increase human awareness (Stone, 1979). Increasing human awareness toward individuals with neurodiversity may allow society to adapt attitudes and recognize the added value each person brings. The hope is this study will bring about this shift in thinking, which will manifest in each person finding a meaningful place in his or her own society.
The orientation of devaluing neurodiversities is not uniformly prevalent in all cultures and communities. For example, Native American tribes “tend to allow each person his or her harmony without forcing absolute conformity to all cultural standards” (Locust, 1988, p. 13). This custom allows for each person to bring added value to their tribe and find a meaningful place within their community. Locust (1988) retold a story tearfully delivered by a Hopi man about his friend “Bear.” Bear was a loving boy with an intellectual disability who held the job of village water-carrier. After a social worker insisted he leave home and go to school in the city, Bear, who was extremely homesick, became violent and was placed in the state hospital for the criminally insane for 20 years. He was eventually released to his village to die. His tribe viewed this as “a tragic waste of human life” (Locust, 1988, p. 13). He was in harmony in his village because he found a meaningful place carrying water, and he brought added value to his society by being who he was (Locust, 1988). His intellectual disability was part of the acceptance and peace he found within this village; part of who he was. He was viewed as a friend, not simply the “retarded” boy who carried water.

During a time when some students with neurodiversities are still segregated from their peers and experience neglect and abuse within the school settings, fed by the belief that people with “disabilities” are inferior, educators and policymakers must make essential changes to policies that protect, promote, and prosper students with neurodiversities. It is, therefore, imperative for school leaders and policymakers to have the necessary information and open mindset of acceptance in order to improve
educational outcomes for students with neurodiversities and develop the characteristics and attitudes of the education system toward these students.

**Conclusion**

This study contained the key points of the experiences of individuals with neurodiversities and found connections among factors influencing self-fulfillment, such as education experiences, family and community support, and self-identity.

This study contains five chapters:

- **Chapter 1**: Introduction to the study
- **Chapter 2**: Relevant literature and theoretical frameworks surrounding and supporting neurodiversity
- **Chapter 3**: Methodology of the study
- **Chapter 4**: Data analysis and interpretation
- **Chapter 5**: Conclusion with findings and recommendations

Chapter 1 introduced the concept of neurodiversity and the importance behind the movement to change the concept from disability to diversity. It described the problem at issue and the nature of the study. This chapter provided a brief overview of the research and theoretical framework guiding this study. It offered an introduction to the history and laws that guide special education practices. Chapter 1 included the operational definitions and limitations of the study.

Chapter 2 provides more details on the history and laws related to special education. It offers an overview of peer-reviewed literature important to this area of
study. It also offers research related to neurodiversity, disability labels, and diagnosis mindset of special education (medical model). It presents research on strategies for success and self-fulfillment, and their importance related to individuals with neurodiversities.

Chapter 3 details the methodology of this study. It includes specific information on participants, participant recruitment, interview questions, and interview procedures. This chapter provides information about data collection, coding and data analysis, as well as issues of validity and reliability.

Chapter 4 presents, interprets, and explains the data collected and analyzed. It clarifies key themes found within the data and the importance of the information obtained. It includes tables and figures to illustrate significant data.

Chapter 5 summarizes the findings and addresses implications for future research. It readdresses key facts and research related to neurodiversity and self-attainment in order to guide practices, educational leaders, and policy. The chapter concludes with recommendations for practice.
Chapter 2

REVIEW OF LITERATURE

Students who receive special education services face multiple barriers in education (Amstrong, 2010; Hardman & Nagle, 2004). Our society and schools focus on deficits and tend to attach harmful labels that negatively impact students’ identity (Peters, 1999). These labels can influence self-esteem, self-determination, and self-fulfillment in students. The purpose of this chapter is to review the literature related to perceptions of individuals with neurodiversities and how these individuals may overcome negative labels and stereotypes. The first section summarizes the development of policies designed to provide services and to protect students with special needs (see Table 1) and the impact on K-12 education. The second section examines literature focusing on diversity, disability, and medical labels. The third section reviews literature on effective strategies for educational success. The remainder of the chapter looks at strategies for personal success.
### Table 1

*Special Education Policy Timeline*

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1927</td>
<td><em>Buck v. Bell</em></td>
</tr>
<tr>
<td>1965</td>
<td>Elementary and Secondary Act</td>
</tr>
<tr>
<td>1971</td>
<td>Education of the Handicapped Act</td>
</tr>
<tr>
<td>1973</td>
<td>Rehabilitation Act (section 504)</td>
</tr>
<tr>
<td>1975</td>
<td>Education of all Handicapped Children Act</td>
</tr>
<tr>
<td>1990</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>2001</td>
<td>No Child Left Behind</td>
</tr>
</tbody>
</table>

### Policies for Individuals with Disabilities

Prior to the passage of the Education of All Handicapped Children Act in 1975, educational opportunities were limited for students with disabilities, as education was not considered a right for all students (Yell, Drasgow, Bradley, & Justesen, 2004). In the early 1970s, it was estimated that only 20% of all children with disabilities were educated in public schools (Office of Special Education Programs (OSEP), nd). In 1965, The Elementary and Secondary Education Act was established, which allocated federal funds for the education of children in the United States. One year later, an amendment to Title VI authorized the use of federal funds to assist states in the initiation, expansion, and improvement of programs to educate children with disabilities. This act provided funding for the education of “handicapped” children, but did not make...
educating those children with diverse education needs mandatory. In 1966, Congress created the Bureau for the Education of the Handicapped within the US Office of Education as a result of lobbying from advocates to improve conditions for student with disabilities (Martin, Martin, & Terman, 1996).

It is believed *Brown v. Board of Education* in 1954 and the civil rights movement “produced strong legal and political support for expanding federal oversight of the education of children with disabilities” (Yell et al., 2004, p. 17). The disability movement grew out of the civil rights movement, largely to protect against discrimination and ensure appropriate access to educational, employment, and independent living opportunities (Kapp, 2011). While some scholars supported the connection (Kapp, 2011), others argued the issues were entirely separate as one was a prejudice against people based on race, while the other was simply the refusal to allocate general education funds to educate students with special needs (Greene, 2007). Greene (2007) stated, “[the] difficulty applying the civil rights movement to special education is that the barriers preventing adequate services for minority students were different from the barriers preventing adequate services to disabled students” (p. 716).

Due to a lack of adequate education and limited opportunities provided by public schools, many parents chose expensive private educational settings that were often far from home and segregated students with disabilities from nondisabled peers (Katsiyannis et al., 2001). In 1970, *Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania* and *Mills v. Board of Education of the*
District of Columbia led to rulings that people with disabilities have equal educational rights (Hardman & Nagle, 2004). In 1973, section 504 of the Rehabilitation Act extended civil rights to individuals with disabilities. Then in 1975, Congress enacted the Education for All Handicapped Children Act (P.L. 94-142) (EAHCA), which provided free and appropriative public education for all children with disabilities (Hardman & Nagle, 2004; Yell et al., 2004). Hardman and Nagle (2004) stated, “Historically, the implied purpose of education was to teach only those students who had the greatest potential to learn--the most academically capable” (p. 277).

In the 1980s, parent advocacy groups brought focus to students with behavior problems and attention deficit disorder (Armstrong, 2010). After years of advocating, in the early 1990s, students who fell into these categories were included in services for students with disabilities, mainly under the authority of the Section 504 of the Rehabilitation Act, a federal law extending civil rights to individuals with disabilities. In 1990, Congress reauthorized and renamed PL 94-142 as the Individuals with Disabilities Education Act (IDEA), which added autism and traumatic brain injury to the list of disabilities eligible for special education services. This act was reauthorized in 1997 and 2004.

The most current legislation to impact special education is the No Child Left Behind Act of 2001 (NCLB) (DOE, 2001). NCLB established that students, including those with disabilities, must participate in statewide assessment directly tied to challenging state standards (Fuchs et al., 2010). Student performance is a basis for
district and school accountability. The No Child Left Behind Act (2001) states, “the purpose of this title is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging State academic achievement standards and state academic assessments” (Sec. 1001). NCLB (DOE, 2001) placed expectations that all students score proficient in state assessments, all teachers be highly qualified and deliver effective evidence-based instructional strategies, and all schools meet state adequate yearly progress (AYP) targets for their entire student population and for certain demographic subgroups. NCLB established high expectations and accountability for the education of students with disabilities.

**Legislative Impact on K-12**

Despite all the changes in legislation, special education in K-12 has a long way to go. One of the main concerns is that special education has developed into an entirely separate system of programs, classes, jargon, and assessments; and its philosophies are primarily drawn from deficit-based orientations (Armstrong, 2010). There is a long way to go before students with neurological diversities are fully educated alongside their typical peers. Children with special needs are still secluded, abused, restrained, and mistreated. There are incidents of children being taped to chairs, left to sit in urine, and restrained to the point of broken bones or death (National Disability Rights Network, 2009; U.S. Government Accounting Office, 2009). Forty-one percent of states have no laws, policies, or guidelines for restraint or seclusion in public schools, while 90%
explicitly allow restraint. Students with mental and physical disabilities are punished at disproportionate rates. One example of this is in Texas. Out of the total number of students physically punished in the 2006-2007 school year, 18.4% of them were students receiving special education services, but they are only 10.7% of the school population (Human Rights Watch, 2008).

EAHCA (1975) established the expectation of the Individual Education Plan (IEP). Once it is determined a student has a disability that falls under one of the federally established categories and the disability impacts their ability to receive an appropriate education, that students must have an annual IEP. The Individuals with Disabilities Act (2004) states:

Child with a disability means a child evaluated in accordance with Sec. Sec. 300.304 through 300.311 as having mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as "emotional disturbance"), an orthopedic impairment, autism, traumatic brain injury, any other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. (34 C.F.R §300.8(a)(1))

The IEP must include, but is not limited to, the student’s present levels of education, how the student’s disability affects involvement and progress towards general education curriculum and activities, educational services, participation in state-wide assessments, and annual measurable goals (Hardman & Nagle, 2004). The IEP team consists of members who work together to develop an appropriate and beneficial plan for the student. The team members must include the following who are familiar with the student’s needs: parent, special education teachers, general education teacher, and
administrator, as well as other support or services providers. The student can also be included in the development of the IEP. While this is considered a best practice, it is not mandated.

The purpose and benefit of the IEP is to ensure students with special needs receive a free and appropriate public education. Another component of the IEP focuses on the educational setting to determine where the child will receive his or her primary instruction for each subject. IDEA (2004) states:

(2) Each public agency must ensure that--
(i) To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
(ii) Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (34 C.F.R. §300.114(a))

The IEP also establishes the accommodations and modifications each student needs for success with the general education curriculum, state assessments, and life after high school.

**Outcomes for Individuals with Disabilities**

Despite laws, plans, and good intentions, students receiving special education services face outcomes reflecting disproportionate failure in our ability to serve them. According to the National Center for Education Statistics (NCES; 2010), in 2008, the national dropout rate was 8% as compared to dropout rate for students with disabilities at 26% in 2006 (NCES, 2008). With over 13% of all students diagnosed with a
disability (National Center for Education Statistics, 2011), the disproportionate numbers of students with disabilities dropping out of school is appalling. It also leads to higher rates of unemployment, government assistance and incarceration (National Center for Education Statistics, 2000).

Arrest rates for high school dropouts with disabilities are as high as 73% (Thurlow, Sinclair, & Johnson, 2002). It is estimated 30-70% of incarcerated individuals have a disability (Harlow, 2003; The National Center on Education Disability and Juvenile Justice [EDJJ], 1999; She & Stapleton, 2006). The National Institute of Corrections (2008) reported the average costs of incarcerating an inmate for one year is $28,689, almost double the cost of educating a student with a disability (Thurlow et al., 2002). With approximately 2.3 million incarcerated individuals (West, 2009) and roughly 50% of these individuals having special needs, one can assume it is costing taxpayers $33 billion annually to incarcerate individuals with diverse learning needs.

Federal government assistance programs, such as welfare, unemployment, and food stamps, cost around $350 billion a year to maintain (United States Government Printing Office [GPO], 2008). The U.S. Department of Labor (1991) reported as many as 40% of welfare or government assistance recipients have a learning disability. The Bureau of Labor Statistics (2010) reported the current unemployment rate around 9%; however, the rate for persons with a disability is 14.5%. Additionally, a study sponsored by the Department of Special Education Programs indicated many persons with
disabilities, as much as 20%, never have been or wanted to be employed. These people are not factored into the unemployment rate (D’Amico & Marder, 1991).

**Disability vs. Disease vs. Neurodiversity**

**Disability**

Disability, often seen as the opposite of normality, is a term with many meanings and definitions (Singh & Ghai, 2009). Although the term disability was established with good intent and intended to bring dignity to those with diverse needs, the foundation for the definition was deficits and bias. Disability is a term that keeps evolving and changing with new laws, regulation, and societal perceptions. It is a term that represents what are determined to be the extremities of human diversity (Anastasiou & Kauffman, 2012).

Over-identification of students with disabilities is a problem in education today (Greene, 2007). Over 13% of U.S. students participate in special education (National Center for Education Statistics, 2011), meaning that more than one in eight students is disabled. Greene (2007) stated, “at the very least, to claim that so many students are disabled one would have to stretch the meaning of the word disabled beyond its common usage and certainly beyond what the authors of the original legislation imagined” (p. 705). Is this attributable to schools over-identifying for financial incentive, the rise in individuals with disabilities, or the low performance of students based on poor educational experiences? If one-eighth of people are disabled, then it becomes more of a norm, and the idea of diversity, instead of disability, applies significantly.
Dweck (2006) indicated negative labels could harm achievement. She posited that there are two mindsets: a fixed mindset and a growth mindset. When individuals are faced with the threat of stereotype based on their label, those with a fixed mindset may believe that they and others like them are permanently inferior. Stereotypes affect individuals associated with a labeled group based on race, religion, ethnicity, gender, disability, etc. Stereotype threat is ultimately the risk of conformation to a negative stereotype being placed on the group (Steele, 1997). This social-psychological threat can hamper the achievement of individuals associated within particular groups and negatively impact self-identity. Individuals with a growth mindset do not allow the stereotype to disrupt their performance, but instead fight back against the stereotype placed on them (Dweck, 2006).

Singh and Ghai conducted a study examining negative self-identity in relationship to being “disabled.” Singh and Ghai (2009) sought to obtain the personal experiences of individuals with diverse needs aged 11-16, gain their understanding of what “disability” means, and examine the images they created of themselves based on their “disability.” “Children are considered ‘disabled’ if they have an identifiable level of ‘deficit’ when formally measured or compared with a social/cultural norm of learning, physical abilities, etc.” (p. 130). During discussions, the children would use words such as normal and “handicapped,” internalizing “non-disabled” as normal. They identified feeling disabled when they were unable to perform activities and included disabling conditions and assistive devices when drawing self-portraits. The children
indicated the experience of being labeled “disabled” was painful and they were often stared at or bullied due to this identification (Singh & Ghai, 2009).

Watson, Shakespeare, Cunningham-Burley, and Barnes (2005) conducted a qualitative study interviewing 165 students between the ages of 11 and 16 considered “disabled.” “Normality” and “difference” were reinforced daily at school, and numerous barriers existed. Adults often talked about the students’ medical conditions and home life in front of them and other children. The adults also expressed how different the children were, that they did not understand things like other students and were dependent on adults for many functions. Beyond the attitudinal barriers, the children experienced physical barriers by being placed under closer surveillance, grouped together in classes, and being told where to sit at lunch (Watson, Shakespeare, Cunningham-Burley, & Barnes, 2005).

Many of the children interviewed experienced social barriers through limited relationships with peers and bullying. Additionally, many students were assigned adult aides for support. The assignment of an aide to a child often negatively impacted peer relationships and led to resentment from peers, as well as less attention and instruction from qualified teachers. In school, differences were the main focus, and most of the children indicated that differences create difficulties; however, many students were resistant to the label of disabled (Watson et al., 2005). The children defined “disability” with many different meanings and spoke about everyone being different in some way.
Some children rejected the label and did not allow it to influence their sense of identity; others viewed it as their mark of difference from others (Watson et al., 2005).

**Labeling as disabled.** Disability labeling continues to drive eligibility for special education throughout the United States (Hardman & Nagle, 2004). Labels can have significant consequences. Labeling students “at-risk” can create a self-fulfilling prophecy (Benard, 2004, p. 47), which connects with stereotype theory. Placing students in broad categories may lead to making generalized practices, ignoring recognition of needs, and losing the individual voice (Grinker, 2007).

It is argued continued categorization is necessary to ensure all eligible students receive special education services (Hardman & Nagle, 2004). Parents want political visibility for their children, fearing any attempt to eliminate disability categories from the law would result in a loss of services. The elimination of disability categories under IDEA could allow school districts to take the limited resources available and focus on students perceived to be the easiest and least costly to serve.

Society has placed many negative associations on “disabled” and established stereotypes around these associations. People with “disabilities” are usually portrayed as lacking or deficient, rather than normal or ordinary (Singh & Ghai, 2009). The potential and development of each person “is often silenced by the overarching ‘negativism’ that surrounds ‘disability’” (Singh & Ghai, 2009, p. 129). There are many different proposed models of disability, with the attempt to view disabilities in a more positive manner.
**Disability Studies.** Disability studies refers generally to the “examination of disability as a social, cultural, and political phenomenon” (The Center of Human Policy, Law and Disability Studies [CHPLDS], 2012). It rejects the concept of disability as a “functional impairment that limits a person’s activities” (para. 1), or a problem that exists in a person that must be “fixed” or “cured” (CHPLDS, 2012). Instead, disability is an outcome defined within a social and cultural framework.

Disability studies focuses on the barriers, both environmental and societal, that exclude and disable people, rather than on the individual’s impairment (Watson, 2012). Wheeler (2011) stated:

Disability Studies is an emergent field of study that seeks to challenge the commonly held views of deficit and incapacity that are enforced by medical conceptualizations, which are grounded in cultural and societal prejudice. Whilst it is thought by some that this field of study is exclusive to physical disabilities, in reality it is applicable to all disabilities. (p. 846)

Disability Studies views the terms of disabilities as products of judgment and interpretations of societal barriers, due to the fact that the meaning and definitions of various disabilities continue to change over of the years (Baglieri, Valle, Connor, & Gallagher, 2011).

Disability Studies is rooted in the activism and rights of individuals with neurodiversities working toward the transformation of society (Baglieri et al., 2011). Disability Studies is focused by the goal of moving people with neurological diversities away from objects of study and into the role of “active agents” (Watson, 2012, p. 193). It explores ways to bring awareness to all diversities across the academic fields of study.
and gives significance to the various voices of individuals who have something important to say about disability issues (Baglieri et al., 2011). “Disability Studies, therefore, has the potential to benefit people with disabilities as well as society by the participation and presence of people with disabilities in our schools, our neighborhoods, our workplaces, and in our lives” (CHPLDS, 2012, para. 5).

**Affirmation model of disability.** Swain and French (2000) proposed the affirmation model of disability, which is a “non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people grounded in the benefits of life style and life experiences of being impaired and disabled” (p. 569). This view focuses on the benefits of being disabled and the positive identities accompanying the disability (Wheeler, 2011). It offers a sense of validation for their identities and their experiences (Swain & French, 2000). It is also grounded in the belief that individuals with impairments are oppressed in this disabling society that cannot accept someone who might be happy with their disability and lead a fulfilling and satisfying life.

**Social model of disability.** Another model is the social model of disability. The social model of disability, established by disability advocates, does not view disability as a tragedy, abnormality or a disease (Matthews, 2009). The social model of disability suggests the environment be restructured so all diverse individuals can thrive within it. Society constructs barriers that are placed on impairments. Society also lacks accommodations for the impairment, which leads to a person being labeled as “disabled”
because of his or her differences (Brownlow, 2010). Disabilities are not individual attributes, but simply something created through social exchanges and practices.

A disability is created through society’s lack of accommodations for impairments and emphasized through social exchanges and practices (Brownlow, 2010). Brownlow (2010) stated:

In our conceptions of ‘disability,’ we should not exclude the ways in which it is a cultural, moral and discursive formation as well as theorizing about marginalization in economic and social terms, as would be the focus of more traditional approaches within the social model of disability. (p 245)

The social model of disability is set in the belief that people with disabilities are an oppressed social group and, therefore, “people with disabilities are viewed as collective victims of an uncaring and antagonistic society, a system of social relations that produce ableism or disableism, and social exclusion” (Anastasiou & Kauffman, 2012, p. 139). Policies and political approaches of education leaders should be to remove socially structured barriers and negatively formed social attitudes.

The social model of disability maintains that schools “should avoid the use of medical labels in identifying the learning needs of disabled students, and should instead make efforts to institute as part of everyday practice a diversity of inclusive teaching strategies” (Matthews, 2009, p. 229). Special education should be considered a “social compensatory strategy, trying to help the full development of atypical students to face their predicaments, maximizing their functioning and educational capacities” (Anastasiou & Kauffman, 2012, p.146). Schools can be the first step in shaping the
attitudes and beliefs of others by promoting social inclusion of all students and focusing on the development of each student, allowing them to flourish as individuals.

**Functional diversity.** Functional diversity provides a new frame through which to view impairment and disability (Patston, 2007). The concept of functional diversity “takes away the boxes of impaired (or disabled) and a comparative normal” (Patston, 2007, p. 1) and allows everyone to fit into the continuum of typical human functions and focus on strengths. It recognizes people function in diverse ways and looks at people with unique functions and common functions. It removes the idea of normalness and aims to break down the barriers between “normal” and “disabled.” Its goal is to “shift the ‘problem’ of functional diversity from the person to the environment” (Romanach & Lobato, 2005, p. 3).

Due to the constructs of the current society and the characteristics of each person, an individual may be forced to perform a task or function in a different way from the norm (Romañach & Lobato, 2005). For example, a person who is deaf communicates through signs, gestures, and eyesight, while the majority of our current society communicates through words and sounds. The function of communication is the same, but the forms are diverse. This applies also to individuals who use a wheelchair to get around versus using legs, like the majority of society. It is for “this reason the term ‘functional diversity’ corresponds to a reality in which a person functions in a different or diverse way from most of society” (Romañach & Lobato, 2005, p. 4).
Disease and Medical-based Labels

One step beyond the label of disabled is the use of medical concepts and disease-based metaphors that brand individuals with neurodiversities. The medical model focuses on the illness or disease and the cure to fix what is deficient or disabling (Armstrong, 2010). It often sees the condition as the individual’s problem, so that instead of changing society, we need to fix the person. The medical model focuses on diagnostic labels, which presents numerous educational and political concerns (Matthews, 2009). The use of medical language within the discourse of neurodiversities continues to emphasize deficits (Griffin & Pollak, 2009). Wheeler (2011) claimed, “these medical conceptualizations can only provide a small piece of the vast puzzle that is the human mind” (p. 843).

Kapp (2011) argued this medical model is well meaning but misguided and results in negative self-identity and disempowerment for people with neurodiversities. The medical model of disability encourages charity or care, instead of acceptance and understanding. The neurological differences existent in all people are considered typical in neurologically typical people and deficient in people with neurodiversities (Wheeler, 2011). The “cure mentality” believes a cure to neurological diversities and other impairments is the necessary path. Searching for a cure attempts to erase the differences and uniqueness of individuals with neurodiversities (Ortega, 2009). To try to cure them is no different than trying to cure someone based on race or sexual orientation.
In an ethnographic study conducted by Bagatell (2007), her participant, Ben, a young man with neurodiversities, struggled for many years to construct a sense of identity due to the various labels placed on him. He began to feel isolated and depressed, believing there was something wrong with him. He adopted a “cure mentality” and wanted to be fixed. After he became aware that his behaviors were a normal part of his experience, not shameful or deviant, he realized people could live authentic lives based on who they are. He found others with shared experiences and began to reform his identity. Despite this realization he continued to struggle with societal expectations of “normal” and his own prejudice toward his autism, while longing for a romantic connection with someone.

Bias and Prejudice

Despite the advances in special education law, bias and prejudices still exist toward individuals with neurodiversities. Many individuals with diverse needs have experienced social, emotional, and physical isolation (Grandin, 2012). What society needs is an overall “change in attitude, where parents, educators, and others begin to see people with disabilities as part of the spectrum of human abilities” (Armstrong, 2010, p. 193). There exists “a prejudice fueled by a profound discomfort with and fear of neurological difference” (Jurecic, 2007, p. 422).

An attitude change is required so parents, educators, and others begin to see people with disabilities as part of the spectrum of human beings (Armstrong, 2010). A social stigma associated with disabilities or special education still exists. The idea of
“normal” seems to be part of the mindset of all. Even Temple Grandin (2006), a woman with autism well known for her advocacy and reports on autism, uses the term “normal” to describe people not labeled as autistic or having a neurodiversity. Smith (2004) stated, “the threat of devalued identity provides a powerful incentive for maintaining both physical and social distance from people more seriously stigmatized” (p. 10).

Even single words can create an instant negative reaction. The word “autistic,” when used as an insult, suggests a prejudice established through discomfort and fear of neurological differences (Jurecic, 2007). Promoting the strengths of people with neurological differences and mental disorders may defuse some of the existing prejudice (Armstrong, 2010) by fostering the knowledge that “our own inner strengths builds our self-confidence, provides us with courage to pursue our dreams, and promotes the development of specific skills that can provide deep satisfaction in life” (Armstrong, 2010, p. 25).

Teachers’ attitudes to students with disabilities and their participation in the general education classroom may impact the success of student inclusion. Attitudinal barriers are perceived to be the basis of all other environmental barriers and are the most difficult to change (Gal, Schreur, & Engel-Yeger, 2010). These attitudes can be seen in misconceptions, stereotypes, and labels that create further isolation of children with disabilities (Heyne, 2003).

A study conducted by Gal et al. (2010) examined the attitude of teachers toward inclusion of students with disabilities. Of the 53 teachers that participated in the study,
41% had taught students with disabilities, and only a few had experience with other people with disabilities. The results indicated there was an overall positive attitude toward inclusion. Older teachers had a less positive attitude toward children with disabilities. Teachers with more experience had an increased negative attitude toward students with disabilities including the belief they were usually not friendly, did not succeed as well as typical children, and gave up easily. Teachers with more experience expressed the feeling they could address the needs of children with disabilities only in smaller classes (Gal et al., 2010).

The study indicated teachers with family members or friends with disabilities were more aware of the need for accommodations; however, their attitudes toward students with disabilities did not greatly differ from those without family members with disabilities. In addition, teachers with a greater number of work hours were more likely to carry the belief that children with disabilities do not succeed as well and are often less intelligent than typical children. Teachers who knew or had known children with disabilities in close environments were less worried about their health than others, but also shared the belief that students with disabilities were less successful than typical children. Overall, most teachers in the study had a positive attitude toward inclusion, but their preconceived mindsets might limit the success of students with disabilities within their classrooms and become an educational barrier to inclusion. To rectify this, teachers need training, support, a reasonable workload and hours, a proper budget, and help (Gal et al., 2010).
Beyond being preconceived as difficult to educate, people with disabilities are conveyed as objects of pity, charity, ridicule, or villainy (Singh & Ghai, 2009). People with disabilities are also presented in opposition to normality; people are either normal or disabled. A sense of social stigma remains; the idea of a “normal” person is seen as having the stigma characteristics simply through association with a stigmatized individual (Smith, 2004).

**Neurodiversity**

The neurodiversity movement began approximately 10 years ago and is slowly increasing in popularity (Armstrong, 2010). People with neurodiversities seem to reach out and respond to this movement due to their sense of vulnerability and low self-esteem, often created by the deficit model of disabilities (Ortega, 2009). The concept of differences instead of diagnosis is the most humanistic approach to the increasing establishment of disorders (Harmon, 2004). The notion of different versus disabled allows people to value who they are instead of focus on labeled deficits. A neurologically diverse individual is neither superior nor inferior to a neurologically typical person; they are simply different.

Temple Grandin, a woman successful in the cattle industry and well known for autism activism, sees the world in pictures due to her autism. It was due to this neurological difference that she was able to perceive the world from the orientation of cattle. This allowed her to develop a system and machinery that calmed them. Her innovative thinking led to better and more humane systems for cattle, thinking that may
have never been possible for a “typical” human brain. As Temple Grandin (2006) questioned, “At what point do these differences in the sizes of different brain structures become just variations on the more extreme end of the normal range” (p. 218)?

Embracing all diversities of the brain, including autism, learning disabilities, Down syndrome, ADHD, mental instabilities, and mood disorders, neurodiversity is, in itself, diverse. Looking into each strain or even a few strains of differences is beyond the scope of this study. This study embraced neurodiversity as a whole and looked at issues transferring to all individuals with neurological differences. For further research into the different branches of neurodiversity, the reference section of this dissertation has listed the resources alphabetically and by specific categories.

There are eight principles of neurodiversity (Armstrong, 2010, pp. 9-23)

1. The human brain works more like an ecosystem than a machine.

2. Human beings and human brains exist along continuums of competence.

3. Human competence is defined by the values of the culture to which you belong.

4. Whether you are regarded as disabled or gifted depends largely on when and where you were born.

5. Success in life is based on adapting one’s brain to the needs of the surrounding environment.
6. Success in life also depends on modifying your surrounding environment to fit the needs of your unique brain (Niche Construction).

7. Niche Construction includes career and lifestyle choice, assistive technologies, human resources, and other life-enhancing strategies tailored to the specific needs of a neurodiverse individual.

8. Positive Niche Construction directly modifies the brain, which in turn enhances the ability to adapt to the environment.

What is considered, by society’s standards, a difference or “disability” can vary based on when and where you live. Disabilities do not exist outside culture because the sociocultural views of each culture establish the classification of the disability, as well as the attitudes, practices, laws, and behaviors directed at them (Grinker, 2007). Society has placed a restrictive and narrow view of what is the “normal” mental range of brain function and, subsequently, negated the worth of any ranges outside this identified range.

An example of a culture that did not limit or label the range of diversities within its community is the Navajo Nation. Before acculturation, the word “disability” did not exist in the Navajo language (Kapp, 2011). Each person received full acceptance, appreciation and affection for who they were. As a result, individuals were unaltered by their differences, which were viewed as a “neutral characteristic of personality” (Kapp, 2011, p. 589). This attitude transcends the mindset of neurodiversity (Kapp, 2011, p.
to an acceptance that seems out of reach in our society. Patston (2007) referred to
the concept of functional diversity, which sees everyone as normal since each person
functions in a unique way and has a unique role in society (more on functional diversity
in the next section). Through full inclusion and acceptance, the Navajo were able to
“help individuals achieve self-determination in an interdependence context that
empowers extensive individual differences, striking a balance in life between abilities
and disabilities and support given and received” (Kapp, 2011, p. 591).

Despite recent changes, the stigma of special education still hangs in the air. The
negative labeling of “disability” continues to maintain marginalized status for those with
neuro diversities. Grandin (2006) maintained, “there is too much emphasis on deficits
and not enough emphasis on developing abilities” (p. 105). Neurological differences
make people special or unique and able to accomplish tasks or see alternatives to life’s
issues that people with a “normal” brain cannot.

Much debate remains regarding the correct or proper terminology to use with
neurologically diverse individuals. Should perspectives be based on disease, disabilities,
or differences? A critical question that must be asked in this pursuit, however, is how
disease, disorders, and defects are defined. Are disabilities, in this context, disease or
defects, or are they simply human differences? Are they conditions to be prevented in
all circumstances or are they part of the spectrum of human variation? (Smith, 2004,
p.11)
Additionally, the question must be asked what harm does each label do and what benefit does each bring? If each label is simply to guide medical and educational practices toward individuals with diverse needs, maybe these practices need to be evaluated and given on need. Ultimately, the goal is to create success for all students, not labels or diagnoses.
Figure 6. Daugherty’s evolution of theories model.

A variety of disability models has developed over the years. Society seems to be moving through a slow continuum of acceptance toward individuals with disabilities.

According to the researcher’s belief, Figure 6 places the discussed models in order of
least embracing to most embracing, ultimately leading to where society needs to be: accepting each person for who they are and being responsive to each person’s needs. The term culturally responsive is often used in education to describe “instruction that acknowledges and accommodates students’ culture, language, and learning styles in the curriculum and classroom” (Ogbu & Simons, 1998, p. 180). Culturally responsive teaching uses “the cultural characteristics, experiences, and perspectives of ethnically diverse students as conduits for teaching them more effectively” (Gay, 2002, p. 106). It is designed to soften the difference between students’ culture and the education systems’ practices and expectations and the conflict that may arise through miscommunications due to teachers’ and students’ culturally established characteristics (Ogbu & Simons, 1998). Culturally responsive teaching shows students the teacher recognizes, honors, and shows interest in their cultural and personal experiences, which validates students’ identities, makes school a less foreign place, and improves student achievement (Ogbu & Simons, 1998).

This practice is supported by Maslow’s theory, which shows individuals need a sense of belonging to move up the hierarchy toward self-attainment. It also connects to Benard’s resiliency theory, which shows that if students’ basic needs are met, student resiliency will strengthen and outcomes will improve. Additionally, the practice of culturally responsive instruction will decrease risk of stereotype threat. School, teachers, and peers influence a student’s identity and development. Feeling
acknowledged and secure in themselves will help build students’ self-esteem, increase academic success, and move them toward a path of self-attainment.

This researcher proposes a similar practice she calls *Diversely Responsive* that recognizes and values all individuals and responds to their needs as they arise and includes visible and thorough references to all diversities, including neurodiversities, in every aspect of learning and life. Feeling honored, recognized, and respected in educational experiences and connected with pedagogical practices may increase the likelihood of educational success.

**Factors Contributing to Success**

An individual’s development can help predict success. The more resilient an individual is to adversity and the higher on Maslow’s hierarchy of self-determination, the more likely a person will be self-fulfilled, and therefore, successful. A solid microsystem with strong help and support from family, friends, and connected organizations, strengthens the likelihood of an individual’s self-development. Within these systems and society, there are factors and strategies that can also help contribute to an individual’s success.

**Educational Strategies Contributing to Academic Success**

Many educational practices benefit all students, especially students with diverse educational needs. Matthews (2009) argued schools must “restructure the educational environments such that all students can flourish in them, rather than be disabled by them” (p. 231). Teachers need to eliminate the “banking” method of teaching, the idea
of depositing information into the minds of students and expecting it to stay, and instead involve students in the learning process (Freire, 2010). The use of an anticipatory set, a short activity engaging the students in the curriculum, is a way to encourage participation and learning. Additionally, use of multiple intelligences and universal design breaks down barriers for student learning and focuses on student strength in learning styles (Armstrong, 2010).

**Universal Design**

Universal Design for Learning (UDL) is an approach to learning grounded in the belief every student is unique and has different strengths and needs and should have access the curriculum in the variety of ways they learn (Hehir, 2012). UDL instruction should engage students by presenting materials in multiple ways and allowing students a variety of ways to demonstrate knowledge; it gives students multiple ways to represent, engage and produce. UDL “requires that teachers reach a wide array of students by providing access to the curriculum and to the myriad way students learn” (Hehir, 2012, p. 101), but the teacher must be committed for success. UDL allows for access in basic ways, is based on the belief that students learn in a variety of ways, and base on the fact that people with diverse needs are able to lead typical lives. By recognizing the needs and strengths of each individual student, educators can increase student achievement and allow students to embrace their own strengths. Educators have a critical job in the development and success of students as learners.
Response to Intervention (RTI)

Response to Invention (RTI) was mentioned in policy in The Individuals with Disabilities Education Improvement Act of 2004 as a means for identification of learning disabilities (Yell & Walker, 2010). RTI is an educational model that benefits all students. Structured in a three-tiered model, RTI’s focus is to provide interventions to all students, beginning in the classroom and moving into intensive intervention through evidence-based instruction (Fuchs et al., 2010). The core program, or first tier, if implemented with strength and consistency, should increase the academic achievement of most students (Fuchs & Fuchs, 2009). The next tier, tier two, involves intensive instruction based on specific student goals. Tier three, the most intensive tier, modifies components and monitors performance of the most difficult students to teach and requires highly skilled instructors (Fuchs & Fuchs, 2009).

When using the RTI model, it is assumed all students are delivered evidence-based instruction, based on individual need, implemented with a high degree of fidelity; thus ensuring all students are provided with equality of education and opportunities to learn (Brown & Doolittle, 2008). If students are to be compared to other students to determine need for interventions, the instruction must be the exact same; otherwise an authentic comparison cannot be made (Fuchs et al., 2010).

Establishing school-wide intervention models allows all students to get the instruction needed for academic achievement, and gives the special education student an opportunity to learn the core curriculum in the general education class and still receive
additional support for extra intervention. A school-wide intervention program also offers many other benefits:

It comprises the instructional practices general educators conduct with all students: the core instructional program along with classroom routines for differentiating instruction; accommodations that permit access for all students including those with disabilities; and problem-solving strategies to address motivational problems that interfere with student performance. (Fuchs & Fuchs, 2009, p. 250)

RTI can be used to determine eligibility for special education or eliminate the need for qualification. High-incidence disabilities are viewed skeptically because of a belief that with the right instruction, such children at risk for qualification will prove capable (Fuchs et al., 2010). Effective intervention can help reduce over-identification because it “leads to more meaningful identification by accelerating the progress of many low achievers, thereby eliminating them from consideration as disabled” (Fuchs et al., 2010, p. 302). Students who show little academic growth after direct intervention need more intensive instruction, which might include special education. Special education should no longer “own” the third tier in the RTI framework and be permitted to stay in isolation, apart from general education (Fuchs et al., 2010).

**Inclusion and Classroom Placement**

Inclusion is defined as “a philosophy of acceptance and belonging to the community so that a class is structured to meet the needs of all its students” (Gal et al., 2010, p. 89). Even though special education laws are associated with an inclusion movement, inclusion is not specifically mentioned in EAHCA or IDEA. The law is clear that the least restrictive environment (LRE) should be the educational delivery of
service for all students with special needs, and that a continuum of placement options must be made available, if necessary; but the vague definition of LRE has left plenty of room for argument and opinion, which has led to court cases regarding the placement of a child in a fully inclusive setting (Daniel R.R. v. State Board of Education, 1989; Sacramento City Unified School District v. Rachel Holland, 1994).

Placement decisions are supposed to be made based on what is best for the student and his or her unique educational needs, but that is not always the case. Schaller et al. (2004) believe, “the argument that special education is a service, not a place, may fall on less-than-receptive ears” (p. 237). These placement decisions are often made based on teacher training (Schaller et al., 2004) and attitudes toward special education students. Fuchs and Dorn (2004) maintained “debates over the appropriate placement of students with disabilities, from placing them in the general education classroom to placing them in institutionalized settings, are informed by arguments about justice and individual education, and about special education schooling more generally” (p. 57).

Bronfenbrenner (1977) argued that school, one of the microsystems, has a significant impact on an individual’s development. Feelings of isolation in school can prevent a student from moving up in Maslow’s hierarchy, leaving them stuck at the level related to safety needs and unable to move on to levels related achievement of self-esteem in school. Belonging in a social manner is required for the development of self-esteem and self-assurance (Kunc, 1992). Additionally, the label of special education can create a stereotype threat on the student and their self-image. It is important schools are
careful when considering the educational setting of each student and allow inclusion to be the primary choice.

In most educational settings, the paradigm of inclusion examines the current skills of the special education student, and if those skills are adequate, they may be included in the regular education classroom (Kunc, 1992). This sense of acceptance based on skills disregards Maslow’s hierarchy of needs by transforming the right and need of belonging to something that must be earned. Maslow (1943) theorized a sense of belonging is required to attain self-esteem, yet most educational systems operate on the belief that achievement is the primary road to self-esteem (Kunc, 1992). Kunc (1992) argued:

Successful mastery of school work is expected to foster the children's sense of self-worth, which in turn will enable them to join the community as “responsible citizens.” Children are required, as it were, to *learn* their right to belong. (para. 17)

The very reason many students are segregated (physical and mental diversities) cannot be eliminated or changed to the point that the student is “normal.” As a result of these practices, students learn they are not good enough to belong: and because of their “disability,” they will never be good enough. They learn the reason for their exclusion can never be erased (Kunc, 1992).

An education system should be established that places all students in the regular education classroom with supports and then looks at what skills the student has and which skills need to be developed (Kunc, 1992).
What is needed is a collective effort among all of us to search for ways to foster a sense of belonging in our schools, not only for students, but for the staff as well. For when we are able to rely on our peers’ individual strengths rather than expecting to attain complete mastery in all areas, then belonging begins to precede achievement, and we may be welcomed into community not because of our perfection, but because of our inherent natural and individual capacities…If we are to create schools in which students feel welcomed and part of a community, then we must begin by creating schools that welcome the diversity of all children…The fundamental principle of inclusive education is the valuing of diversity within the human community. Every person has a contribution to offer to the world…The ways in which people with disabilities can contribute to the world may be less apparent: they often fall outside of the goods and service-oriented, success-driven society…We begin to look beyond typical ways of becoming valued members of the community, and in doing so, begin to realize the achievable goal of providing all children with an authentic sense of belonging. (para. 38-41)

**Benefits of Inclusion**

If implemented correctly, inclusion can be extremely beneficial to students with special needs. Stainback, Stainback, East, and Sapon-Shevin (1997) stated the “goal of inclusion is not to erase differences, but for all students to belong to an educational community that validates and values their individuality” (p. 366). Full inclusion programs give opportunity to work with peers of all experiences, abilities, and diversities and create positive learning factors (Armstrong, 2010). Hehir (2012) argued, “[the] lack of effective inclusive options is a reflection of broader, deeply held negative attitudes in society toward people with disabilities – a term they call ableism – discrimination and oppression that many disabled people experience in society” (p. x). Through education of students with special needs in inclusive settings, schools can break down the barrier and discrimination of ableism and create societal change through the increase of civil rights for individuals with diverse needs (Hehir, 2012).
Abery and Stancliffe (2003b) indicated:

Environments in which barriers are minimized, inclusion is emphasized, and participation is facilitated promote a sense of personal control in a variety of ways. Access to inclusive classroom, recreation, and community settings allows children and youth with disabilities to observe peers engaging in self-determined behavior, providing opportunities for the observational learning of skills supportive of this outcome. (p. 69)

The philosophy and practice of inclusion is connected to the idea of human rights and equal opportunities for participation (Gal et al., 2010). Gal et al. (2010) argued, “one’s joining in everyday life depends on one’s engaging in activities in diverse environments with a variety of characteristics and meeting the challenges they may present” (pp. 90-91).

Schools have failed to provide a range of options from placement (Hehir, 2012). Schools should approach disabilities or ableism with the same approach to race, religion, gender, or sexual orientation, as a matter of diversity to embrace and respect. To embrace societal equality, education practices must diminish the perceived negative impact of disability, celebrate the positive impact of disability, and increase opportunities that allow students to live full, inclusive lives.

Arguments against segregated special education point out that special education services in segregated classrooms can be ineffective, harmful, and unnecessary (Fuchs et al., 2010). Within special education classrooms, teachers that are not usually specialists in specific subjects often offer inadequately conceptualized academic instruction. Additionally, placement in a special education setting can lead to a student’s educational identity being established around their deficits in education, rather than around their
strengths. This risk of stereotype threat can be harmful to a student’s academic self-esteem and negatively impact their academic achievement.

**The Potential Harm of Inclusion**

Inclusion is not always beneficial to students with special needs, especially with the current structuring of the U.S.’s K-12 system. Enrollment in inclusive classes does not automatically lead to effective education for students with special needs (Hehir, 2012). In some cases, the placement of students with special needs in an inclusive environment has a stigmatizing consequence. Additionally, the emphasis on standardized tests in the general education class puts additional pressure on students who receive special education services by “forcing them to spend hours a day preparing to take these tests instead of learning to become successful neurodiverse human beings in their own right” (Armstrong, 2010, p. 189).

Most special education models of service include identifying and labeling individuals, then offering segregated services with similarly labeled individuals (Stainback et al., 1997). The alternative frequently seems to be to dump students in general education and heterogeneous settings without support and ignore their individual differences and needs, which is often the fear of those opposed to inclusion. Additionally, not every educator believes all children should be educated together.

There is a risk of both general education and special education teachers having low expectations of their students and not recognizing students’ unique needs, which increases the risk of stereotype threat.
A study by Zhang (2001) discovered that students with mild levels of intellectual disability had more opportunities to engage in self-determining behavior in a special education setting than in general education classes. Zhang discussed the possibility of it being difficult for students with mild cognitive impairments to express self-determined behaviors in general education. General education teachers could be less knowledgeable about self-determining behavior and how to encourage it in students with intellectual disabilities.

On the same topic, Shogren et al.’s study (2007) indicated inclusion is not a predictor of self-determining behavior. Shogren et al.’s (2007) study involved 327 special education students labeled as intellectually disabled (mild and moderate), learning disabled, or other health impaired. It was discovered that opportunity for self-determination did not differ among the four groups, but capacity and inclusion did. Teachers viewed students with lower cognitive abilities as less likely to have the capacity for self-determination. These stereotypes regarding the ability for self-determination can potentially decrease the opportunities and supports, which in turn can decrease the capacity for self-determination. This shows stereotype threat from teachers can impact the development of a student, their self-determination, self-esteem, and self-fulfillment.

Socialization is significant to arguments in favor of inclusion; however, integrated settings may cause restricted opportunities for individuals with neurodiversities to interact with other individuals with similar characteristics (Stainback
et al., 1997). Without this contact, students’ development of self-identity may be negatively impacted. The classroom is one setting within the microsystem that impacts student development (Bronfenbrenner, 1977). Within this setting, the student engages in certain activities and has a particular role. If this role is always defined as the “different” or “disabled” student, then their overall identity will be impacted. Students with diverse needs require opportunities to engage and relate to students similar to them, where this stereotype or label will not impact their interactions with others. Additionally, students with diverse needs also need opportunities to interact with non-labeled individuals, where their diversity is not a negative barrier, and the individual is seen for who he or she is and the strengths he or she possesses.

Inclusion can be a negative experience, but if established school-wide with fidelity to the use of evidence-based practices and a positive, accepting attitude of all involved, inclusion can be a strong factor in academic and social success. Educators can have a significant role in making inclusion successful and meaningful to all students.

**The Role of Educators in Successful Inclusion**

All educators are special educators. With a push toward inclusion and an acceptance of all in the general education classroom, educators need more professional development, awareness, experience, and help from other educators. Most general education credential programs require only one to two courses in special education, which barely covers the basics of special education disabilities and needs. Laws, policy, research, knowledge, and procedures are constantly changing in the world of special
education. Even special educators need continuous information and training. Teachers need to move beyond the banking method of education, the idea of simply feeding or depositing information in students’ brains and expecting it to remain, because it oppresses all students (Freire, 2010). Students need to be directly involved in their education and learning. The educational system needs to incorporate a universal design that removes environmental barriers, enhances everyone’s ability to learn, and focuses on multiple intelligences (Armstrong, 2010; Hehir, 2012).

General education teachers are expected to cope with students’ diverse needs. Many may not be ready to meet the challenges and need additional support not provided (Gal et al., 2010). Their preconceived mindsets might limit the success of students with disabilities within their classrooms and become an educational barrier to inclusion. To rectify this, teachers need training, support, a reasonable workload and hours, a proper budget, and help (Gal et al., 2010). Jurecic (2007) argued, “After all, the very idea of teaching is undermined if we believe that such differences can block a student from learning” (p. 437).

Grandin (2006) reasoned educators must be aware that all students, even those with special needs, require intellectually satisfying work. Often the general education classroom is restrictive for general educations students, not just those with diverse education needs (Armstrong, 2010). General education teachers are under strict scrutiny for academic achievement based on student performance outcomes on standardized testing. This pressure often gives the teacher little room for innovative lessons and
activities, and forces the teacher to teach to the test. This leaves little opportunity to help develop the whole person within the student and advance their physical, emotional, creative, and spiritual abilities (Armstrong, 2010).

Additionally, teachers have the ability to create in students the power to accept and embrace all types of individuals in their society (Hehir, 2012). In some cases general education settings do not promote socialization nor allow typical children to see their peers with disabilities as dignified (Hehir, 2012). Students with disabilities are often not fully involved in instructional activities and are given separate tasks. Furthermore, general education teachers are not given guidance and support in behavior and academic challenges, which exacerbates their perception that students with disabilities are distinctly different from everyone else.

**The Importance of Social Skills**

Social skills are a huge component in special education. Social and emotional needs of a student are addressed at the student’s annual IEP, and hopefully receive focus. For students with special needs to socialize appropriately with non-labeled peers, they need to be fully included in the classroom and seen as a peer, rather than a visitor, intruder, or mascot (Dorn & Fuchs, 2004). Observing the behaviors of typical peers in real world settings often helps in developing social skills.

Many students with moderate or severe physical, intellectual, or emotional needs are placed in self-contained classrooms upon entering school (Kunc, 1992). These programs often focus on life skills, age-appropriate behavior, and social interactions.
Yet the only students with whom they can socialize are other segregated students. These students often imitate and learn inappropriate behavior from the classmates. Kunc (1992) argued:

> It seems, then, that the adherence to current paradigms within special education has resulted in the creation and maintenance of what I term “retarded immersion” classes. Students are immersed in an environment of “retarded behavior” and learn how to be retarded. (para. 5)

Feeling socially accepted and having a strong sense of belonging in the educational setting is vital to the development and self-esteem of all students.

A study by Robertson, Harding, and Morrison (1998) examined the resiliency of 169 Latino/a students in fifth and sixth grade, 18 of whom were diagnosed with learning disabilities. The teachers rated the students with learning diversities as having behavioral and academic difficulties, which mirrored how the students rated themselves. Additionally, teachers rated students with learning diversities as having lower grades, study skills, and social skills; however, the students’ ratings did not mimic the teachers’ ratings in this case. The students with learning diversities rated themselves as having elevated social self-concept, despite having low levels of social support, and rated themselves as having greater levels of peer self-concept despite the fact they had fewer individuals to turn to for social support compared to typical students. The social support from peers gave them ways to cope with and face adversity.

Social support is considered a factor of resiliency since it provides a defense and outlet to stress (Robertson et al., 1998). Social support involves networks made up of individuals important in the life of the student. The number of significant individuals in
a student’s life is an indicator of resiliency. The social supports help make up the microsystem, a significant factor of student development. Additionally, according to Maslow (1943), an individual cannot achieve self-esteem without first establishing a sense of belonging and love in various settings.

Individuals move through various situations on a daily basis. When moving between various social settings, or different worlds, students can experience borders that make the transition difficult (Phelan, Davidson, & Yu, 1998). The psychosocial border is often constructed out of anxiety, depression, apprehension, or fear of moving between two different worlds, and prevents students from adopting a mindset of success. “Such borders disrupt or hinder students’ ability to focus on classroom tasks, participate fully in learning, or establish positive relationships” (Phelan et al., 1998, p. 12).

A structural border may exist within a school environment that prevents, impedes, or discourages students from achieving both socially and academically. Movements between settings the student considers the norm to settings the student is less comfortable or familiar with can occur in three ways. The student can manage the transition, which means he or she adjusts or reorients between settings. The student can transition with difficulty, which means he or she has to adapt or adjust within the new setting, or the student can transition smoothly and feel that his or her diversity and differences are valued in both worlds. The goal is to feel valued and respected in all worlds.
Societal Change that will Impact Success

To change the way individuals with neurodiversities are treated, a change at the societal level needs to occur. Borunda (2011) asserted, “maybe together we can open our hearts to learn from each other, appreciate others’ differences, and love our lives together” (p. 97). To do this, people need to be active humanists, drawing on the essence of humanism by appreciating and celebrating differences. There remains a widespread stigmatization of individuals with disabilities. Goreczny, Bender, Caruso, and Feinstein (2011) conducted a study of attitudes toward individuals with disabilities. The 129 participants had overall positive attitudes towards individuals with disabilities; however, women’s attitudes rated more positive than those of men, and those who were younger had more positive attitude than those who were older. Those who had family members who were disabled rated a more positive attitude.

Despite the overall positive attitude recorded by the researchers, some questions indicated a lack of knowledge or understanding of individuals with special needs. Of the 129 participants, 103 answered that mental retardation is a disease, laws should prohibit persons with intellectual and development disabilities from having children, people with intellectual disabilities are only capable of learning when institutionalized, laws should prohibit persons with intellectual disabilities from renting or owning property, most people with disabilities do not get married or have children, and people with disabilities are unhealthy. One hundred two said it is all right to laugh at people with disabilities when they make a mistake, programs for them should not be funded by
government dollars, and persons with intellectual disabilities should be medicated to manage behavioral and emotional symptoms. Most people interviewed were hesitant to engage in close personal relationships with individuals with disabilities and 99 participants found the thought of marrying a person with a disability repulsive (Goreczny et al., 2011).

Action needs to be taken with committed involvement to transform the social structure of the oppression (Friere, 2010). To deepen cultural contact, all people need to have increased contact with individuals who are different, engage in admiration of cultural difference, and recognize an ethical responsibility to stand against oppression (Borunda, 2011). Furthermore, individuals must confront silence and hatred, recognizing that remaining silent is a form of participation in hurtful actions and behavior. Engaging in courageous discourse that fights against those who oppress others and educating the uninformed create a better reality for all of society and humanizes those within it (Borunda, 2011). “It is essential to heal the soul and seek to remedy the larger body of dissonance created by the social constructions of…ableism” (Borunda, 2011, p. 115).

Within education, societal change can be created in different ways. Freire (2010) insisted, “Pedagogy must be forged with, not for, the oppressed in the incessant struggle to regain their humanity” (p. 48). Educators must celebrate and teach diversity of all kinds by bringing in examples of people with neurodiversities who overcame obstacles and became role models (Armstrong, 2010). By starting with children and educating
them about people with neurodiversities, a societal change will begin to be formed that embraces acceptance and love, giving individuals a great opportunity to accept themselves and others.

**Personal Factors for Success**

**Self-actualization, Self-acceptance, and Self-fulfillment**

Even when all needs are satisfied, an individual may still be dissatisfied with himself and his life unless he is doing what he is meant to do (Maslow, 1943). To reach self-actualization, a person must be what he can be. Achievement of self-fulfillment comes from the desire to reach one’s potential and become everything one is capable of becoming. By moving through Maslow’s hierarchy and achieving self-actualization, individuals achieve a sense of personal and internal success.

Children’s feelings about themselves will impact their development and will either impede or assist the learning of skills and growth (Dorn & Fuchs, 2004). Armstrong (2010) argued, “seeing our own inner strengths builds our self-confidence, provides us with courage to pursue our dreams, and promotes the development of specific skills that can provide deep satisfaction in life” (p. 25) and foster a sense of success and self-actualization.

**Changing the Mindset toward Neurodiversities**

The path to self-acceptance and understanding of others with diversities begins with a change of mindset. Armstrong argued, “by mounting a huge campaign on the strengths of people with mental disorders, some of the prejudice that exists against
mental illness might be diffused” (p. 25). Mindset is attached to both achievement and success (Dweck, 2006). There are two types of mindsets: growth and fixed.

A growth mindset understands true potential is unknown (Dweck, 2006). A growth mindset believes failure does not define you; it helps you learn and true effort has transformative powers. Challenge and effort are valued and help build your basic qualities. A person with a growth mindset does not hide deficiencies; they overcome the deficiencies through hard work and effort. They do not focus on how good they are at something; they work hard to get better. A growth mindset believes everyone can change and grow. It believes that no matter your ability, effort can ignite ability, which turns into accomplishment.

On the opposite side, a fixed mindset creates an urgency to prove oneself (Dweck, 2006). A fixed mindset feels everyone only has a certain amount of intelligence, personality, and moral character. Those with a fixed mindset do not believe in effort or hard work, but instead devalue it. Things should come naturally, not by hard work. Effort is for those who do not have the ability to do things naturally. For those with a fixed mindset, failure is shameful and can be permanent. Failure is a painful experience, but it is what we do after failing that is important (Dweck, 2006). Experiences, both painful and pleasant, can guide the development of identity.

**Identity Development and Success**

Identity is viewed as a personal construction of oneself. Bagatell (2007) claimed, “constructing identities is a highly complex social process” (p. 413). Building
identities takes time and experience, which is impacted by a society ever evolving in attitudes, legislation, and actions (Bagatell, 2007). Stainback et al. (1997) asserted there are six parts of developing a positive self-identity through inclusion:

- Student can exercise and express choices
- Student has a choice of friendship and affiliations
- Schools and community are flexible and sensitive of unique needs
- Individual has meaningful access to support groups
- Student is given opportunity to develop positive feelings about unique qualities
- Student’s voice is heard

To develop a strong, positive sense of self-identity, a person needs to express her own choices, especially about friendship and group affiliation (Stainback et al., 1997). Schools need to facilitate purposeful and meaningful access to support or interest groups and allow students “the opportunity to develop positive feelings about the unique qualities he or she brings to the educational community” (Stainback et al., 1997, p. 366). The focus of self-identity needs to be on the individuals’ strengths instead of on their disability and deficits.

Unfortunately, the focus on disability and deficits can be embedded in an individual’s development. Bronfenbrenner showed many systems impact a person’s development over a period of time. If each system has a negative focus on the “disability,” this label can, over a long period of time, have a negative impact on the
development of the individual. As previously discussed, Ben, the participant in an ethnographic study conducted by Bagatell (2007) was able to embrace the concept of neurodiversity for a short period of time. Unfortunately, Ben’s disability was so embedded in his identity that it impacted his self-esteem, and he eventually regressed and became depressed again.

**Self-esteem and Self-efficacy and Success**

Individuals need an established and strong view of themselves, for self-respect, self-esteem, and value of others (Maslow, 1943). For this self-esteem to be stable, it must be built on actual ability, achievement, and respect from others. According to Maslow (1943), these needs fall into two units: 1) the desire for strength, independence, confidence, achievement, and freedom, and 2) the need for appreciation, attention, recognition, reputation, and acceptance. Maslow (1943) argued, “satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability and adequacy of being useful and necessary in the world” (p. 382).

Self-efficacy is one’s approach to barriers and problems (Prince-Embury & Courville, 2008). Having a sense of self-efficacy means feeling you can master your own environment (Prince-Embury & Courville, 2008) and is essential in a child’s development. Building self-efficacy helps to overcome stereotype threat (Steele, 1997) and builds a sense of competence. Self-efficacy is also a factor in resiliency. Prince-Embury and Courville (2008) stated, “one core mechanism that has been consistently
identified in developmental research in general and resiliency specifically is the development of a sense of mastery or self-efficacy” (pp. 12-13).

Self-esteem refers to the degree to which a person believes he can be successful at actions necessary for achieving desired outcomes (Abery & Stancliffe, 2003b). Self-esteem can be found in activity choices, initiation, and persistence. When conducting an evaluation of oneself, a person with a disability might have a lower level of self-esteem based on their academic achievement. Individuals who see themselves as worthy and who have high levels of self-esteem are more likely to assert themselves and have self-determination (Abery & Stancliffe, 2003b).

Swinson (2008) maintained self-esteem consists of the feelings and attitudes an individual has about himself. Swinson argued it is difficult to determine whether self-esteem is linked to educational achievement in students. Students can have positive self-esteem in one area, such as art, and a negative in another area, such as math. Omolayo (2009) conducted a study to determine if self-esteem was more prevalent in individuals with “disabilities” than individuals who were considered “non-disabled.” Results determined that having a “disability” was not a factor in self-esteem, but the experiences of the individual were a factor. This leads to the conclusion that a person’s experience related to their disability can impact their self-esteem. The more positive the experiences, they more likely they are to reject the stereotype threat of being “disabled.” These positive experiences help to build a strong self-esteem, which directly impacts a person’s path to self-determination.
Self-determination and Success

Self-determination is a complex process to achieve control or desired outcomes over areas of importance in one’s life (Abery & Stancliffe, 2003a). Self-determination exists on a continuum and is developed over a lifespan. Individuals with self-determination behaviors make things happen in their lives (Abery & Stancliffe, 2003b). Choice-making, decision-making, problem-solving, and goal-setting are critical to self-determination (Wehmeyer, 2003b).

Strong self-esteem leads to self-determination (Abery & Stancliffe, 2003b). One of self-determination’s domains is attitude. The domain of attitude recognizes the importance of: locus of control and attributions for success/failure, sense of self-efficacy, self-esteem/self-concept, sense of determination, feeling valued by others; positive outlook. Along with these important factors of self-determination, one must get past barriers blocking the development of self-determination. Barriers to self-determination are the inability to communicate preferences and the lack of opportunities to engage in self-determining behaviors (Abery & Stancliffe, 2003a). Additionally, self-determination needs to be taught; it should not be assumed it will simply develop in all individuals (Mithaug, 2003).

Self-determination is the result of interactions between the person and their ecosystems (Abery & Stancliffe, 2003a, 2003b). Each ecosystem has the potential to serves as a challenge or opportunity for optimal development:

Over time, however, the ecosystem has the potential to both directly and indirectly create many additional resources or risks that either support self-
determination or hinder the capacity of children and adults to exercise the levels of control they desire over those aspects of life over which they wish to exert control. (Abery & Stancliffe, 2003a, p. 41)

Often the difference between individuals with low self-determination and those with high self-determination is environmental supports in their lives. Each ecosystem can influence self-determination in a different way.

The microsystem can facilitate or create barriers to self-determination (Abery & Stancliffe, 2003a). Family, educators, and peers are all critical role models for self-determination (Abery & Stancliffe, 2003a & 2003b). All the environments within the microsystem “contribute both directly and indirectly to the quality of life and developmental outcomes experienced by the individual” (Abery & Stancliffe, 2003a, p. 35). Additionally, positive relationships serve as opportunities for growth of self-determination and decrease the risk of not developing the needed behaviors.

In the mesosystem, the strength of connections between the various settings is likely to have a profound impact on an individual’s self-determination (Abery & Stancliffe, 2003b). Agency-family linkage has a significant, positive impact on an individual’s development. Development is connected to both quality and quantity of these linkages, as well as the communication and relationship between the two.

The exosystem is made up of settings that do not directly contain the individual (Abery & Stancliffe, 2003a). The self-determination of a person with a disability is impacted by the decisions and actions occurring in settings that do not include them as active participants (Abery & Stancliffe, 2003b). This can include government agencies
establishing special education laws and making decisions on funding for programs connected with the individual. These decisions can establish or break barriers, enhance opportunities, and offer support (Abery & Stancliffe, 2003a, 2003b).

The last system, the macrosystem, can have indirect effects on the individual through policies, laws, and culture; however, societal attitudes can deeply affect the developmental outcome of an individual, both positively and negatively (Abery & Stancliffe, 2003a). Microcultures can be established within this system that battle against the overall culture (Abery & Stancliffe, 2003b). For example, the deaf community has established themselves as not being disabled, but simply having a different culture and language than mainstream culture (Abery & Stancliffe, 2003b).

Shogren et al. (2007) studied 327 high school students receiving special education services to measure self-determination and its factors. No measured factors, such as race/ethnicity, attendance at own IEPs, or free/reduced lunch status had an impact on their self-determination scores. Inclusion was not a significant predictor of self-determining behavior; however, transition empowerment was a meaningful predictor of self-determination, indicating the importance of empowering students through involvement in their educational process and academic planning. Attendance at one’s IEP is not a factor because it does not guarantee the student will be actively involved and have a voice in the plan. Interestingly, the opportunity for choices within one’s environment was the only significant predictor of self-determination.
A study by Zhang (2001) showed students with diverse educational needs might not have the opportunities for self-determining behavior in the general education classroom. Educators need to develop strategies for promoting self-determination in all educational settings (Shogren et al., 2007). Teachers’ perspectives may be influenced by stereotypes, which can limit the quality and quantity of opportunities, support, and accommodations needed to build capacity for self-determination. In Shogren et al.’s study (2007), teachers’ ratings of students’ capacities for self-determination were negatively related to students’ personal ratings of self-determination.

This study aimed to bring awareness to the development of self-fulfillment, self-esteem, self-determination, and success in individuals with neurodiversities. It explored the lives and experiences of a small group of individuals and looked at the factors that gave the participating individuals their unique identities.

**Conclusion**

This chapter discussed the history of policies in special education, the literature on disability and medical labels, effective strategies for educational and personal success, and research on neurodiversities. No study examined found added value of individuals with neurodiversities or studied individuals with neurodiversities who overcame societal and educational barriers to reach a sense of self-fulfillment and success. This chapter aimed at demonstrating the importance of a change in mindset and viewing all individuals as diverse, unique beings, and eliminating the stigma, stereotype, and prejudice associated with the label of disabled. This study aimed at contributing to
the research base of individuals with neurodiversities, their added value to society, and
overcoming barriers and stereotypes to reach self-attainment.
Chapter 3

METHODOLOGY

Introduction

This chapter details the methodology for the study, the qualitative research design, and why this design is the selected method for this study. The chapter addresses the role of the researcher, describing her involvement with the participants and data. It gives an overview of the theoretical framework and the research questions that guide this study. It provides the setting, sample and population of this study, as well as the instrumentation and materials. In conclusion, the chapter describes the data collection and analysis process, giving specific details regarding coding, extraction of themes, and how data were applied to each research question.

Research Design

This study used a qualitative approach as a means to understand how people define their experiences and create their realities (Merriam, 2009). It is a phenomenological study, which is the study of lived experiences and “aims at gaining a deeper understanding of the nature or meaning of our everyday experiences” (Manen, 1990, p. 9). It looks at the essence or structure of an intense or emotional human experience (Merriam, 2009). It explores “the fundamental consciousness of the person or people being studied so that their perceptions can be identified and interpreted” (Stone, 1979, p. 2).
Using phenomenology was appropriate for this study because it offered the opportunity for individuals with neurodiversities to recognize and communicate their strengths and differences. These experiences and variances in experience expand our capacity to understand the lived reality, which can, in turn, transform us as individuals. This study is significant because it provides insight to the phenomenological reality of individuals and gives respect to their experiences, perceptions, consciousness, and worldviews. This study specifically examined approaches and incidents that helped build self-esteem and acceptance in order to achieve self-fulfillment. A focus was placed on educational experiences, family and community support, environments, human development, and self-identity.

This study addresses a gap in the current literature and research by providing a platform for the personal voices of individuals with neurodiversities. It promotes their stories of how they overcame adversities, stereotypes, and bias, while also acknowledging their strengths and gifts. It outlines how they defined and reached self-fulfillment and satisfaction in life. Interpretations were made after data analysis to capture the essence and meaning of the experiences shared (Creswell, 2009).

**Role of the Researcher**

In qualitative research, the researcher is the “primary instrument for data collection and analysis” (Merriam, 2009, p. 15). The goal of research is to understand. By using herself as a human instrument, the researcher was able to adapt and respond as needed, which is the ideal way to collect and analyze data (Merriam, 2009). Other
advantages to the researcher being directly involved in the data collection were that she was able to expand her knowledge through communication, process data immediately, clarify information, and check for accuracy. However, the researcher as a human instrument has direct biases that may have impacted the study. It was important to recognize those biases and monitor their impact on the data collection and analysis.

The researcher is not considered neurologically diverse or recognized as having a disability and was not able to identify with the lived experiences of the participants. The researcher did not know the participants outside of the study and only interacted with them for the purpose of this dissertation. Her interactions with the participants were in a one-to-one setting, for approximately one to two hours.

**Research Questions**

This qualitative study examined the phenomenon of individuals with neurodiversities and their lived experiences that help them reach self-fulfillment. The theoretical framework guiding this study is formed from Bronfenbrenner’s Ecological theory of development, Maslow’s theory of self-actualization, Benard’s Resiliency theory, and Steele’s Stereotype Threat theory. Consequently, this study examined strategies used by this population to overcome biases and stereotypes to build resiliency, self-esteem, and self-determination to reach a strong development of self-actualization. Based on this new knowledge, this study makes institutional recommendations to eliminate disability and medical diagnosis in the K-12 system and look to develop an inclusive system using pedagogical strategies to meet the needs of all students.
The Principal Research Questions of this Study

6. How does each person define success (self-fulfillment)?

7. How does each person define happiness?

8. What identified strengths do people with neurodiversities have that lead to their success?

9. What experiences helped lead someone with neurodiversities to develop as an individual and be successful?

10. What challenges and barriers had to be overcome to reach success, happiness and self-fulfillment?
   a. How did they overcome stereotypes to identify strengths?
   b. How did they build resiliency to attain self-fulfillment?

Participant Samples and Setting

There were six participants in this study. The participants in this study were young adults age 20-24 who received special education services in the K-12 setting and were enrolled in a higher education institution in Northern California, receiving disability support services on campus. An email was sent out by the Office of Services for Students with Disabilities asking them to contact the researcher if they were interested in participating (see Appendix A). The participants self-identified as being successful or fulfilled in their lives. All interviews took place on the campus of California State University of Sacramento.
The rationale for selecting individuals in the age range of 20-24 was that young adults are more likely to have reached a level of personal satisfaction and self-fulfillment than high school students but are close enough in age to remember their school experiences. Participants were offered an incentive of a $30 gift card for participating in the study.

Table 2

Participant Demographics

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Gender</th>
<th>Age</th>
<th>Neurodiversity</th>
<th>Years in Special Ed in K-12</th>
<th>Ethnic Background</th>
<th>Degree focus/held</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>20</td>
<td>Cerebral Palsy</td>
<td>2nd-12th</td>
<td>Filipino</td>
<td>Child Development/ Special Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*none in Philippines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>20</td>
<td>ADHD/Dyslexia</td>
<td>8th-12th (5 years)</td>
<td>Irish, Italian</td>
<td>Psychology</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>22</td>
<td>OCD, Depression, Anxiety</td>
<td>4th grade-12th grade (504 plan)</td>
<td>Caucasian</td>
<td>Psychology</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>24</td>
<td>Asperger’s (Autism Spectrum Disorder)</td>
<td>K-12</td>
<td>Puerto Rican</td>
<td>Computer Science</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>22</td>
<td>Depression, Anxiety, ADHD</td>
<td>None, services started in college</td>
<td>Mexican</td>
<td>Majoring in Biological Sciences Ecology. Evolution, and Conservation. Minor in Recreation Parks and Tourism Administration.</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>23</td>
<td>Autism</td>
<td>K-12</td>
<td>Caucasian</td>
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</tbody>
</table>
Instrumentation and Materials

Data were collected in one-to-one interviews (see Appendix B) with the participants in a public location selected by the participants and agreed upon by the researcher. The interviews took place in 1 to 2 hour-long sessions. The interviews were recorded for accuracy and the researcher transcribed each interview. Observations of body language and behaviors were recorded during the interview by the researcher. The interview questions related to the research questions; focus was placed on educational experiences, family and community support, environments, human development, and self-identity. The researcher included additional prompts, not listed, to encourage more information or details from the participants. The researcher did not pressure the participant to give additional information, but simply asked if the participant would like to give additional information or elaborate on the subject. Member checking was used during data analysis to check for valid interpretation of the data.

The Interview Questions by Subject

**General introduction.**

1. Tell me a little about your neurodiversity.

**Meaning of fulfillment.**

2. You chose this study to participate in based on feeling fulfilled in life. Could you describe what parts of your life and yourself you feel fulfilled in?

3. When did you begin to develop a sense of self-fulfillment?

Individual strengths.

5. What are strengths you possess? What are you good at? What are your positive characteristics and attributes?

6. Which of those strengths do you feel contributed to you feeling good about who you are?

Life experiences.

7. Describe your educational experience.

8. Describe your social life.

9. Describe your parents and home life.

10. What are some educational experiences that have led to your success/self-fulfillment? Parental experiences and support? Social experiences and support?

11. What are some educational experiences that you have had to overcome to identify your strengths and attain self-fulfillment (success)? Parental experiences? Social experiences?

12. Were there any other contributors/factors that helped you along the way?

13. Were there any other contributors/factors you had to overcome?

Advice to others.

14. What is the most important thing you feel that other people with neurodiversities need to know to help them reach self-fulfillment?
### Table 3

*Interview Questions Categorized by Research Question*

<table>
<thead>
<tr>
<th>Interview questions:</th>
<th>Research Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does each person define success?</td>
<td>How does each person define happiness?</td>
</tr>
<tr>
<td>(self-fulfillment)</td>
<td>(Bronfenbrenner)</td>
</tr>
<tr>
<td>(Maslow)</td>
<td>What identified strengths do people with neuro-diversities have that lead to their success?</td>
</tr>
<tr>
<td></td>
<td>(Maslow)</td>
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<tr>
<td></td>
<td>What experiences helped lead someone with neuro-diversities to develop as an individual and be successful?</td>
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<td></td>
<td>(Bronfenbrenner/Maslow)</td>
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<tr>
<td></td>
<td>What challenges and barriers had to be overcome to reach success, happiness and self-fulfillment?</td>
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<tr>
<td></td>
<td>a. overcome stereotypes</td>
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<tr>
<td></td>
<td>b. build resiliency</td>
</tr>
<tr>
<td></td>
<td>(Bronfenbrenner, Benard, &amp; Steele)</td>
</tr>
</tbody>
</table>

1. You chose this study to participate in based on feeling fulfilled in life. Could you describe what parts of your life and yourself you feel fulfilled in?  
   - X

2. When did you begin to develop a sense of self-fulfillment?  
   - X

3. How do you define self-fulfillment?  
   - Success?  
   - Happiness?  
   - X  

4. What are strengths you possess? What are you good at? What are your positive characteristics and attributes?  
   - X

Table 3 (continued)
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5. Which of those strengths do you feel contributed to you feeling good about who you are?</td>
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<tr>
<td>6. Describe your educational experience.</td>
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<tr>
<td>7. Describe your social life</td>
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<tr>
<td>8. Describe your parents and home life</td>
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</tr>
</thead>
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<tr>
<td>11. What are some educational experiences that you have had to overcome to identify your strengths and attain self-fulfillment (success)? Parental experiences? Social Experiences?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12. Were there any other contributors/factors that helped you along the way?</td>
<td>X</td>
<td></td>
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<tr>
<td>13. Were there any other contributors/factors that you had to overcome?</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14. What is the most important thing you feel that other people with neuro-diversities needs to know to help them reach self-fulfillment?</td>
<td>X</td>
<td></td>
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</table>
Data Collection and Analysis

After collecting the data through interviews, the researcher transcribed the interviews. The researcher looked for words, phrases, and concepts that recurred throughout the transcripts and highlighted and color-coded them into classification schemes and thematic threads. The data were divided into general themes related to the literature, theoretical framework, and research questions.

After organizing and reading through the data, the researcher began with open coding, which generates ideas and notes through a process of being open to any data that might be beneficial (Creswell, 2009; Merriam, 2009). Next, these notes and ideas were grouped together to make categories and look for themes. The researcher looked for interrelated themes or descriptions and then interpreted the meaning of the established themes.

It was essential the researcher took the necessary steps to strengthen the validity and reliability of the study (Creswell, 2009). Validity determines accuracy of the findings and reliability means the study can be replicated and be consistent across different researchers. After the data were analyzed and interpreted, the researcher used member checking to help the validity of the study. To incorporate member checking, the researcher presented the findings of the study and the specific descriptions and themes to the participants to determine if he/she felt they were accurate. The researcher also used triangulation to help determine accuracy and validity of the data. Triangulation uses multiple sources of data to examine evidence, justify themes, and
crosscheck findings. To help with reliability, the researcher checked transcripts for errors, checked for consistency in definitions and codes, and had a third party, the dissertation committee members, review the data collection and analysis.

**Participation Protection**

To protect the participants and researcher, the dissertation chair, participating schools, and the University Human Subjects Committee approved procedures, interview questions, and consent forms before any data were collected. Participants were voluntary and able to quit, without consequence, at any time. Consent forms giving permission to participate in the study and have conversations recorded were given to the participants, explained, and collected (see Appendix C). A hard copy of the consent form was given to the participants. Before the interview, the participants were informed of their right to withdraw at any time with no consequences, skip a question they did not feel comfortable answering, and preserve anonymity in the study through assigned pseudonyms. Participants were also encouraged to discuss any questions or concerns they had about the study with the researcher. At the end of the study, they had the chance to member check the findings and themes established by the researcher for validity.

To ensure that only the researcher and the dissertation committee had access to the data, thus protecting the participants’ right to privacy and safety, the hard copies of the consent forms, audio-recordings, and further data collected were kept at the researcher’s home in a locked file cabinet and will be destroyed no later than one year
after completion of the study. Participants are listed as Participant 1-6, based on order or interview.

Detailing highly personal experiences can make an interview awkward for both interviewer and interviewee. Some recounting of personal experiences may have brought up hurt feelings, or negative emotional response in the participants. The participants were given information on how to contact their institutions’ counseling services for help, both before and after the interview. Any disclosure of intimate information was removed from the transcription when requested by the participant.

The goal of this study was to record the experiences of individuals with diverse needs and how they overcame adversities to achieve self-fulfillment. The study was intended to be positive; the researcher wanted no harm or hurt to come to the participants. The researcher took extra care of each participant, their feelings, and their identities.
Chapter 4

FINDINGS

This study investigated the path to self-fulfillment for individuals with neurodiversities. A qualitative method of inquiry using a phenomenological approach was selected because it was the most effective way to conduct an in-depth exploration of the participants and their lives. The purpose of this study was to examine how people with neurodiversities define self-fulfillment and the journeys they took to reach self-acceptance. It was designed to reveal the way people with neurodiversities are treated as well as provide insights into how people with neurodiversities perceive and accept themselves. It is important to understand the individual stories, to understand the need for change.

The data for this chapter were gathered through interviews with six participants who self-identified as having a neurodiversity. The interviews were audio recorded and then transcribed. The researcher transcribed four interviews and two were transcribed by an outside transcription service. During the interviews, the researcher took notes of participants’ facial expressions, tones of voice, and gestures.

All data were analyzed using both open and closed coding. Participants were analyzed starting with Participant #1, the first person interviewed, and ending with Participant #6, the last person interviewed. During the open-coding process, the researcher carefully analyzed the data numerous times to find emerging themes that came from each participant’s responses. During the closed-coding process, those
themes were categorized and then grouped according to which research question they addressed. Three other people, with expertise in the field, analyzed the researcher’s coding process for reliability, and member checking was used for reliability on theme interruption and coding.

The statements and themes found throughout the open-coding process became the basis for discussing the five research questions of this study:

1. How does each person define success (self-fulfillment)?
2. How does each person define happiness?
3. What identified strengths do people with neurodiversities have that lead to their success?
4. What experiences helped lead someone with neurodiversities to develop as an individual and be successful?
5. What challenges and barriers had to be overcome to reach success, happiness, and self-fulfillment?
   a. How did they overcome stereotypes to identify strengths?
   b. How did they build resiliency to attain self-fulfillment?

Each of these research questions and the themes related to them are discussed thoroughly in this chapter. Before discussing themes and research questions, an overview of each narrative is presented.
Participant Narratives

Burton Blatt was an advocate for individuals with intellectual disabilities. In his book, the *Conquest of Mental Retardation* (1987), he discussed the power of telling stories. He argued stories could enrich or destroy lives and that “the storyteller holds a certain power (and responsibility)” (p. 141). Blatt insisted “each story has something to teach us, each has a lesson to be learned” (Blatt, 1987, p. 141). He listed a set of rules for storytelling:

1. Everyone has a right to tell his or her own story.
2. Everyone has the right to have true stories told about their worth.
3. The storytellers must take responsibility to listen to the individual and tell true and valuable stories about them.

The researcher understood her responsibility in caring for the authenticity of these stories. Her goal was to bring forth the value and importance in each participant and his or her experiences. Their words hold so much value about who they are and the lessons they can teach us. Here are their stories.

Participant #1:

Participant #1 is a 21-year-old male with cerebral palsy. Formerly an accounting major, he is now working toward a Child Development degree at California State University, Sacramento, with plans to pursue teaching. During his interview, Participant #1 spoke passionately about his life, his struggles and his successes. He experienced a range of emotions from happiness to pride to grief, but determination was the number
one emotion conveyed. He stated cerebral palsy places limitations on what he can do, but he went on to say “not really,” to indicate he does not subscribe to the mindset of limitations.

Participant #1 grew up in poverty in the Philippines and was raised by a single mother who worked multiple jobs to survive. After long days of work, she would often collect dry sticks to burn for fuel and sell for food. She would also grind rocks at the riverbed to sell for cement. Since his mother’s main job was 50 miles out of town, he stayed most of the time with his uncle, aunt, and cousins. As he grew up, he began to call his uncle “Papa” and his aunt “Mama” and viewed his cousins as brothers and sisters. They were a very educated family with a large rice compound. His uncle was a public figure; he kept the peace around town and was a highly respected leader. His cousins became doctors and engineers. He lived a privileged life with his uncle and was often allowed to sit in on important meetings and had many friends due to his Uncle’s status.

**Education.** During his last year in the Philippines, Participant #1 worked the rice fields to help his mother. He would go to school, leave for a two-hour lunch break to eat and work and then return to school. Instead of receiving a proper education, Participant #1 was often asked to run notes to his uncle instead of working on academics.

He moved to the United States while he was in the first grade and he did not know any English. He was confined to his own space in the classroom where he was
quiet and shy, and often kept to himself. During class time, he did not always follow the rules. He often walked or ran around the classroom.

During early elementary, Participant #1 received 1:1 support from teachers and would copy other students’ classwork just to get by. Math was his biggest challenge. Eventually, he started catching on, but he pretended to continue to struggle so he would receive the extra help. Once his teachers caught on to his pretense, he began to work harder in school. Due to the physical challenges of Cerebral Palsy, writing was very difficult for him. He said:

Of course I already knew that writing was hard for me to do. From that point on, I was exposed to the academic system that revolves around IEPs, 504s, learning and testing accommodations and so forth. I was being labeled as a special needs student. It was the best thing that ever happened to me. But as I moved through the education system, I was wrong. When my first-grade teacher met with my mother and with the special education teacher to discuss my special needs, my fight had begun…The educational system was broken for people like me.

Around seventh grade, Participant #1 started to realize that school held a purpose and was his key to the future. He began to read books on poverty by Rodriguez (author who address poverty and gang life). He knew there was something beyond what he had seen in life. He became dedicated to school and began to feel as if he belonged somewhere in life.

By high school, he had tried numerous accommodations and assistive technologies to help with school. When using a computer became his best option in taking notes and finishing classwork, this was written into his 504 accommodation plan. Unfortunately, Participant #1 had to constantly fight for this right. Teachers would deny
him computer time because they needed to use it, telling him he had to stay after school to utilize it. Some teachers told him he owed them ink and paper for printing. These responses prompted Participant #1 to engage his case manager to advocate for him. Sometimes the printer he needed to use was in another room, and he was told to interrupt teachers in the middle of a lecture. He refused because he felt that his special privilege should not deprive another person of his education.

Now in college, Participant #1 continues to struggle. He has been denied extra time to complete classwork, being told his 504 plan is not good at college. It was suggested he take fewer courses, extending his time to graduate. His financial support only goes for six years and as the current sole provider for his family, he would not be able to pay for his books or courses if he did not complete within this timeframe. He believes the problem is not with the professors but the current regulations. He feels professors want to help students, but the regulation barriers get in the way. He feels these barriers need to be broken down from the top.

Reflecting back on his education and the practices, Participant #1 said, “My childhood had been stolen basically because of the education system. It is bad. It is corrupt. It needs work.” He showed equal doubt when it came to the educational theorists and researchers. He mocked:

Oh, there is nothing wrong with the educational system, I have a doctorate degree in that...That should work. Years of study have shown that works. Years of study have shown, but have you lived through it? Or did you study that from a book?
He discussed how his teachers looked down on him and talked at IEP meetings about how they didn’t feel he would make it or ever go to college. He had to fight for himself, and he is proud to be the first in his family to go to college.

**Social experiences.** Beside the language barrier in early elementary, Participant #1 felt very out of place and disconnected from his peers. In his hometown in the Philippines, his school was like a big family; everyone knew each other. The parents of his classmates were most likely the classmates of his parents. He decided to make himself socially available and put himself out there with peers. Making fun of himself and his disability seemed to break down the barriers between him and his classmates. He soon had many friends from diverse backgrounds.

As he grew older, he continued to maintain strong friendships but his social life was not that of his peers. While his friends were hanging out and asking their parents for money, Participant #1 was home being the man of the house, caring for finances and setting the budget. He came home to an empty house because his mother worked two jobs and his 80-year-old grandmother had had to go back to work to help the household survive.

He found his sense of belonging with his peers and was accepted by all the different gangs in his neighborhood. They all watched out for him. He reflected on what they told him, “[We] don’t want you to be like us. You have a privilege of going there and getting that education.” They were a group with a strong bond that made sacrifices for each other. They were like family.
Family. Participant #1 grew up in the United States with his mother and grandmother. His father struggled with alcohol addiction and was not part of his life. Due to his father’s absence, Participant #1 was expected to be the man of the house from very early in life. The strain of taking on so many responsibilities at such a young age created stress and tension in his life that he did not know how to handle.

One night when he was a teenager, he wanted to go hang out with his friends to escape the stress in life. His mother blocked the door and refused to let him go. He told her to move, but she would not get out of the way. “Because of the stress…I hurt my mother. I made her bleed from her head…I exploded. I didn’t mean to but I exploded.” He continues to carry the guilt and shame from that moment in his life.

Participant #1 was temporarily put in a mental health hospital and since that moment has learned to handle stress better. He said, “Stress that pushes me over the limit, I take it on but I don’t burst out.” As the sole provider for his family after his mother lost her job, he continued to work hard and take on a large number of responsibilities. He found more balance by spending more time with his friends, but he struggled with knowing how to have fun. He stated, “When they say. ‘Come out, let’s have fun’, I just act as I’m having fun. I didn’t know how to act. I didn’t know how to have fun”.

Self-actualization. Participant #1 started to experience a sense of self-fulfillment in junior high when he became motivated and empowered to overcome his poverty and the stigma of his disability. Many of his friends did not escape the barriers
of their community and ended up in gangs, prison, or jail. He learned to persevere, overcome stress, and hide his emotional scars with a constant smile. He listened to that still voice in his head that said he could accomplish anything he wanted to. He focused on his strengths and, as a result, came to feel self-fulfilled in numerous life experiences.

In high school, he joined the basketball team despite his physical challenges. He also went to JROTC army camp as a photographer and tried to finish all the obstacles despite being the first disabled person to attend camp. This experience “enriched [him] with strength.” In the ROP program, Virtual Enterprise, he led a virtual company named 300 SPORTS as the chief financial officer and later was appointed to chief executive officer. He was the youngest CEO of the ROP program at his high school. He left the virtual company with a profit of $500,000, the highest in the history of the program.

Recently, Participant #1 did volunteer work with the City of Sacramento and the Mayor’s office. He was also a political science intern. In addition to being a child development major in pursuit of a career in special education, Participant #1 is currently a junior preacher at his church, a motivational speaker, and a self-advocate, having overcome language barriers, educational struggles, personal stress, cruel classmates, unsupportive teachers and poverty.

Participant #2

Participant #2, a 20-year-old female, appeared very relaxed and cheerful during the interview. Even though she was not diagnosed until seventh grade with ADHD and dyslexia, Participant #2 struggled in school since early elementary. Now in college, she
is a psychology major. She hopes to help others with neurodiversities as she was once helped, to understand their diversity, identify and embrace their strengths, and deal with day-to-day life.

She comes from a large, supportive, half Irish and half Italian family with a long history of dyslexia. Worried she would use her dyslexia as a crutch like one of her cousins, Participant #2 worked hard at school to succeed. During the interview she said, “I guess…taking harder classes proved to myself and everyone else that I was, like, equal. And then once I found out…I can do this like everyone else, that I was like equal, I guess that kind of evened the playing field.” With the support of her parents, Participant #2 searched out knowledge about her diversity and gained acceptance of her learning differences.

**Education.** In early elementary school, Participant #2 struggled with reading and comprehension. At first, her parents and teachers thought it was just her being young and that she would outgrow it. She was given extra study hours in reading and comprehension, but before middle school, her parents transferred her to a private school. They worried the large classes and increased curriculum would create additional struggles.

It was in seventh grade that Participant #2 was diagnosed with dyslexia and ADHD. Participant #2 indicated this was during puberty, a time when young adults experience high levels of hormones and emotions. She “freaked out” at the idea of being labeled with a disability and so different from her friends and peers. Her
psychologist and mom helped her to understand her diversity and handle the emotional strain the initial discovery created. Through research she learned to identify the signs of dyslexia and ways to overcome her struggles with reading fluency and comprehension.

Participant #2 began asking for extra time, staying after school to work with teachers, having the material read aloud to her, sitting up front in class, and sitting close to peers who would not distract her. She learned to adjust to each teacher and their teaching styles. Most of her teachers were very supportive and helpful, but Participant #2 did have to deal with the occasional teacher who did not understand or try to understand her needs and how her learning differed from the majority of other students. Fortunately, Participant #2 also had a very supportive counselor to listen, guide, and encourage.

Even with the extra support, Participant #2 had to study continuously to maintain a B or C average. With her friends and family getting A’s in their academic records, Participant #2 had to come to terms with her lower grades. It was not until mid-high school she decided, “I’m going to be ok with this and I’m not going to worry. I just need to actually understand it and once I have that understanding then that’s all I need to know.”

**Social experiences.** Participant #2 is a very social soul. During her K-12 experience, she was able to move freely among all the social cliques and hang out with her peers no matter their race, religion, gender, etc. Once identified as having dyslexia, Participant #2 confided in only a few close friends. Many friends would criticize her
slow reading or the fact that she received a C on a test after studying so hard. These experiences were difficult because she did not want to explain her diagnosis to her friends, as she had not accepted her own dyslexia yet. What did help her was the total acceptance from her best friends with whom she had shared her condition. They stayed after school with her to help her study and told her she was still the same person, still like everyone else, and that she just needed a little extra help on some things.

Now in college, Participant #2 joined a sorority and gained a support system of “sisters” to help her at school. Now accepting of her dyslexia, Participant #2 openly shares her diversity with her sorority sisters and professors. Her sorority sisters push her to do better in school and help her study for classes. Knowing she has that support at school and at home makes her happy and confident that everything is going to be “ok.” She is confident she will overcome the challenges faced with living in a society that views neurodiversities as “different.”

**Family.** Growing up with a very supportive mother and father helped Participant #2 feel self-fulfilled. Participant #2 recalled they pushed her, but not too hard, to do better. They expected her to do her best and pass her classes, but never demanded she earn straight A’s. They encouraged her by telling her she could accomplish her goals, and advocated for her at school for the help and support she needed to succeed. She stressed that they were the perfect balance of strict and lenient. When she messed up, her parents expected her to fix it. They were there to help and
offer guidance but did not fix it for her. This has allowed her to learn more to be on her own and self-advocate.

**Self-actualization.** It was not until her senior year of high school and freshman year of college that Participant #2 began to feel self-actualized. By pushing herself hard in school, succeeding in honors classes, gaining acceptance by her closest friends, and by understanding she was not alone in the world with dyslexia, Participant #2 gained acceptance of herself and her diversity. She realized nothing changed who she is or who she could become. Gaining knowledge about her diversity helped her succeed in school and move forward to her dream of helping others.

**Participant #3**

Participant #3 is a 20-year-old Caucasian female studying in the field of psychology. She was diagnosed with Obsessive Compulsive Disorder (OCD), Major Depressive Disorder, and Generalized Anxiety at age nine. Participant #3 was extremely articulate and well-spoken during her interview. She conveyed a strong sense of self-acceptance for herself and her diversity.

Participant #3 was hospitalized at age 10 after telling her mom she was planning to commit suicide. Two additional hospitalizations followed in close sequence. Not understanding why she was depressed, anxious and obsessive, Participant #3 struggled with her identity. Instead of playing with Barbies and running around with her peers, she lay in bed and cried or rocked back and forth in her closet. She stated, “I was going through the whole psychotic thing, which does not look good on a 10-year-old girl.”
**Education.** Participant #3 missed many days of school due to her diversity. When she was present in school, her meds, depression, and OCD made it very hard to focus and participate. Participant #3 was on independent study throughout most of her K-12 education. The lack of direct instruction made learning difficult for her, as she was unable to teach herself certain subjects, especially math, but it did help her to identify the subjects in which she excelled. In junior high and high school her education plan allowed her to leave class and sleep in the office when tired, be excused from physical education when rubber balls were part of the day’s activities (disdain for the smell and touch of rubber were part of her OCD), and be on a modified schedule to only attend certain periods of the day informed by her medications and their side-effects (for a while it was just the first two periods of the day, and later it was the last three periods of the day that she attended school).

**Social experiences.** The educational accommodations made it seem Participant #3 received privileges that her peers did not have. She explained, “To them it was like I was getting special treatment. Of course they didn’t realize the hell I was going through in my mind and all the depression…it was difficult because I couldn’t just tell them all that.” Because she did not attend school regularly and when she did attend Participant #3 was often tired, depressed, or disconnected due to her obsessions, she did not have a strong social group at school, and on her first day of high school, she ate lunch alone in the bathroom.
Trying to explain what was going on to her peers was difficult. Rationalizing her own depression was a challenge without having to explain it to others. When someone would ask her why she was so sad, she did not have an answer. She could think of superficial reasons, but she did not really know what was happening to her or have an explanation for her feelings. When she developed an obsession for a boy in high school, clarifying her obsession was difficult. Participant #3 conveyed that the stigma of mental illness and obsession left images of people with knives showing up at windows in the minds of her peers, but it was not like that. She explained her obsession for the boy she had a crush on was “like teenage love on crack,” but it was hard for people to understand.

She had one good friend she really connected with. Their parents were friends, and they lived next door to each other. They felt connected with each other because they both suffered from depression. Participant #3’s friend was also a cutter; someone who cuts on herself to release anger, escape from pain, and regulate strong emotions. At times, they felt they were the only two people in the world who understood each other. One time, they even tried to run away together to escape everything. Their parents worried about two people with depression spending time together, but they felt accepted and understood by each other.

**Family.** Participant #3 grew up with a very supportive family. They helped her through many rough times, taking her to see a therapist and working with medications to find the right ones. Her father, who also has OCD (a long line of family members have
OCD) would help her by sharing his experiences as far as what worked for him and encouraging her to keep pressing on. Her mother has always been there to listen and support her when her depression flares up. There are times, however, that her mother just does not understand that her depression and OCD are comorbidities, rather than the OCD causing her depression. While OCD runs in the family, she reports her depressive symptoms are the worst in comparison to other family members. She explained:

So certain things I feel like I’m educating myself more about because my parents don’t know everything. They’ve seen me go through stuff but a lot of the personal stuff has come from just being curious myself, wanting to know more about what I experienced.

At times, especially in school, Participant #3 felt as if her mother “babied” her too much. She wanted preferential treatment for her daughter and would allow her to not do school assignments because she was too tired or too depressed. Participant #3 felt like her mother pushed hard for too many accommodations in school, which enabled the diversity to become an excuse to not follow through with schoolwork or tasks. It was in high school that a teacher told her mental illness was a part of her, not who she was, and that she should not use it as a “crutch.” That is when Participant #3 stopped using her diversity as an excuse. “Meds and therapy can’t do anything unless you’re doing the work too.” She learned that she had to get the tools needed for personal success. She learned techniques and ways to adapt on her own, recognizing that the real world does not always have accommodations for you. She explained:

OCD, specifically, it’s all about changing your thought process, which is hard to do…like you know if you can stop yourself from giving in, eventually it gets
easier, and you take control and that is a really cool feeling. That has led to a lot of self-fulfillment.

**Self-actualization.** It was not until college that Participant #3 began to develop a sense of self-fulfillment and acceptance. It has been her time to thrive and grow. She detailed:

So I came here and I told myself it is going to change. I’m not going to be that girl who everyone looks at in a victimized way or as a victim, or feel sorry, pity, or whatever. If I’m going to reveal this stuff, I’m going to reveal it and make it strong. Make it something people can learn from. Well, here I am, so I guess something worked.

She has become comfortable with who she is and her diversity, realizing mental illness is a pressing issue and there needs to be less stigma surrounding it. She explained:

I’m not going to stay silent when people blame it all on the mentally ill or people with mental health issues. I won’t… I’m very, very OK with being honest and knowing when not to disclose but also being OK with giving that story. I’m not afraid of people taking details and using them against me. I feel like it’s me, it’s my history.

She “owns” her diversity, believing it is a good thing that makes her special and unique. She plans to use it for the better.

**Participant #4**

Participant #4 is a 24-year-old Puerto Rican male student majoring in computer science. His neurodiversity is Asperger’s Syndrome, which is on the Autism Spectrum. Diagnosed at age four, Participant #4 did not learn he had Asperger’s Syndrome until he was a senior in high school. He began to research his diversity to learn as much about it as he could. With help from his speech therapists and his psychologist, Participant #4 struggled to deal with his feelings, understand his diversity, and overcome his biggest
challenges (organizing thoughts, sensitivity issues, obsessions, making eye contact while talking with someone, understanding what people are saying).

Participant #4 felt very overwhelmed during the interview and was unable to fully explain himself or answer questions at times. He reported it was hard to think of things off the top of his head and organize his thoughts under pressure. He would forget his train of thought at times, and became frustrated. The researcher reassured him everything was fine and he should do his best but not feel pressured to answer the questions. The questions were also sent to him after the interview in case he thought of something important he wanted to add. Participant #4 did not add any additional information to this study after the interview; aside from verifying the information conveyed was accurate.

**Education.** Participant #4 received special education services during his entire K-12 education. He went to a Spanish immersion elementary school that gave instruction in both Spanish and English. He was very quiet in elementary school and had obsessive tendencies with objects, such as strings, plastic knives, and socks. In middle school and high school, Participant #4 began to sleep in class and was not doing his work. He struggled to understand the material. His teachers did not push him to complete the work or homework, so his mother had to step in and push his teachers to make sure he did the work. He explained, “And my mom was like (slams down hand) do it, (slams down hand), come on.”
His speech therapist and psychologist worked very hard with him to help him understand his diversity, his strengths, and his needs. They helped him overcome his obstacles and challenges, and understand how he learns best. Participant #4 had to learn how to adapt to his disability, deal with different types of people and classroom environments, and face rigorous challenges.

Social experiences. Growing up, Participant #4 did not have many friends and kept mainly to himself. Peers would tease him and take advantage of the fact he was not able to recognize their intentions. One time, he brought a group of his “friends” home with him and when he left the room, they stole his stuff and hid it under bushes and other places. The teasing got worse in middle school, to the point that he almost got into a few fights. He had two close friends with whom he still maintains contact.

He admits he still struggles socially. He explained:

Socially I’m still developing. I’m still developing. I still have that disability there. I’m trying to make friends...Usually when I talk to people I just act nice to them, but the one thing that I regret is [not] trying to make the effort to make a friend, I guess. Sometimes I’m still afraid but when I’m given the opportunity I try.

He is proud that he is able to have a good conversation, make eye contact, and understand what the other person is saying.

Family. Participant #4 described his mother, who is a teacher with a Master’s degree, as the tough one who pushes everyone in the family to be better. She was very supportive and encouraging while he was growing up, making sure he did well in school, but she was very flexible to his needs. She taught him strong values and to be a
good person. He described his father, a pastor, as a humble but naïve person. His father taught him the value of being a Christian and to acknowledge his blessings in life. His home life was very peaceful, and his parents treated him very well. They only sc olded him when it came to completing schoolwork. He believes it was because of this peaceful environment that he grew up without stress or depression.

Both of Participant #4’s parents were born in Puerto Rico. He described Puerto Ricans as “talking a lot” and having “their own charm.” They are outgoing and love to dance. His parents drew him into the culture, which had a strong influence on him. His mother would make him dance the salsa and be part of the action. This helped draw him out of his shell and bring him into the family.

**Self-actualization.** When participant #4 learned of his diversity during his senior year, he began extensively researching Asperger’s Syndrome. Having the knowledge to understand why he was the way he was helped him begin to accept things. As he improved his social skills and communication skills, and learned how to control his sensitivity, Participant #4 developed more confidence.

Once in college, he began to take more challenging classes, dealing with different class environments, people, and course material. Overwhelmed at first, and doubting he could do it, Participant #4 worked hard to face the challenges and succeed in school. Proud of his accomplishments, he has now transferred to a four-year college. He continues to face his challenges and anxieties by engaging in social situations and
trying to make friends. He recognizes his diversity makes him who he is: a person with
great strengths and a humble spirit.

**Participant #5**

Participant #5 is a 22-year-old Mexican-American female majoring in Biology. Recognizing her depression around age 11, Participant #5 did not get the official identification of Depression and Anxiety until she was in high school. She never received special education services during K-12, but looked for educational support in college through the Office of Services to Students with Disabilities. She is currently in the process of being assessed for ADHD.

**Education.** When Participant #5 first started school, she only knew Spanish. She learned English from her teachers and peers. She excelled in school, participating in a program called Transition that slowly moved her academic instruction from Spanish to English as she became more fluent in English. She had to work harder in math and English, but excelled in P.E. and Science.

In high school, Participant #5 struggled in school on and off academically. When her depression flared up, she would get easily distracted and her mind would race with other thoughts. There were times she simply wanted to stay in a dark room and never come out. Her grades slipped and she began drinking and doing drugs in an effort to come to terms with her depressive state of mind and identity struggles. Despite her struggles, she was able to graduate from high school. She is currently pursuing her passion for nature by majoring in Biological Sciences, Ecology, Evolution, and
Conservation with a minor in Recreation, Parks, and Tourism Administration. Nature is her “ultimate place of comfort” and helps relieve her anxiety from the stigmas placed on her by society.

**Social experiences.** During her time in elementary school, Participant #5 mainly spent her free time playing sports with the boys. Once she entered middle school, she had difficulties making friends and identifies as being a loner. “If I sat with people that I knew, maybe one or two of them, but I didn’t say anything, I was just quiet the whole time.” She slowly came out of her shell, finding a group she connected with in high school. She described them as a group of hard rocker outcasts.

That’s why I kind of just grouped myself with the rest of that group because I knew that they would accept me regardless of anything else because we all had the same idea of like, we’re different and regular society wouldn’t necessarily accept what we believe in and what we do. We just kind of stuck together.

**Family.** Participant #5 comes from a large, close family. The large extended family gets together every Sunday for dinner. She feels very connected to her family and her Mexican culture. Her immediate family consists of her parents, two younger sisters, and a younger brother.

Both her parents came to the United States from Mexico for a better life. Participant #5 felt both her parents also experience depression but will not acknowledge it or seek help. Two of her siblings, one sister and the brother, have depression, and her brother also exhibits anxious behaviors. Her parents will not acknowledge her sexual orientation though they know she is gay. She has never officially come out to her dad,
but she has several times to her mom. Unfortunately, her mom feels it is a phase she will outgrow.

**Self-actualization.** Participant #5 is strongly defined by and extremely proud of her identity. She believes discovering who she is made her a better version of herself. She stated, “I will tell you my identity is definitely, I’m a gender queer, Chicana lesbian…Californian.” It was not until just recently Participant #5 began to feel self-fulfilled in life. She has come to peace with herself and who she is. She referred to it as “soul-wise.” She surrounds herself with healthy, supportive friends and is building herself a steady base of personal strength.

Though proud of her culture and being Mexican, Participant #5 recognizes her culture has created barriers in her path for self-actualization. She explained, “It’s a cultural thing not to go to the doctor…wait until it gets better and then it gets to the point where it’s so bad they just learn to live with it and not even think about it.” It is also her culture that makes it difficult for her parents to accept her sexual orientation. She stated, “They don’t necessarily like it but they can’t do anything about it because they do know I am my own person and I’m not going to change.”

**Participant #6**

Participant #6 is a 23-year-old Caucasian female majoring in conservation biology. Around age two, Participant #6 began to withdraw and stopped talking. Her mother kept looking for answers to what was going on with her daughter. She went to the library to research and read about autism. The doctors rejected the idea because
Participant #6 would hug her mother and others and not stiffen when touched. It was not until age 10 that Participant #6 was identified as having Autism.

**Education.** Participant #6 was assigned an inclusion aide starting in kindergarten. This immediately made her feel different from her peers. She began to throw tantrums and test limits because of this. She wished that she was treated like the other students and sent to detention when she threw fits.

High school was hard because the medication she was taking had negative side effects. She felt dizzy and “intellectually castrated” by them. She would get upset when she did not do well in a class because initially she wanted to attend the University of California at Davis, which requires high grades. She thoroughly researched colleges to find the one that would be a good fit for her emotionally and academically. She expressed her happiness with her college campus, courses, peers, and support.

**Social Experiences.** Socially, she had friends and fit in at school when she was younger. She would come up with great ideas and be a leader to other students. She explained:

I loved recess. I had this idea that we wouldn’t need to go into class that we would be able to stay out forever, so I decided to throw rocks at the bell. I talked to kids for a long time after…Eventually I got like twenty of them to throw rocks at the bell with me. It was a small school there, so I think we hit the record number of detentions the principal had to give in a day.

She had to deal with the occasional bully at school, but it was at daycare that she really struggled socially. The kids did not like her, and she got to the point where she stopped caring. She would hide in a plastic playhouse shaped like a castle and chase off the kids
who bothered her. She got to the point where she did not care to have friends. Even today, she visits people socially, but enjoys being on her own. She needs her “own space to function effectively” and has requested to not have a roommate in her dorm room. She feels accepted by a group of peers, but she prefers nature and animals.

**Family.** Participant #6’s parents divorced when she was 10 years old. This was about the time she was identified as having autism. She felt it was her fault and begin to have many problems at home and school. She struggled with her parents, getting aggressive and angry with them. She tried manipulating them at times to get her way and took all their emotions very personally, almost to an extreme. She became suicidal, believing her parents would be better off without her.

Today, her relationship with her parents has improved, but she still has some issues with them. Her response to them now seems very typical of other college-aged students. She talks of her mother acting like a martyr if she asks her for a ride, and teases her dad who is soon going to be a grandpa. She appreciates her parents’ support but is glad to have developed her independence.

**Self-actualization.** Participant #6 did not learn to love herself until a few years into her college career. When she began to ask questions about her diversity, her experiences growing up, and understanding her parents’ divorce, she began to see things differently. She discovered her strengths and interests and what made her happy. By pursuing her interests, she said, “I know what happiness is more than I used to.” She knows she has to take care of herself before she can take care of others and to
understand her limitations. She knew that she could not live with a roommate, so she advocated for herself and was able to get a dorm room to herself. She is so happy to have her independence and be on her own like her peers. Her stability and happiness came when she learned to love herself.

**Research Question #1: How does each person define success (self-fulfillment)?**

The first two research questions were the basis for the other questions that sought to uncover how individuals with neurodiversities overcome stigma and barriers to reach self-fulfillment. Without each person’s definition of success, self-fulfillment, and happiness, the path to reaching self-fulfillment cannot be determined. Within the participants’ responses to this question, several themes emerged: identification and accomplishment of goals, satisfaction with life and self, perseverance through challenges, and autonomy. The overarching theme that emerged from data was determination.

Table 4

*Theme: Determination*

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Participant</th>
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<tr>
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</tr>
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</table>
Determination

Through the data analysis, it became clear the participants in this study define success and self-fulfillment through determination. The sub-themes that emerged were goals, perseverance, satisfaction, and autonomy. The researcher grouped these under the overarching theme of determination. Determination is a key component to building success and self-fulfillment. Determination to accomplish goals, have autonomy in one’s life, and persevere during difficult times, created satisfaction in participants’ lives and led to success and self-fulfillment.

Accomplishing goals. Most of the participants discussed accomplishing goals as part of success and self-fulfillment. Some participants discussed accomplishing small, daily goals while others discussed larger, long-term goals.

For Participant #1, it was a large goal: being the first in his family to go to college. Coming from a background of extreme poverty where his mother had to work numerous jobs and collect sticks for fuel, accomplishing a goal of attending college was truly significant. Poverty was not his only barrier. He explained, “[on an IEP] one of [my] teachers wrote that I don’t think [Participant #1] will go to college …with all his problems.” For him, success and self-fulfillment was the accomplishment of attending higher education with all his past experiences and challenges.

For Participants #2 and #3, it was celebrating small goals. Due to struggles with reading and comprehension, Participant #2 had to study long hours for tests, but she usually maintained a B/C average. She celebrated simply passing a test, while her
friends would celebrate earning A’s. She explained, “I was like…I’m going to be OK with this and I’m not going to worry. I just need to actually understand it and once I have that understanding, then that’s all I need to know.” Participant #3 celebrated not calling someone too many times when her OCD was acting up. She explained, “They’re little things but they are so huge in the scope of mental illness.”

**Satisfaction in life and in yourself.** All six participants felt satisfaction was an essential component of success.

“I define it as being happy with the results you’ve made. (Participant #1)

“You are successful if what you are doing makes you happy. If what you are doing makes you feel like you are accomplishing something. (Participant #3)

“Just being at peace with yourself, like soul-wise. Being happy with what you are doing. My self-fulfillment would be being in a forest by myself…Just the feeling of peace. I think that’s what it is and feeling like if you were to die the next minute, would you be happy? (Participant #6)

During the interviews, Participant #4 discussed recognizing the blessings in one’s life and being satisfied with those blessings as part of being self-fulfilled. Furthermore, Participant #6 discussed getting to the point where you are satisfied with who you are. She said, “I’ve gotten to where I like myself though, so I’m a bit more stable.” This stability has led her to be able to live on her own and be independent.

**Perseverance.** During the interviews, five out of six of the participants addressed perseverance as a key component of success.

You met the requirements that you put on yourself. (Participant #3)
Working extremely hard. Putting in the effort to do the work…I try my best, sometimes I fail. Sometimes it’s good, but I don’t know. I just don’t want to give up all the time. (Participant #4)

Participant #3 discussed pushing past the bad days, when she is so depressed she does not want to get out of bed, knowing she has things to live for. Participant #2 discussed pushing herself to keep going in school, even when things were tough. She said, “I’m just like, I can do this…I don’t have to worry about things, everything is going to be good.”

Participant #1 gained perseverance through knowledge. Having not only to overcome the challenges of Cerebral Palsy, but poverty as well, he decided to gain empowerment by reading books that provided bibliotherapy. “When I started to read more books, you know those books that talk about poverty? *Always Running* by Rodriguez, like there is something beyond what I’ve seen in my life. That has pushed me to be [dedicated] to school and, in turn, allowed me to feel like I belong somewhere. I’m doing something great.” It was this perseverance that lead Participant #1 to college.

**Autonomy.** Participants #1 and #6 both discussed autonomy as part of feeling successful and self-fulfilled. Participant #1, as previously discussed, mentioned self-fulfillment as being happy with the results he has achieved. He elaborated by saying, “In the past there are times I am not happy with the results I’ve made.” Taking control of his social situation, Participant #1 decided to make himself socially available and deal with teasing on his own terms. “Even with my disabilities I’ve been called crazy
fingers, crazy legs and that hurt me at the time. But if people talked to me right now, my old friends, I’d be like, ‘Hey, what’s up? It’s me, crazy legs.’”

Participant #6 discussed success as being able to be independent and taking care of herself. “It means to be able to take care of most of your stuff without relying on [someone].” Gaining her independence became a significant source of self-fulfillment because she would then not have to depend on anyone. She is able to gain autonomy and be her own person.

**Bronfenbrenner’s Theory**

The data analysis showed the participants in this study define success and self-fulfillment through determination. Individuals with self-determination behaviors work hard to succeed in life (Abery & Stancliffe, 2003b). The sub-themes that emerged were accomplishing goals, perseverance, satisfaction, and autonomy. Choice-making, decision-making, problem-solving, and goal-setting are critical to self-determination (Wehmeyer, 2003b).

Bronfenbrenner (1977) argued each ecological system interacts with and influences an individual’s development. Self-determination is the result of interactions between the person and their ecosystems (Abery & Stancliffe, 2003a, 2003b). Each ecosystem has the potential to serve as a challenge or an opportunity for self-attainment. Often, the difference between individuals with low self-determination and those with high levels of self-determination is having a strong, positive support system in their

**Research Question #2: How does each person define happiness?**

People are just as happy as they make up their minds to be.

— Abraham Lincoln

Research Question #2 focused on the definition of happiness. A needed component for self-fulfillment, happiness is a personal emotion. As previously stated, the definition of happiness is the basis for the following research questions, which seek to determine how individuals with neurodiversities reached self-attainment. Within the participants’ responses to this question, several categories emerged: self-acceptance, sense of belonging, sense of purpose, and self-sufficiency.

Table 5

**Theme: Sense of Identity**

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Participant #1</th>
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**Sense of Identity**

The participants in this study defined happiness as having a sense of identity. The sub-themes that emerged were self-acceptance, sense of belonging, sense of purpose, and self-sufficiency. Acceptance of who they are, feeling they belong, and
having a purpose in life were the main topics discussed when defining happiness. The researcher grouped these under the overarching theme of Identity.

Building a strong sense of identity led each participant to their personal definition of happiness. To build identity, a solid sense of belonging, self-acceptance, self-sufficiency, and sense of purpose were needed. This was the solid base of happiness.

**Self-acceptance.** All the participants addressed self-acceptance as an essential component to happiness. Coming to terms with themselves and their diversity sparked the participants to think of self-acceptance when defining happiness.

Just being at peace with yourself. (Participant #5)

With my experiences that contributed to my strength, my stamina, I told myself to say forget them who talk about you, just be yourself. Don’t forget who you are. (Participant #1)

It was like the whole acceptance thing. I had to know I was [OK], not only my friends…but then it had to click for me. Like, why I am not accepting this? And then it finally clicked…you are still the same person, you just need a little extra help. (Participant #2)

Over the years, I’ve come more, like I guess, accustomed with it. I’ve coped with it and learned, OK this is me. Can’t change it, just got to live with it. And so I kind of felt that way, like I’ve grown so much from when I learned about it. When I was actually diagnosed and I was like, ok that’s there, that’s done and now I can help others. (Participant #2)

I feel very fulfilled [with] the fact that I’m very comfortable with self-disclosure… and also, I just feel like when you have something different people will initially judge you for it, especially if you are uncomfortable with it. For me, I’m so ok with telling people, ‘Yep, I’m on meds. I’ve got OCD, I’ve got depression, like what else do you want to know?’ It kind of takes away that self-consciousness that I initially had about this diversity. (Participant #3)
Realizing who I am. (Participant #4)

I’ve gotten to where I love myself and I’m more stable and less likely to get really upset. (Participant #6)

Participant #5 focused strongly on identity and self-acceptance of who she is. Her identity strongly defined her and her happiness. She proudly stated, “I’m a gender queer, Chicana lesbian.” She elaborated her strength in her self-acceptance in relation to her parent’s acceptance. “They know I’m gay. That’s pretty much it and they don’t necessarily like it but they can’t do anything about it because they do know I am my own person and I am not going to change.”

**Sense of belonging.** Having a sense of belonging was a key factor to happiness. Most participants expressed happiness related to their support and acceptance from family and friends. Feeling acceptance by others has a strong connection with the development of identity.

Participant #4 struggled with social connections but found a sense of belonging with his family. He defined happiness as “Having parents support me in my disability.” Participant #2 also defined happiness as her connection with her family. Once she moved away to college, she needed to find an alternative family, an alternate means of support and belonging. When asked about happiness she said it was:

Knowing I have a support system. My family is really important to me and they have always been there for me. Whenever I am with them I am always really happy…They always push me, like you can do this, keep on going… When I came here…I was like where do I go? Then I joined a sorority and, like, my sisters they have been helping me too.
Participant #5 had a different experience. Even though she was close to her family, her sense of belonging was not as strong. They struggled to accept her identity as a gender queer, Chicana lesbian. Additionally, they struggled to acknowledge not only her depression, but possibly their own neurodiversity. Participant #5 found a sense of belonging with a social group. She clarified:

That’s why I kind of grouped myself with the rest of that group because I knew that they would accept [me] regardless of anything else because we all had the same idea of like, we’re different and we know we’re different and regular society wouldn’t necessarily accept what we believe in and what we do. We just kind of stuck together.

Family or peers, it was apparent that a sense of purpose was linked both to identity and to happiness.

**Sense of purpose.** All participants define happiness as having a sense of purpose in life. Two of the participants, #5 and #6, discussed having a sense of purpose related to future work and working with animals and nature. The other four discussed a sense of purpose directly related to helping others with neurodiversities, and three have plans of going into fields of work that deal directly with neurodiversities.

I’m happy because I can take those experiences and share it to you. And you share it to other people with disabilities, to share it with people who have too much pride on themselves...That is why I’m in the process of making a book about my experiences. (Participant #1)

I want to help people understand their disability like I’ve been helped. (Participant #2)

I have found that my experience with anxiety, OCD, with depression, has led me to help others with onset now. Yeah, I became a lot more comfortable with it, especially when I realized that it is a pressing issue and there needs to be...less stigma surrounding it. (Participant #3)
I want to, out of my own experiences, help people with disabilities. (Participant #4)

Participant #5, after reviewing the analysis of the data, wanted to elaborate on why she felt so connected with nature. She said:

My love in nature and career in biology come from a need to escape from the struggles that society puts forth on people who have a very diverse way of thinking as well as an identity that is not yet well understood by the “general” population of this society. Nature is my ultimate place of comfort, it’s the only place where regardless of my emotions or physical appearance I can still feel connected and it’s when I find the best time to grow wisdom and acceptance of my self-worth and meaning in my life. It helps me relax from the anxiety I feel when I'm surrounded by people and relieves my negative thoughts and puts forth a peace that is indescribable.”

**Self-sufficiency.** Only two participants (#1 and #6) addressed self-sufficiency when defining happiness, but it was such a significant part of their definition that the researcher felt it was important to include. Self-sufficiency is defined here as being able to meet their needs in a situation. In the first research question, Participants #1 and #6 both had a subtheme of autonomy related to their definition of success. Autonomy addressed their free will and control or will over their actions, whereas self-sufficiency is used here to discuss their ability to meet their needs in a situation and accomplish specific tasks, moving forward towards autonomy.

Participant #1 talked about being capable to accomplish tasks, even when his diversity made them difficult, and not placing limitations on what he could do. He also expressed it was important others did not place limitations on him. He discussed, “Making myself available to show them that I am capable” and how he had to clear barriers when it came to others’ perceptions of him.
Participant #6 addressed self-sufficiency when she talked about gaining independence, but she also addressed it in the context of solving problems. She stated, “I learned to ask when something is confusing. Sometimes a professor, other times the financial aid people, depending on what part of life…so I learned who to ask for what. It’s helped a lot.”

**Bronfenbrenner’s Theory**

Bronfenbrenner (1977) showed there are many systems impacting a person’s development over a period of time. To develop a strong, positive sense of self-identity, a person needs to express her own choices, especially about friendship and group affiliation (Stainback et al., 1997). Each participant had positive interactions in microsystems of school, peers, and family. It was through these positive interactions that they began to develop a strong sense of purpose, and self-acceptance. It was through these interactions that they established a strong identity and happiness.

**Research Question #3: What identified strengths do people with neurodiversities have that lead to their success?**

The third research question focused on participants’ strengths and how these strengths led them to a place in their lives that they felt successful and fulfilled. The evidence that emerged was the participants felt the most identified strength that led to their sense of fulfillment and success was self-efficacy. The sub-themes consisted of self-determination, self-acceptance, adaptation, and self-advocacy. It is not surprising
determination and self-acceptance emerged as sub-themes in this research question because the participants defined success and happiness by these concepts.

An additional strength emerged during the interviews not connected with self-efficacy. This identified strength was the ability to be detail-oriented. The researcher found it interesting that five participants expressed a strength in being detail-oriented and that this strength helped lead them to their current success. With such a strong connection, the researcher felt it was important to mention.

Table 6

<table>
<thead>
<tr>
<th>Theme: Self-efficacy</th>
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<tr>
<td>Sub-themes</td>
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<td>Adaptation</td>
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<td>Self-advocacy</td>
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Self-efficacy

All the strengths discussed in this section led the participants to develop a strong construct of self-efficacy. Self-efficacy is the belief one has in one’s ability to be effective, accomplish goals, and meet challenges. The sub-themes that helped in the construction of self-efficacy were self-determination, self-acceptance, self-advocacy, and the ability to adapt in various situations. These are all important factors in achieving challenges and goals. The discovery of self-efficacy was such a huge component in this research. Under self-efficacy we see determination (accomplishing goals) and self-
acceptance, a huge piece of identity that includes sense of belonging, the base of Maslow’s hierarchy, and sense of purpose. All these components help to build to self-efficacy.

Self-determination. Most participants felt their self-determination helped them get to a place in their lives where they felt successful and self-fulfilled. “If I cannot do it I’ll ask for help but I will do it. I will get there” (Participant #1). For some, such as Participant #3, it was her determination to face daily challenges. Her fight is continuous and ongoing. Instead of the occasional barrier in school or life, she fights her OCD and depression on a regular basis. There are good days and bad days, but it is her determination that keeps the bad days away.

For Participant #1, self-determination was centered on breaking down barriers and changing people’s mindsets toward him. His physical differences make his diversities instantly noticeable to others, but he does not allow that to put limitations on him. He said:

I joined the basketball team when I was in 8th grade. My position was power forward. The position I played was bench warmer. I played some, but bench warmer. I went to JROTC army. I was the first disabled one to go to Camp Dublin. It’s a camp park in Dublin, California. It was a military facility. We stayed there for three days and nights. I did all the obstacles and that has enriched my strength. I liked it. And I’ve done ROP. ROP is a program, where schools, teenagers run a virtual enterprise. The program is called Virtual Enterprise California…I was the CEO of that company called Nano Bug company. I was the youngest CEO of that company. We went to fair trade. I sold the most. I made the most profit: $500,000. I was the first one over the years, in the history of that program, in my school, that had the most profit-making company.
Participant #4 became very determined to overcome what he felt were his own barriers: struggles in communicating, looking others in the eye, and sensitivity. He researched Asperger’s Syndrome and worked hard with specialists to get past many of these struggles. “Don’t give up because you have a disability. Try to overcome it with your own strength.” Once he got to college he was very determined to succeed. He explained:

I did bad in English class. I usually hate English, English writing because it makes me organize my thoughts so anything that makes me organize my thoughts I just hate. So, but I have the time to do it so I kept writing and writing and writing so I did good in college. I even passed the WPJ (Writing Placement for Juniors test) here and I haven’t even took my English writing classes in so long.

Participant #6 was very self-determined from a young age. Often this self-determination would get her into trouble. She would throw fits and set up plans to get her way, such as tormenting her aide until she quit. She also convinced a large group of kids to throw rocks at the bell system so it would break and they would never have to go back into class. This determination changed as she got older and more mature. She was very determined to research questions and find the best solution for her dilemmas, such as choosing the best college not only for her focus of study but for her needs as person with autism.

**Self-acceptance.** All the participants discussed self-acceptance as a strength that helped them become self-fulfilled. This was also previously discussed under research question # 2. One participant in this study discussed self-acceptance and becoming
solidly based in one’s own identity, so others cannot mold or change one by their behaviors. Directly related to self-acceptance, others said:

- You need to know who you are and you need to accept who you are. (Participant #1)
- I hope they learn it is ok to be the way you are. (Participant #2)
- I don’t care that I’m a slow reader and nobody else does. (Participant #2)
- I’m very comfortable with self-disclosure. (Participant #3)
- Telling my story and being comfortable speaking about things. (Participant #3)
- Just being at peace with yourself. (Participant #5)
- I learned to love myself, then I was more stable and I’m less likely to get really upset. (Participant #6)
- In a way, it makes me who I am….I think that stimulation, that imagination that I have drove me to what I want to do. Took me to college. Made me successful in my classes. (Participant #4)

**Adaptation.** Each participant had to learn to adapt to various situations. Of the six, four felt it was a strength that directly affected their path to self-fulfillment.

Participant #1 had to adapt in a variety of ways. He had to adapt to a new country and new educational system. Moving to the United States from the Philippines where kids worked the rice fields and schools were structured as family-oriented classrooms, required significant adapting. Additionally, as he moved through school, Participant #1 was constantly adapting to various assistive technology devices and software his case manager would try out as well as various teachers, some of whom were very supportive
of his needs to use the computer, and others who required him to stay after school to access what he needed.

Participant #5 also discussed a cultural adjustment, moving from a small isolated town to a large city for school. She has also had to learn to adapt to her moods and depression by finding techniques to handle them, such as using relaxation CDs and self-medicating.

Other participants said:

I’m also kind of readjusting everything and figuring out, ‘OK this is the teacher.’ I need to figure out their teaching style and once I have that I’m like, ‘Ok, I know exactly what I need to do’ and then I’m set for the rest of the school year. That is how it was in elementary school and middle school and high school too. Because it was like I had to figure out how I can work with them and how like, if they work well with me, but once it was [figured out] I was kind of good and I kind of got more stable and I felt more comfortable. (Participant #2)

In high school I was in special ed the whole time, then I went to American River College. Somehow I went through these hard classes all of a sudden, that I didn’t think I could do. Then, somehow, I transferred here. I’ve had a lot of stress and I went through quite a lot, going through these rigorous challenges. Dealing with people, dealing with the class environments, dealing with all the material from college. Going from high school to college, it was kind of overwhelming at first. (Participant #4)

Self-advocacy. Most participants noted self-advocacy was a huge key in their success. While many discussed parents advocating for them while they were growing up, four participants discussed self-advocacy. Three participants linked self-advocacy directly to success in their educational experiences.

Participant #1 said:

Most teachers would be reluctant, especially if they were new to the school. They’d say, “Why do you need to use a computer? You can sit down and write.”
I can’t. So the challenge for me was fighting with that teacher, saying, “I can’t do it. I need to use that computer.” [The teacher would say], “Well I have work I need to do on that computer, you need to wait”…I had to go to my special ed resource case manager and get my 504 plan and show it point blank to them, that teacher. And say, “Hey, look at my 504. That is what you need to follow.”

He even had a teacher once tell him that he owed her ink because of the printing he had to do. Other teachers would send him to others’ classrooms to access computers, classrooms that had teachers teaching in them. He said, “Yeah, my special privileges said I could do that, but as a human being, that is not right: depriving someone of their education, just so I could do my thing.” He wanted to let others know they have to advocate for themselves. He argued:

You are here to shine as a light out of a dark place because we’re treated as second-class citizens and if you are afraid of speaking up, speaking out, there is no hope for you because you will always be treated as a second-class citizen.

Participant #6 had to advocate for her own dorm room when she transferred to CSU, Sacramento. Because of her autism, she knew she needed her own space to work effectively. She also developed the habit of asking her professors to explain something over and over again until she gets a concept. She makes sure she gets the help and support she needs. Participant #2 also discussed advocating at school. She said:

My mom and I went to talk to him because he was my new history teacher. He just didn’t understand anything I was saying and he kind of got it but, like, nothing was working. I was like, “Ok, I’m just going to read the book by myself and work with my friends. I am going to pass this class like I know I am.”

Participant #3 spoke of self-advocacy when it came to others’ perceptions of mental illness and decreasing social stigma. She explained:
You know, if someone says something I don’t agree with, I’m very vocal about it. I just won’t sit there if someone is saying, like you know all the gun legislation versus mental health going on in the media right now? I’m not going to stay silent when people blame it all on the mentally ill or people with mental health issues. I won’t.

**Maslow’s Theory**

The focus on participants’ strengths and how these strengths led them to a place in their lives that they felt successful and fulfilled revealed the involvement of self-determination, self-acceptance, adaptation, and self-advocacy. Maslow’s Theory of Motivation supports this theme of self-efficacy.

For self-respect, self-esteem, and value of others, individuals must have an established and strong view of themselves (Maslow, 1943). This self-image must be built on actual ability, achievement, and respect from others for a strong sense of self-esteem. Maslow (1943) argued, “satisfaction of the self-esteem need leads to feelings of self-confidence, worth, strength, capability and adequacy of being useful and necessary in the world” (p. 382). This is the feeling of self-efficacy.

**Research Question #4: What experiences helped lead someone with neurodiversities to develop as an individual and be successful?**

Research question #4 examined the experiences that helped the participants develop a strong identity and be successful. Social experiences, educational experiences, and familial experiences were all examined during the data collection process. The results were divided into two main themes: internal and external factors. Within internal factors, factors of the participants’ actions or beliefs, the sub-themes
were high expectations, knowledge, facing challenges, and autonomy. Within the external factors, factors outside the individual, the sub-themes were support systems, social acceptance, and culture.

Internal Factors

Table 7

*Theme: Internal Factors*

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<tr>
<th>Sub-themes</th>
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<th>Participant #2</th>
<th>Participant #3</th>
<th>Participant #4</th>
<th>Participant #5</th>
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</table>

**High expectations.** Half the participants discussed experiences in which they placed high expectations on themselves. These experiences and the high expectations they held promoted their capacity to reach their goals.

Participant #1 discussed the high expectations he put on himself to succeed in school and go to college. His family experiences were another area where he had high expectations for himself, because he was, after all, the man of the house. He explained, “When kids were asking their mom and dad for money, I said ‘Mom give me your money and this is what we are going to do. We need to break finances. We need to set a budget...I had no time to socialize, no time to hang out at the mall.’
Today, despite his counselor’s encouragement to take fewer classes, Participant #1 has high expectations to graduate with a teaching credential in six years, which is the amount of time he has to receive financial support. He explained:

My mom lost her job a year ago, December 2011. I can’t pay for my books. I’m even having a hard time making ends meet. I am the sole provider for my family, which is my mom only, and I pay all the bills from very little, what I get from the government. And my counselor is saying take less classes and graduate longer. That isn’t going to happen.

Participant #2 set high expectations for herself by enrolling in honors courses in high school and becoming director of activities at her high school. She explained:

I took some honors classes because I needed that extra push and I did. And it actually helped me realize this is what I am better at and this is what I am decent at and I can work on that more.

Participant #3 talked about setting high expectations for herself now because the real world will not provide accommodations. She said, “I try to do everything myself…I want to learn techniques and ways to adapt on my own…I’ve kind of learned to adapt to things that I can.”

**Gaining knowledge.** All participants but one discussed finding empowerment and support through knowledge. Their experiences with researching and learning about their diversities, finding techniques that could help them, and talking to professionals in the field helped them feel acceptance toward their differences and move up the path to self-attainment. The one participant who did not talk about gaining knowledge of his diversity was born with obvious signs of his diversity and knew about it growing up.
Participant #4, even though he was diagnosed at age four, did not learn he had Asperger’s until high school. Unsure about why he was never informed, the enlightenment helped him understand why he acted differently than others, and why he struggled with sensitivity and social interactions. He talked to his mom about it and started researching to find out everything he could about Asperger’s Syndrome. He also worked very closely with his speech therapist and psychologist to gain knowledge to overcome some of the barriers he associated with his diversity. He explained:

I had a psychologist that helped me with my sensitivity issues. My speech therapist helped me be able to talk and be able to understand what you are saying, well what anybody is saying. Since with my disability it is hard for me to organize my thoughts, so I can’t really take in the words that you are saying and be able to organize and know what you are saying. So she taught me how to be more visual instead of more auditory so I can understand. Then my psychologist, he just helped me, I don’t know, perk up. Perk a bit and try to understand my disability more and try to understand what my feelings were and how to deal with them.

When Participant #2 found out she had dyslexia and ADHD, she and her mom sat down to research signs, strategies, and famous people with dyslexia. She said:

My mom, after she found out, she looked up online like celebrities that had dyslexia and stuff. “Look at all these celebrities that have dyslexia, you’re OK, don’t worry about it so much.” After that, after I got over that, I was just like its fine; I’m not the only one with it.

She also gained knowledge through her psychologist, a reason that she is going into psychology now: to help others with diversities.

And then my psychologist that diagnosed me and everything, she told me the signs or the cues like you could see. Like certain ways they hold their pencils and like how it works. Then I noticed it in myself and I noticed it in some of my friends...Then I was, like, “Ok, I’m not the only one.”
Participant #3, in addition to talking with her father about his OCD and what had helped him deal with his experiences, she also continues to learn about her diversity through her studies in psychology and on her own. She explained, “So certain things, I feel like I’m educating myself more about because my parents don’t know everything.”

Participant #5 currently takes medication to help with her depression, but she hates it. She has been working with a counselor and researching other techniques she can use to help her depression. She hopes once she gains all the knowledge she can that she can go off her antidepressants. This gives her a sense of empowerment and strength over her depression.

Participant #6 was suicidal for many years, attempting suicide at least once. Her diversity makes her take everything to heart and all of the experiences she went through as a child, she brings back up and reacts to. Eventually, she sat down with her mother and asked her questions about the divorce, her daycare, and other experiences. Gaining knowledge about these experiences from her mom really helped her realize it was not as bad as she thought, and in the case of the divorce, it wasn’t her fault. Participant #6 explained:

I’ve gotten better because I’ve realized that I’m actually not that bad as I thought I was...It’s almost a repressed memory off and on I would intermittently react to… I took a psychology class and started to learn about that stuff so I decided to kind of do some research on myself with my own memories. I had to self-analyze myself for a while, and I had booked psychoactive therapy. I knew I had destructive plans but I couldn’t explain why if someone tried to confront me about myself…. [it helped] to understand why I had some of the habits and which memories they came from.
**Facing challenges.** Each participant had to face challenges in their lives to get where they are today. The challenge of self-acceptance was significant for each of them, but they all faced additional challenges that helped them form as individuals. “In my speech I always say, ‘A life without challenges is a life without life.’….because without these challenges I would just be like, ‘OK, give me my SSI check. I don’t need to do this, I can’t do this.’” (Participant #1).

Participant #1 faced daily challenges growing up in poverty, struggling in school to be heard by his teachers, and facing the stress of being in charge of his household at such a young age. One challenge he talked about is the day he lost his temper and hurt his mother, a memory that caused him to cry. He recalled:

I had to go out because that is the only way out of stress, to hang out with my friends, and she blocked the door. I told her to please get out of my way. Please get out of my way. I exploded. I didn’t mean to but I exploded. From that moment on, I have been looked down on…Because of the stress I made, unfortunately, I hurt my mother...made her bleed from her head. I went to mental institution….I remember talking to the nurse and said, “If you let me go, I know how to conduct myself” and they let me go. [Now] stress that pushes me over the limit, I take it in but I don’t burst out.

Participant #2 and #4 willingly explore challenging classes. Participant #2 took honors classes in high school, knowing she would have to study for hours. Participant #4 went to college and took rigorous courses, knowing he would have to struggle to adjust to each group of people, each teacher, each environment, and each curriculum, even though the unknown is very challenging for individuals on the autism spectrum.

Participant #5 experienced an emotionally abusive relationship that tore her down as a person. This challenge, though extremely hurtful, helped her find her
individual strength and build up a strong identity. Participant #3 faced numerous hospitalizations for her depression and thoughts of suicide as a young child. Her first was two days before her 11th birthday. She was hospitalized three times that summer and did not get to start school with her peers. She said, “I remember them writing cards to me in the hospital. They were friendly and all, but it was hard because you could tell they knew I was different and I felt different.”

**Autonomy.** Four participants discussed experiences in which they gained autonomy, which moved them along the path of self-attainment. Participant #1 was the man of the house and learned to take care of all household responsibilities at a young age. He came home from school every day to an empty house when he was young because his mother was at work. He raised himself, in many ways. Participant #2 discussed her parents making her fix her own problems. They were there to offer advice, but she had to take control and solve her own problems. Participant #6 discussed reaching a level of self-fulfillment when she moved out of her mother’s house and began to live on her own. Participant #3 discussed taking control of her OCD and not allowing her OCD to take over. She gained autonomy in her life by being in charge of her OCD. “If you stop yourself from giving in, eventually it gets easier and you take control and that is a really cool feeling. That has lead to a lot of self-fulfillment.”

**Benard’s Theory**

The ability to overcome adversity can lead someone with neurodiversities to develop as an individual and be successful. This is shown in the data as they relate to
Benard’s theory. The data revealed the internal factors of high expectations, knowledge, facing challenges, and autonomy, which all connect to Benard’s Theory of Resiliency. When high expectations are established for an individual, it helps to meet some of their basic needs: facing and mastering challenges, and gaining knowledge or meaning (Benard, 2004). When this occurs, it promotes resiliency strengths by building autonomy in the individual (Benard, 2004). This results in positive outcomes, such as self-attainment.

**External Factors**

Table 8

*Theme: External Factors*

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<th>Sub-themes</th>
<th>Participant #1</th>
<th>Participant #2</th>
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**Support systems.** All six participants discussed experiences in which support systems helped them accomplish their goals. Those support systems were a strong foundation for the participants and helped to build their confidence and self-esteem and move down the road of self-attainment.

Participant #5 had mentors to offer support in school. She said:

We had two lesbian teachers that were like in the closet. Nobody really talked about it but everybody knew. They were kind of like the unofficial mentors to all the little gays in the high school, so I had that.
Aside from supportive friends, Participant #5 has been seeing a counselor for emotional support. Her recent breakup, what she refers to as “the biggest dent that was caused in my soul,” caused her to reexamine how she sees herself. With help from her counselor, Participant #5 has shaped her identity as a strong, independent woman.

Participants #1 and #2 both found support in great teachers during their educational experiences. Participant #1 had teachers who sat one-on-one with him to help strengthen his academics and English skills. Aside from his teachers, he had a supportive case manager who helped him advocate for his accommodations and needs during his high school years. Participant #2 strongly emphasized parental support but also discussed a supportive school counselor who helped push her academically in high school and was there for her any time she needed support. She explained:

My counselor in high school was amazing…He knew exactly how to help each student in our class…His door was always open for us and if we just wanted to go down there and be like, “Hey, how’s it going Mr. U?” It was like we could just sit there and talk and how has your day been going and stuff. It was really good to have that also because he knew exactly what to do for me. He always helped us with our classes.

Participant #3 has been able to rely on the support of her parents her entire life. Through hospitalizations and medication adjustments, they have supported her and guided her through the tough times, but she has another support system that she has created. She explained:

I’d say my best friend when it comes to sharing my struggles is always my online journal because I do a community-based writing thing. It’s called Live Journal and lots of people use it for whatever, regular blogging, but I have a good group of people who struggle with similar things. You know, have various issues going on similar to mine. So I find it is easier than doing the whole
explain my whole story thing…Yeah, it really helps. I call it my talking diary. These people, it is protected, these people can only see your stuff if you allow them and you can see their stuff if they allow you. It is cool because you kind of go with each other for a long period of time and you stay connected and you see how their lives are going, how events are going and they see mine. They comment, give advice about what I’m going through if they are going through a similar thing. They do that. I find it extremely helpful. It’s an outlet. You can write down anything, I don’t know any of these people in real life.

Participants #4 and #6 found support from their parents through educational and everyday experiences. Both participants discussed social support the least of all participants. This may be due to the fact they are both on the autism spectrum, or because their social situations were less significant than their parental supports.

Social acceptance. Participant #6 discussed friends, but did not stress social acceptance as a key experience. She did, however, discuss getting peers to follow some of her creative ideas. It may be her autism that creates less emphasis on social acceptance and friends. All other participants discussed the importance of social acceptance in their experiences. Participants #2 and #5 put the most emphasis on social acceptance and their identities being so closely formed around their social groups.

Participant #2 was so tied to her social acceptance and peer groups, she immediately sought out those strong connections when she entered college. She also discussed that her identity and acceptance of dyslexia came after her friends’ acceptance of it. Participant #5 discussed her identity formation within her social group and finding people as different as she was. She felt such a strong connection with her friends, they practically took over the role of her family, and their acceptance took place of her family’s reflection of her identity.
Culture. Three participants discussed cultural experiences being linked to their self-attainment. Participant #1 discussed his Filipino culture, as well as the culture of poverty in which he lived. Both cultural experiences had significant influence on his identity development and personal pursuit of success.

Participant #5 spoke strongly about her Mexican heritage and the significance it had on her identity development. She took great pride in her culture, even though she mentioned that was also a barrier for her at times. Participant #4 spoke about his Puerto Rican culture and how his mom’s enthusiasm with Spanish music and dance helped draw him out. She was a very social person and took him to visit family often. “Puerto Ricans usually talk a lot, just like Italians. Kind of. They have their own charm.”

Bronfenbrenner’s Theory of Development

The external factors revealed by the data were support systems, social acceptance, and culture. Going back to Bronfenbrenner’s theory of human development, it examines the mutual exchange between an individual and his/her environments over the course of his or her lifetime (Bronfenbrenner, 1977). By applying Bronfenbrenner’s ecological theory of development, outside or external factors were examined as influencing the outcome of self-actualization. Influences of specific events, relationships, and settings contribute to the development of the participants’ identities. To help guide others through the process of self-attainment, there must be an understanding of the influences that can hinder or promote this development. The
positive influences were peer interactions and acceptance, parental and/or teacher support, and culture.

These are the areas we need to look at as to what is going right so educators know to continue these practices. Many educators are those significant support systems and encouragement many students need for success. Each participant had significant school personnel that helped, supported and encouraged him or her. Also, connections with home were key factors. Each participant discussed their parents’ role in their education and how parental support helped them be successful.

**Research Question #5: What challenges and barriers had to be overcome to reach success, happiness and self-fulfillment?**

Research question #5 seeks to understand the barriers and challenges individuals with neurodiversities had to overcome to reach self-attainment. In addition to the barriers, it examines how they overcame stereotypes to identify strengths and not fall into the risk of stereotype threat. It also seeks to identify how each individual builds resiliency against these stereotypes, barriers and challenges to be successful and self-fulfilled.
Table 9  

Theme: Societal Mindset

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<th>Participant #3</th>
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Societal Mindset

Upon examining the listed barriers and challenges, the researcher noticed an emerging theme of Societal Mindset. Each sub-theme is in direct relation to society’s attitudes and beliefs about individuals with neurodiversities. Changing the way society views and treats individuals with diverse needs could alter these sub-themes. The sub-themes are bullies, education system, stigma, social isolation and culture.

**Bullies.** All participants but Participant #3 shared stories of facing bullies during their K-12 education. Some dealt with bullies who teased them or put them down, others dealt with bullies that physically hurt them, or both. This challenge is a rising societal issue and one that can be significantly damaging to an individual’s identity.

Participants #1 and #4 both had incidents of name-calling and hurtful comments made about their identities. Participant #2 experienced the hurtful comments as well, many of which came from individuals she considered close friends. Participant #4 had physical encounters with bullies and had students manipulate him due to his lack of...
social skills; hence, they could steal from him or play horrible jokes on him. Participant #6 experienced bullying outside of school in her afterschool care setting. Here, she was tormented physically and emotionally, and the bully tried to get all the other kids to gang up on her, but if she stuck up for herself she was often the one who got in trouble.

**Educational system.** All participants but Participant #5 discussed barriers and challenges within their educational experiences. Some experienced struggles with academics, poor grades, unsupportive teachers, or lack of access to needed materials. Participant #6 discussed her inclusion aides on several occasions during the interview. In kindergarten, the aide sitting next to her made her feel different from her peers; it was the first time she considered herself different. The aide would often overstep her boundaries of support. Participant #6 elaborated, “She would trim my nails all the time and scrub them, even though the other kids would have theirs on. She would always be brushing my hair and putting it into a tight ponytail.”

For a young girl who wants to be like her peers, this behavior was very shaming. She was not allowed to be like her peers even in the way she wore her nails. She eventually got tired of having aides and when she worked with an aide she did not like, she chased them off. Once she put her aide’s shoes in the sink and turned on the water. Another time, she physically attacked her aide, who kept going to her therapist and telling him what she was doing in school. She felt her privacy had been violated.

**Stigma.** Participants #1, 2, 3, and 5 all discussed having to overcome the stigma of their diversity. Participant #1’s diversity is physically noticeable, and people
immediately assumed limitations, both physical and mental. Participant #3 discussed the social stigma strongly surrounding mental illness and the negative media attention focused around individuals with these neurodiversities. Participant #5 dealt with the social stigma of her depression as well as her sexual orientation. Her connection to nature helped “relieve her negative thoughts” and find acceptance of her self-worth. Participant #2 faced the stigma of processing information slower than most people, giving the stigmatizing impression of being “dumb.”

**Social isolation.** All participants except #2 felt socially isolated from their peers at one time or another during their K-12 education. Some ate alone in the bathroom during lunch, some were teased and tormented by their peers, and others related more to adults than children. Four of the participants who discussed social isolation were able to overcome this barrier and find a friend or group of friends they felt a strong connection with and a sense of belonging.

**Culture.** Participant #1 had to overcome the culture of poverty in which he grew up. Many of his friends ended up in gangs and prison, but Participant #1 saw education as his ticket out of poverty. Participant #5 felt strongly connected to her culture; it was a strong part of her identity, but it had also been a barrier for her. She reported, “It’s a cultural thing not to go to the doctor. It’s more like, ‘Oh, wait till it gets better, wait till it gets better’ and then it gets to the point where it’s so bad.” Reluctant to take her to the doctor when she was depressed, Participant #5’s parents also refused to treat their own depression. This was hard on her and her siblings growing up.
Stereotype Threat Theory and Bronfenbrenner’s Theory

Upon examining the listed barriers and challenges, the researcher noticed an emerging theme of Societal Mindset. The sub-themes are bullies, education system, stigma, social isolation, and culture. Each is directly related to society’s attitudes and beliefs about individuals with neurodiversities.

Examining Bronfenbrenner’s last system, the macrosystem, we see it can have indirect effects on the individual through policies, laws, and culture. Societal attitudes can deeply affect the developmental outcome of an individual, both positively and negatively (Abery & Stancliffe, 2003a). Societal stereotypes about certain groups can impact the academic success and identity development of individuals associated with that group (Steele, 1997). Stereotype Threat Theory shows a risk for conforming to a negative stereotype placed on groups (Steele, 1997).

Students with neurodiversities are at risk of being stereotyped as having poor academic achievement and being less capable than their typical peers. If overexposed to stereotype threat, individuals may develop a sense of self-hatred and inferiority, and low expectations for themselves (Steele, 1997). The stereotype threat could become less relevant to an individual’s sense of identity if they are able to see themselves as a separate and unique individual (Ambady et al., 2004). This supports research question 5a along with Bronfenbrenner’s Theory that support groups within microsystems can influence development.
a. How did they overcome stereotypes to identify strengths?

All six participants had the same two themes as a basis for overcoming stereotypes to identify their own strengths: Self-acceptance and support systems. These were addressed in previous research questions.

b. How did they build resiliency to attain self-fulfillment?

Table 10

Theme: Factors of Resiliency Theory

<table>
<thead>
<tr>
<th></th>
<th>Participant #1</th>
<th>Participant #2</th>
<th>Participant #3</th>
<th>Participant #4</th>
<th>Participant #5</th>
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</table>

The research on Resiliency Theory posits a sense of purpose, autonomy, sense of belonging, problem-solving skills, and family support all contribute to building resiliency. Because the sub-themes related directly to Resiliency Theory, the researcher labeled the theme: Factors of Resiliency Theory. All five sub-themes were discussed in previous research questions. Problem-solving skills were not directly discussed but woven into the sub-themes of self-sufficiency, autonomy, and self-advocacy.
Benard’s Resiliency Theory

Resiliency creates the ability to successfully overcome adversity and helps the individual to change or transform (Tebes et al., 2004). Four attributes contribute to an individual’s resilient attitude: social competence, problem-solving skills, autonomy, and a sense of purpose (Benard, 1993). A person’s attributes, family support, and support systems are all influences on resiliency. In addition, individuals need to have high expectations, a caring and supportive environment, and significant participation in order to build resiliency and increase self-efficacy (Benard, 2004). This strength, success, and self-efficacy leads individuals toward self-actualization and secure identity development.

Other Findings

Emerging Beliefs

After analyzing the data through coding and recoding, the researcher found the participants in her study shared an overarching belief. They all believed their neurodiversities did not make them bad or strange. A diagnosis that placed them within the spectrum of neurodiversities was not a reason for people to reject them or look at them differently. They all wanted to be accepted and seen for who they were, with no expectations of change. By sharing their personal stories, each participant hoped to help others with neurodiversities and change the way people see and treat individuals with neurodiversities.

Their Voice to Others

I don’t want to be treated like a special needs [student] in my classroom.
(Participant #1)
Don’t give up because you have a disability. Don’t give up because you are in special education. Continue down that path. It doesn’t matter if there are other people that are smarter than you, more sociable than you; you are yourself. (Participant #4)

Don’t forget who you are, where you came from and what you are. (Participant #1)

You need to know who you are and you need to accept who you are. You need to learn what you can do and what you are capable of and work from it. Dim down those voices that make fun of you and dim down those stares that you get. (Participant #1)

Make yourself vulnerable. Make yourself a leader. (Participant #1)

I hope they learn it is ok to be the way you are. You have always been this way so you need to, like, breathe for a second and then realize that I have been doing this my entire life. (Participant #2)

I think they need to realize that they are always going to have this. It’s something. It’s a part of them; it’s not them, but either way it is going to be there. If it is going to be there you can’t necessarily do anything to stop it. Why not take control and make it your own, you know…own it. (Participant #3)

I feel that people with neurodiversities have certain strengths. I really do for me. (Participant #3)

Neurodiversities…it is so much better than disability. It just angers me. I’m like it’s not a disability…there is always something you can do to help yourself or others, so I like diversity. (Participant #3)

They’re not alone…there are people that have felt the same thing…regardless of what you have, you can still get through it. You just have to try. (Participant #5)

That they need to love themselves and that they need to take care of themselves first before they take care of others. (Participant #6)

Why did I have to go through what is called life of a disabled student? The truth of the matter is you’re here for a reason. That is my belief. You are here to shed a light. You are here to shine as a light out of the dark place. (Participant #1)
Conclusion

The findings presented in this chapter show significant data with regard to self-attainment in individuals with neurodiversities. Participant interviews were synthesized to provide a description of strengths and experiences that helped the participants overcome barriers and challenges to reach self-fulfillment. The data analysis process also led to the discovery that sense of purpose, sense of belonging, and determination were all essential components for each participant’s path to self-attainment. These three essential factors all contribute to the development of an individual’s identity and self-esteem. These key steps move individuals along the path to self-attainment. Chapter 5 provides a more detailed discussion of the data, with implications for practice, policy, and future research.
Chapter 5

SUMMARY, DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

This study was based on qualitative inquiry. The researcher used a phenomenological approach because it was the most effective way to conduct an in-depth exploration of each participant and their life. The purpose of this study was to discover the path to self-attainment for individuals with neurodiversities. Participants were asked about their definition of happiness and self-fulfillment and to identify strengths they felt helped them reach self-fulfillment, their educational, social, and familial experiences, and barriers they had to overcome. This study is significant because it provides insight into the phenomenological realities of individuals with neurodiversities by giving respect to the expression of participants’ experiences and worldviews. It allows those who do not understand or have direct insight into the life of an individual with neurodiversities to become more humanized as they come to embrace “differences” from a positive, rather than negative, perspective.

This chapter provides a summary of the study and its findings, and a discussion of the research findings as related to the information presented in the literature review. In an effort to contribute to the body of research, recommendations to improve educational experiences for individuals with neurodiversities are offered. Also presented in this chapter are leadership applications, policy implications, data-driven decision-making, and areas for future research.
Summary of the Research Findings

Research Question #1: How does each person define success (self-fulfillment)?

The data collected and analyzed during the interviews with the six participants showed a theme of determination when defining self-fulfillment. Self-determination is a complex process to achieve control or desired outcomes over areas of importance in one’s life (Abery & Stancliffe, 2003a). According to Wehmeyer (2003b.), choice making, decision making, problem solving, and goal setting are critical to self-determination. The sub-themes of determination that emerged in the data analysis were: accomplishing goals, perseverance, autonomy, and satisfaction. These sub-themes compare to Wehmeyer’s research.

One requirement expressed by each individual participating in this study was to feel self-fulfilled in life. Collectively they defined success as self-determination. Abery and Stancliffe (2003b) indicate a strong sense of self-esteem leads to self-determination; therefore, it makes sense to the researcher that those who identify with strong self-esteem would find a connection between success and self-determination.

Research Question #2: How does each person define happiness?

According to the data collected through interviews, the participants felt happiness was defined through identity. Identity is viewed as a personal construction of one’s self. To build a positive identity, the focus of self-identity needs to be the individual’s strengths instead of their disability and deficits. The sub-themes that emerged were self-acceptance, sense of purpose, sense of belonging, and self-
sufficiency. These themes are supported by the research of Stainback et al. (1997), which argued some key components of building a strong, positive sense of self-identity in students are:

- Exercising and expressing choices.
- Choice of friendship and affiliations.
- Schools and community are flexible and sensitive to unique needs.
- Meaningful access to support groups.
- Opportunity to develop positive feelings about unique qualities.
- Voice being heard.

Bagatell (2007) claimed, “Constructing identities is a highly complex social process” (p. 413). The researcher noticed the first step along the path to self-attainment is an identification of happiness, which the data directly connected with identity. Once identity is established, participants move to a level of success and self-fulfillment. This is mastered by finding a sense of purpose, establishing goals to meet that purpose, and being self-determined to meet those goals.

**Research Question #3: What identified strengths do people with neurodiversities have that led to their success?**

During the interviews with each participant, the researcher sought to uncover what identified strengths led him or her to success and strong feelings of satisfaction. The data collected revealed the overall emergent theme was the strength of self-efficacy.
The sub-themes identified were self-determination, adaptation, self-acceptance, and self-advocacy.

Self-efficacy is one’s approach to barriers and problems and having a feeling you can master your own environment (Prince-Embury & Courville, 2008). To increase self-efficacy, individuals need support, high expectations, and meaningful participation (Benard, 2004). The data collected supported this, as the researcher noted high expectations are accomplished with determination, meaningful participation requires adaptation and advocacy, and self-acceptance is linked to belonging and support. Self-efficacy moves individuals on the path toward self-actualization by helping the individual overcome barriers, solve problems, and take control of his or her outcomes. Building self-efficacy also helps overcome stereotype threat (Steele, 1997). This is addressed in research question #5a.

**Research Question #4: What experiences helped lead someone with neurodiversities to develop as an individual and be successful?**

Omolayo (2009) conducted a study to determine whether self-esteem was more dominant in individuals with diverse needs than individuals considered typical. Results determined having a diverse need did not influence self-esteem, but self-esteem was instead influenced by the experiences of the individual. This implies a person’s experience related to their neurodiversity can have an impact on his or her self-esteem. The more positive the experiences, the more likely they are to reject the stereotype threat
of being “disabled.” These positive experiences help build strong self-esteem, which directly impacts a person’s path to self-actualization.

Analyzing the data collected regarding the positive social, educational, and familial experiences of each participant revealed internal and external factors causing the experience to be positive, and, therefore, influence the feeling of fulfillment. In sub-themes, internal factors were: setting high personal expectations, seeking knowledge, facing challenges, and autonomy. The sub-themes of external factors were support systems, social acceptance, and culture.

The research supports these findings as indicated in Maslow’s Theory of Motivation. The external factors, support systems, social acceptance, and culture, fall into the base of Maslow’s hierarchy in the areas of security, belonging, and love. The internal factors, high expectations, knowledge, challenges, and autonomy, fall into the top of Maslow’s hierarchy under the areas of self-esteem by building confidence, self-approval, and achievement. Building a strong identity requires experience and is directly impacted by society’s evolving attitudes, legislation, and actions (Bagatell, 2007). This leads into the next research question, on challenges and barriers.

**Research Question #5: What challenges and barriers had to be overcome to reach success, happiness and self-fulfillment?**

When asked about barriers and challenges that had to be overcome to reach self-fulfillment, the participants mentioned bullies, poor components of the educational system, stigma toward neurodiversities, social isolation, and culture. The researcher
placed these sub-themes in the category of societal mindset. The research shows us societal mindset is a significant barrier for individuals with neurodiversities.

There remains a widespread stigmatization of individuals with disabilities. Goreczny et al. (2011) conducted a study of attitudes toward individuals with disabilities. One hundred twenty-nine people participated, answering questions about attitude and perspectives toward disabilities. One hundred three answered mental retardation is a disease, laws should prohibit persons with intellectual and developmental disabilities from having children, people with intellectual disabilities are only capable of learning when institutionalized, laws should prohibit persons with intellectual disabilities from renting or owning property, most people with disabilities do not get married or have children, and people with disabilities are unhealthy. One hundred two said it is all right to laugh at people with disabilities when they make a mistake, programs for them should not be funded by government dollars, and persons with intellectual disabilities should be medicated to manage behavioral and emotional symptoms. Most people interviewed were hesitant to engage in close personal relationships with individuals with disabilities (Goreczny et al., 2011).

**a. How did they overcome stereotypes to identify strengths?**

Self-acceptance and strong support systems both emerged as key factors in the participants’ overcoming stereotypes to identify their strengths. Their self-acceptance and strong identities made them feel secure in themselves, allowing them to ignore or advocate against stereotypes. Additionally, strong support systems helped shape and
maintain their positive identities and gave them the desire, encouragement, and support to stand up against the stereotypes.

The research discusses support systems and self-efficacy among factors of overcoming stereotypes. The researcher argues a strong sense of self-acceptance is a basis for self-efficacy, showing a significant connection between the data and the current research. Steele (1997) discussed that building self-efficacy helps overcome stereotype threat. In particular, individuals need to have high expectations placed on them, a caring and supportive environment, and meaningful participation, in order to build resiliency and increase self-efficacy (Benard, 2004).

b. How did they build resiliency to attain self-fulfillment?

Resiliency is the ability to overcome or bounce back from adversity (Benard, 1993; Prince-Embury & Courville, 2008). Benard (1993) stated individuals with resiliency have four attributes contributing to their resilient attitude: social competence, problem-solving skills, autonomy, and a sense of purpose. These attributes, their family qualities and support, and their outside support systems such as teachers and friends, are all influences on resiliency. These are the key points in Resiliency Theory.

The data analyzed correlated directly with this research. The five sub-themes participants indicated as contributors to building resiliency were sense of purpose, problem-solving skills, sense of belonging, autonomy, and family support. A sense of purpose and family support were the two factors all six participants discussed. Because the data corresponded directly with the research of Resiliency Theory, the researcher
gave the overall theme the title of Resiliency Theory factors. This was the one research question where the data and the research matched specifically and no interpretations of connections were required.

**Discussion and Conclusions**

The major findings of this study support a multitude of literature reviewed in Chapter 2. Most significant was the validation that problem-solving skills, autonomy, sense of purpose, sense of belonging, are all attributes of resiliency (Benard, 1993). These attributes and strong support systems work together to build resiliency. This connects with Maslow’s theory of needing safety and security, as well as a sense of belonging, to be able to move up the hierarchy to self-esteem and self-attainment, which for some individuals requires resiliency.

Maslow’s theory of self-actualization involves a hierarchy of five basic needs: a) physiological, b) safety, c) belonging and love, d) self-esteem, and e) self-actualization (Maslow, 1943). Before higher levels can be achieved, the lower levels must be fulfilled. The research supports Maslow’s theory and his hierarchy model; however, the researcher has discovered, based on her participants’ responses, that there are intermediary steps in between each of his levels for individuals with neurodiversities.

According to the data, the experience of belonging was the basis for overcoming stereotypes, building resiliency, recognizing strengths and developing a strong sense of identity. To move higher up the path, individuals needed a sense of purpose, such as overcoming poverty, studying psychology or helping others. Once this sense of purpose
was established and goals were set, determination kicked in to accomplish those goals. Three things, belonging, purpose, and determination, all contributed to the formation and transformation of identity. Based on Bronfenbrenner’s Theory of Development, different ecological systems may influence an individual’s sense of purpose, and this process will occur several times in a person’s life. Once identity is formed, an individual can master their goals and gain a strong feeling of self-efficacy. This leads them to the final stage of self-attainment (see Figure 7).

At first, the researcher had difficulty understanding how purpose and determination could come before identity. It seemed logical that a strong identity would be essential to be able to set meaningful goals and be determined to accomplish them. Then, as the researcher analyzed her own life, it was easier to understand. The researcher has many components to her own identity, two of which are mother and doctoral student. These identities were not formed before she set the goals, but in fact after she accomplished them. Her identity as a mother formed after her goal of having a baby was accomplished. She could not identify with this until she actually became a mother. The same goes for her identity as a doctoral student. This identity was formed after the goal was set and achieved. Even though the researcher does not have a neurodiversity, she was able to apply this theory to her own life. It was after these two strong identities were established that the researcher felt a strong efficacy in these roles, and reached self-attainment in her personal and academic life.
Through determination to overcome societal barriers and accomplish their personal goals, the participants were able to accept their identity as individuals with neurodiversities. They had to embrace their identity and learn how to live in the world in a way that forced their adaptation to the world rather than the other way around. The neurodiversity is part of who they are, so learning to accept it and to identify personal strengths helped lead to their self-fulfillment. Future research on this concept is encouraged to see if it applies to all individuals, not just those with neurodiversities.

Figure 7. Maslow’s modified hierarchy.

The three factors of belonging, purpose, and determination are key factors to establishing identity and building self-attainment in individuals with neurodiversities.
Without the strong base of each factor, individuals with neurodiversities cannot move along the path to self-attainment. Understanding these key steps is significant in the development of self-esteem and success in students and should be considered when establishing programs specifically designed to build student identity.

**Significance of the Study**

The significance of this study is its contribution to the limited research on individuals with neurodiversities and self-fulfillment. As with all qualitative research, the findings from this study offer deep insight to the participants’ and their settings, but are limited in generalizability to other contexts. However, the rich data analysis may prove helpful in transforming education practices and establishing schools that build acceptance and understanding of all individuals with diverse needs. In addition, this study has aimed at encouraging a new mindset toward individuals with neurodiversities and how they are treated, and changing educational practices and policies. There is little research on neurodiversities and no research on self-attainment in individuals with neurodiversities. This study may be one of the very few studies ever conducted that uses the voice of individuals with neurodiversities to discover how they reach self-fulfillment and personal success in life.

The findings of this study can also guide programs designed to build self-esteem in individuals with neurodiversities. By understanding the steps it takes to reach a strong sense of identity and build self-esteem and self-efficacy, educators can help students reach self-attainment. By developing a school setting that gives all students a
sense of belonging, and then helps students develop goals, find a sense of belonging, and build determination to accomplish those goals, educational leaders will develop self-esteem in students with neurodiversities and help create more positive outcomes for students.

This study addresses a gap in the current literature and research by giving a personal voice to individuals with neurodiversities who overcame adversities, stereotypes and bias, recognized their strengths and gifts, and achieved self-fulfillment and actualization in life. Increasing human awareness toward individuals with neurodiversities may allow society to identify the added value each person brings. The hope is this study will bring about this shift in thinking, which will manifest in each person’s finding a meaningful place in his or her own society. Where many researchers have relied on autobiographies, memoirs, and narratives to tell stories, few have used phenomenology to compare the voices of individuals and find significant data to guide future practices in building self-attainment. None have examined what has helped an individual with neurodiversity overcome his/her oppression and rise to a successful and self-fulfilled life.

Educational leaders help guide practices and principles and create new realities in the realm of education. The moral purpose of this study was to create a paradigm shift in educational leadership that moves beyond the status quo and transforms educational practices, policies, attitudes, and beliefs toward individuals with diverse learning and neurological needs. By examining the research we can see the significance
sense of belonging plays in laying the fundamental base for self-attainment. By changing schools’ attitudes to embrace and accept all students, and by focusing on each individual’s strengths, leaders can desegregate schools and give all students the opportunity for success.

While some students with neurodiversities are still segregated from their peers and experience bullying within the school setting, educators and policymakers must make essential changes to policies that protect, promote, and prosper students with neurodiversities. To build self-esteem and find self-fulfillment, this study shows each individual must find a sense of purpose and develop determination toward their goals. This study can serve as an essential guide for educators to help individuals with neurodiversities explore their strengths and build their individual sense of purpose, based on their strengths and desires. By changing these practices, educators can change the outcomes for students and help them reach their full potential.

The doctoral program at California State University, Sacramento has three main program goals: transformational leadership, policy implications, and data-driven decision making. This study clearly addresses the three program goals. This study can be used as a guide for transformational education leaders to develop effective and meaningful practice toward students with neurodiversities. The policy implications were addressed in two ways. First, the researcher looked at current policies focused around neurodiversities, including laws directly related to the education process. Then the researcher, using the knowledge gained from the research, established
recommendations for policy changes in special education. Data-driven decision making occurred during the data analysis process and led to data-focused recommendations for current practice and further research.

**Strengths and Limitations**

This study has significant strength and brings a new and pressing issue to the forefront of research. It creates an opportunity to change societal mindset toward individuals with neurodiversities and create a mindset that we are all diverse and unique human beings worthy of respect and acceptance, both among ourselves and our peers. This study brought forth the authentic voice of each participant, framing the study around the perspective of the individuals, not the researcher. The researcher allowed the research to guide the study framework but made sure the analysis process and conclusions were genuinely directed by the data within the interviews, and not her own beliefs and attitude. There was also a range of ethnicities, age, and neurodiversities amongst the participants.

The study had limitations as well. It was limited to a small number of individuals with neurodiversities who were willing to participate in the study. The sample size used in the study is not large enough to be generalized and transferred to all others with neurodiversities. Additionally, the researcher chose the first participants who contacted her with an interest in participating in the study and were able to meet with her during the established interview times.
This study does not reflect individuals in the wide neurodiverse spectrum ranging from individuals with mild to more significant support needs. All the participants were able to independently attend college and live on their own. The researcher recognizes there are many individuals on the neurodiversity spectrum who need more daily support and do not attend college but identify as being self-fulfilled in life.

**Future Research**

Future research is needed on a broader sample of individuals with neurodiversities. This would enable data to be disaggregated by specific neurodiversity, such as Autism, Cerebral Palsy, etc. The researchers could expand into the spectrum of neurodiversities and look beyond individuals attending college. Individuals with neurodiversities can find success and self-fulfillment in many career paths that do not require college. Additionally, individuals on the spectrum of neurodiversities who have more significant support needs can find self-fulfillment and feel self-attained in life. A researcher could look at the path to self-attainment for individuals with neurodiversities, expanding the spectrum of needs and not focusing solely on those who attend college and live independently. Quantitative studies could further uncover the impact of educational, social, and familial experiences on self-fulfillment and the key factors moving someone along the path. A study on the perceptions and attitudes toward specific types of neurodiversity would help determine how most members of society
view individuals with specific neurod diversities and where to start focusing when educating society on diversities, needs, and strengths.

**Recommendations**

The researcher has recommendations based on the data collected during the research process. These recommendations fall under three categories: Policies/Practices, Education Experiences, and Training.

**Policy and Practices**

The current federal law, IDEA, requires annual IEPs for each student qualifying for special education. These IEPs have certain requirements and areas that must be addressed, such as services, current academic performance, goals, and statewide testing. Although there is a place for students’ strengths, hobbies, and interests, it is always a minimal part of the IEP and is not connected with the remainder of the plan that is developed.

It is the researcher’s recommendation that the current practice of IEP-writing be strength-based. The entire process should be focused on the strengths of the student. By collecting data on student strengths and successes, the IEP team can use data-driven decision-making to create a program for educational success for each student. Instead of creating a plan focused on student deficits, the team can create a plan to meet the academic needs of each student through their individual strengths.

Students should be excited to attend their annual IEP, knowing so many wonderful things will be said about them. Parents would also be excited to go to school
and hear great things about their child with diverse needs. Once the student’s strengths are discussed, his entire plan should be formed around his strengths. His present levels, goals, services, and placement should all be based on the student’s strengths. Furthermore, when addressing his needs and areas of growth, a plan should be formulated focusing on his strong points. If he loves computers but struggles with writing, computers could be the key to building that area of need.

When deciding placement during the IEP meeting, the general education classroom should not be considered for students conditional on academic ability and behavior. The general education classroom should be the first consideration for all students, and a plan of supports needed for success should be developed. A child should not have to earn their place to belong.

Ideally, the researcher would recommend the elimination of labels. Realistically, she is unsure how this could be conducted while still maintaining special education support, medical interventions, and support through other government programs for children in need.

Educational Experiences

Work to view my autism as a different ability rather than a disability. Look past what you may see as limitations and see the gifts autism has given me. It may be true that I’m not good at eye contact or conversation, but have you noticed that I don’t lie, cheat at games, tattle on my classmates, or pass judgment on other people? Also true that I probably won’t be the next Michael Jordan. But with my attention to fine detail and capacity for extraordinary focus, I might be the next Einstein. Or Mozart. Or Van Gogh. (Notbohm, 2005, p. xxxi)
Action needs to be taken with committed involvement to transform the social structure of oppression (Friere, 2010). The recommendation for the educational system is to create strength-based schools. Armstrong (2012) says a “strength-based school that practices positive niche construction is essentially one that supports inclusive practice” (p. 136). This system would include:

- Diversely responsive approach to student needs and education (see below)
- Extensive support and training for general education teachers
- The mindset that all students are welcome and accepted
- Celebrations and lessons about all types of diversities
- Recognizing and honoring all types of strengths
- Using Universal Design for Learning in all classrooms
- Lessons recognizing diverse people in science, history, literature, and math

Creating schools based on strengths would benefit and honor all students. Educators must celebrate and teach diversity of all kinds by bringing in examples of people with neurodiversities who overcame obstacles and became persons to admire (Armstrong, 2010). Matthews (2009) argued schools must “restructure the educational environments such that all students can flourish in them, rather than be disabled by them” (p. 231). Diversely Responsive teaching, a concept established by the researcher, would recognize and value all individuals in a classroom and respond to their education needs as they arise. This practice would include visible and thorough references to all diversities, including neurodiversities, in every aspect of learning and curriculum.
Feeling honored, recognized, and respected in educational experiences and connecting with pedagogical practices may increase the likelihood of educational success.

To change the way individuals with neurodiversities are treated, a change at the societal level needs to occur. Within education, societal change can be created in different ways. Freire (2010) insisted, “Pedagogy must be forged with, not for, the oppressed in the incessant struggle to regain their humanity” (p. 48). To deepen cultural contact, all people need increased contact with individuals who are different, engage in admiration about cultural difference, and recognize an ethical responsibility to stand against oppression (Borunda, 2011). Strength-based schools focus on accepting and celebrating differences instead of trying to turn everyone “normal” (Armstrong, 2012). Armstrong argued, “This strength-based approach can serve as a new way to enrich the field of differentiated instruction by ensuring that we develop teaching interventions that address what is unique and positive about each individual student” (p. 5).

Training and Education

Recent publications on strength-based practices with students lay the foundation for changes in schools (Armstrong, 2012). These practices need to be used with fluency in everyday school approaches with all students. To move in this direction, strength-based training needs to be provided for all teachers, counselors, psychologists, and parents. Incorporating training and education on strength-based approaches in teacher preparation programs can help change practices through future teachers.
Additionally, all children need to be educated on diversities and differences. We need to move beyond simple tolerance into a society of understanding. Compassion is desperately needed in our society. Bullying is rampant and is a damaging practice that hurts many young children, and individuals with neurodiversities are a target population in this practice. We must protect all members of society, as all members are valuable pieces of the whole.

**Conclusion and Reflections**

Each second we live is a new and unique moment of the universe, a moment that will never be again, and what do we teach our children? We teach them that two and two make four, and that Paris is the capital of France. When will we also teach them what they are? We should say to each of them: Do you know what you are? You are a marvel. You are unique. In all the years that have passed, there has never been another child like you. Your legs, your arms, your clever fingers, the way you move. You may become a Shakespeare, a Michaelangelo, a Beethoven. You have the capacity for anything. Yes, you are a marvel. And when you grow up, can you then harm another who is, like you, a marvel? You must work, we must all work, to make the world worthy of its children. (Pablo Casals)

The time has come for the education system and society to embrace the concept of neurodiversity and develop policies and procedures to eliminate the bias and oppression of individuals with diverse needs. Students with neurodiversities have a long path in education and life to overcome barriers and reach a strong sense of self-fulfillment and attainment. Educators must work to build student success and desegregate the current system that places barriers to inclusion for students with neurodiversities. We must transform practices by helping all students redefine the image of normal and build an inclusive nature around neurodiversities. As educators...
continue working to build inclusive practices and student success, they need to consider the factors moving students down the path to self-attainment.

This study reveals the factors that contribute to self-fulfillment are a sense of belonging, sense of purpose, and determination. The results of this research demonstrate the first step is for students to feel connected in school. Feeling as if they belong was the basis for overcoming stereotypes, building resiliency, recognizing strengths, and developing a strong sense of identity. Once students have a secure sense of belonging, the next step is to develop a sense of purpose. By focusing on their strengths, interests, and desires, educators can help students establish goals and build a sense of purpose. Once this sense of purpose is established and goals set, educators need to help students develop determination to accomplish those goals. These three things, belonging, purpose, and determination, all contribute to the formation and transformation of identity.

By using these strategies in school and focusing on the three factors, educators can help students move along the path to self-attainment. These are important steps toward developing a more equitable educational experience for this capable and often oppressed population. By focusing on strengths, building understanding toward differences, and identifying how each person brings added value to society, we can begin to redefine “normal” to include all individuals.
APPENDICES
APPENDIX A

Email to Students

Dear student,

Attached is a letter from Ms. Maggie Daugherty, a doctoral student at Sacramento State who is doing a doctoral degree research project under the supervision of Educational Leadership program faculty, Dr. Rose Borunda. Ms. Daugherty’s project focuses on the path to self-fulfillment in participants who identify with as having a neurodiversity. Ms. Daugherty is looking for participants who are:

• ages 18-30
• identify with having a neurodiversity (neurological disability, such as autism, learning disability, ADHD, cerebral palsy, dyslexia, mood or anxiety disorder, or other disability)
• received special education services any time during K-12
• feel fulfilled in life - happy and successful

Please see attached letter for additional details and information on the researcher's project.

Your participation in this project is strictly voluntary and confidential. Your participation or non-participation will not affect your eligibility for accommodations and will not change any accommodations or services which you receive from Services to Students with Disabilities (SSWD). No information about you has been released. Ms. Daugherty does not have your name, contact information, or any of your disability information. If you decide to participate you must self-identify and contact her directly. If you have any questions or concerns, please contact Judy Dean or Melissa Repa, SSWD Co-Directors, at (916) 278-6955.

Sincerely,

Services to Students with Disabilities
Sacramento State
APPENDIX B

Interview Questions

1. You chose to participate in this study based on feeling fulfilled in life. Could you describe in what ways feel fulfilled?

2. When did/do you begin to develop a sense of self-fulfillment?


4. What are strengths you possess? What are you good at? What makes your positive characteristics and attributes?

5. Which of those strengths do you feel contributed to you feeling good about who you are?

6. Describe your educational experience.

7. Describe your social life.

8. Describe your parents and home life.

9. What are some educational experiences that have led to your success/self-fulfillment? Parental experiences and support? Social experiences and support?

10. What are some educational experiences that you have to overcome to identify your strengths and attain self-fulfillment (success)? Parental experiences? Social Experiences?

11. Were there any environmental contributors that helped you along the way?

12. Were there any environmental contributors that you had to overcome?

13. What is the most important thing you feel that other people with neurodiversities needs to know to help them reach self-fulfillment?
APPENDIX C

Consent Form

You are being asked to participate in research that will be conducted by Maggie Daugherty, a doctorate student in the Educational Leadership program at California State University, Sacramento.

The study will investigate the path to self-fulfillment in participants who identify with having a neurodiversity. You will be asked to participate in a recorded interview about your K-12 experience, social and family life, personal definition of self-fulfillment and your strengths. The interviews may require up to two hours of your time and will be held at an agreed upon location. No identifying information will be recorded during the session, and an assigned pseudonym will be used for confidentiality purposes.

Some of the questions may seem personal or bring up memories that are hurtful, and you may choose to not answer any questions. You may complete as much or as little of the interview as you wish. You may skip any question asked or stop the interview at any time.

You may gain additional insight into factors that help you reach self-fulfillment. It is hoped that the results of the study will be beneficial for teachers, educational leaders and any other individuals with neurodiversities hoping to improve the academic, social and emotional development of students with disabilities.

You will receive a $30 gift card for participating in the interview, even if all questions are not answered or you opt out of the study at any time. If you are psychologically or emotional upset as a direct result of the research procedures please contact psychological services. Psychological treatment will be available through Psychological Services at the Sacramento State Student Health Center at (916) 278-6416.

All results obtained in this study will be confidential. All data collected will be stored in a locked safe by the researcher and destroyed no later than May 2013. If you opt out of the study, your collected data will be destroyed immediately.

If you have any questions about this research, you may contact Maggie Daugherty at [REDACTED] or by e-mail at [REDACTED] or my dissertation advisor Rose Borunda at rborunda@csus.edu or (916) 278-5399.

Your participation in this research is entirely voluntary. You are free to decide not to participate or to decide at a later time to stop participating. The researcher may also end your participation at any time. By signing below, you are saying that you understand the risks associated with the research and agree to participate in it.
I consent to having my interview recorded. I understand that a transcriber may be used to transcribe the interview.

Signature of participant

Signature of Researcher

Comments/Notes:
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