

Beyond “Two-Dimensional” Thinking

Revolutionary Common Sense by Kathie Snow

It goes by many names—EITHER/OR, BLACK/WHITE, YES/NO, ALL/NOTHING—but whatever it’s called, two-dimensional thinking can be a recipe for conflict, stress, diminished opportunities, and other less than desirable outcomes. Some of us engage in two-dimensional thinking only occasionally, during specific circumstances; while for others, it’s routine—day in and day out, regardless of the issue.

Children typically operate from a YES/NO frame of reference. This may simply be a consequence of their youthful inexperience, or it could be the result of the world they inhabit: being under the power of adults—parents, teachers, and others—where YES or NO are the only options. Teenagers (and adults, too) often embrace the ALL or NOTHING thought process. A teen, for example, may say, “All the other kids are doing it!” While in adults, being inflexible or rushing to a judgment without exploring all the options are often manifestations of BLACK/WHITE thinking.

Perhaps it’s not surprising that two-dimensional thinking is so prevalent—we’re surrounded by “opposite pairs.” In our homes and offices, lights, TVs, ovens, car engines, and other things are either ON or OFF. A person is either employed or unemployed. We think in terms of fat/skinny, tall/short, wet/dry, open/close, up/down, and more. And most of have heard the familiar adage, “There are two sides to every story.” Respecting this bit of wisdom may have been helpful to us in the past. However, this also represents two-dimensional thinking, for there are probably *many* sides to every story.

But we can change this. We can learn to examine the “gray areas” between the BLACK and WHITE. We can choose to respond, “Maybe . . .” or “Let’s think about it,” and then consider the “how, when, what, and why.” Because no one, regardless of age, needs to be limited to only two options in decision-making. And when it comes to disability issues, getting beyond two-dimensional thinking can increase opportunities

for success and inclusion, and we’ll look at these in more detail.

A child or adult who has been diagnosed with a developmental disability may later be the recipient of a “behavior” diagnosis as well. For example, when the only way one has to communicate is through behavior, others may label these actions as “behavior problems.” In other cases, a “behavior label” may be the result of what the person has learned at the hands of parents, educators, and others. For example, if Eric’s parents or teachers don’t think he’s capable of “higher level thinking” (or if the adults, out of habit, routinely practice two-dimensional thinking) *all Eric will learn is YES/NO thinking*. Thus, when he’s older, Eric will not have learned to distinguish, to question or negotiate, or to employ critical thinking methods when making decisions for himself. He’ll be stuck with simplistic BLACK/WHITE thinking. This will limit Eric’s opportunity for success, and it may also cause others to perceive Eric as incompetent.

Sadly, and too frequently, children and adults with disabilities have been judged incompetent to make even the simplest decisions about their own lives. But have we ever considered that *we may have never allowed them to experience the naturally-occurring opportunities to think for themselves, and to learn how to make thoughtful decisions?* We can and should rectify this oversight, and it’s never too late to do so!

Now, let’s consider additional ramifications of two-dimensional thinking within disability issues. Deborah is told her infant daughter, Charlotte, needs extensive physical and occupational therapies, necessitating several therapy sessions each week. Deborah wants to do what’s best for her baby daughter, but she also has two other young children at home, as well as a home business. She’s not sure how she’s going to manage three therapy sessions each week (and the drive to and from) within her already full schedule. She feels great pressure from the physician and the

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Early Intervention (EI) service coordinator. This seems like an ALL or NOTHING situation.

No one—not the physician, the EI professionals, or Deborah—considers alternatives to three therapy sessions at the clinic each week. For example, therapists could visit Deborah’s home once a week, and teach Deborah, her husband, the babysitter, and others how to play with baby Charlotte, incorporating appropriate and beneficial “therapeutic-like” activities within the family’s typical routine. In addition and/or alternatively, Deborah and her husband can take all their children to the YMCA for a fun day of swimming and family time each week, instead of Deborah taking Charlotte to a weekly “water therapy” session.

If Deborah brainstorms these or other alternatives, she may need to be firm with the professionals involved, since their positions on what constitutes “therapy” may be fixed. If they’ve never done anything like this before, they might reject Deborah’s suggestions, and this seems to reflect both professional arrogance at its worst (a professional doing what’s most comfortable for herself instead of what’s best for her customer), as well as two-dimensional thinking (“my way or the highway”).

Six-year-old Sean wants to play T-ball, like the other kids in the neighborhood and at church. But his parents say, “No,” and give no reason to Sean. Privately, they don’t see how a child who walks with a walker and uses a wheelchair could play any kind of sports; in their minds, only “able-bodied” people can play sports (ALL or NOTHING thinking). Unless his parents learn to consider accommodations that would enable their son to play T-ball (or participate in other activities), Sean’s life will be a continuum of lost opportunities.

Thirty-year-old Jessica wants to move from the group home into a place of her own. The staff and

others who are involved in Jessica’s life tell her, “No, you’re not ready.” Jessica believes she *is* ready. A stand-off ensues, and Jessica loses, again. No one is willing to risk questioning a policy that forces Jessica to be in a place that makes her unhappy and frustrated. No one is willing to take the time to figure out what it will take for Jessica to control her own life.

These brief examples illustrate that one way to go beyond two-dimensional thinking is consideration of the “how.” *How* can baby Charlotte get the assistance she needs in ways that don’t require adherence to a rigid therapy schedule? *How* can Sean play on the Park and Rec T-ball team? *How* can Jessica move into her own place? We can think outside the box, be more creative; and ask, “Why/why not?” and “What will it take?” questions.

Before deciding a student with a disability could not be included in an age-appropriate general ed classroom, before it’s decided a teenager with a disability can’t go to college, before telling an adult with a disability she can’t live on her own, or before making any decision when only two options (YES or NO) seem to be apparent, stop and reconsider. Ask those “how,” “why,” and “what will it take” questions.

Considering all the options can be a liberating exercise—so many possibilities exist! And after doing it a few times, creative thinking will become a wonderful and powerful habit that replaces the limiting two-dimensional thinking.

Most importantly, being more open-minded will enhance the lives of the people with disabilities in our lives. Children and adults with disabilities can and should be included as active participants in all aspects of our society. In pockets here and there, this ideal is a reality. Those who are making inclusion and participation possible have learned, “It’s not about the disability—it’s about how we think!”

Expand your thinking today. Exercise your critical and creative mental abilities. Stretch your mind. Do it, and you’ll change your world.

S-T-R-E-T-C-H
your mind.

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