



[KiaFelderWilliams Counternarrative Analysis BlackoutNarrative.docx](#)



#### Comments



**Kia Williams**

4/15/22 11:40 PM

Counternarrative Analysis/Blackout Narrative

#### **Feedback to Learner**

4/25/22 12:05 PM

This is just gorgeous, Kia. I could see you marrying this blackout technique with a participatory technique, right? Engaging parents and kids doing their OWN blackout work - wow, powerful.

## Context

This data sample includes nanofiction stories from four parents of Black sons with Autism Spectrum Disorder (ASD), who have received the Autism diagnosis within the last five years. I personally invited four parents representing three prior students of mine to participate in this data collection. Via an informal Zoom meet-up, I defined nanofiction (“as close as you can get to 55 words”) and explained that I would show them examples unrelated to the prompts they would be given, to get an idea and feel for nanofiction. Potential authors were informed that they would have 20 minutes per prompt and would be given three different prompts that centered around *the diagnosis, their son’s strengths and their hopes and prayers for their African American/Black son* with a disability. The authors were assured that their original pieces would not be used for publication, although, in transparency, I shared my intent to publish such a work in the future.

Once the parents gave a verbal commitment, we took a 5-minute break and then began the writing session. I divided each of the four narrators into a breakout room, set a visual timer for 20 minutes and screen shared the definition of nanofiction with the four elements their short story should include (character, setting, conflict, and resolution) and the first prompt, *Take me back to the day/time period that you received the \_\_\_\_’s diagnosis. What were your thoughts, feelings or emotions after you heard the words ‘Autism Spectrum Disorder’?* This process was followed by prompt two, “*Describe \_\_\_\_\_’s strengths and what makes \_\_\_\_\_ special.*”, and finally prompt three, “*What are your hopes and dreams for \_\_\_\_\_.*” The authors shared their stories orally and typed their stories up and emailed them to me.

For the purposes of this counternarrative analysis, the data from prompt two: strengths was analyzed. In the analysis, I draw on Solórzano and Yosso’s (2002) method of counter-storytelling and Valencia and Solórzano’s (1997) view on the language of biological and cultural deficit to

challenge the dominant discourse on ableism, and the intersection of race and disability. My positionality includes a view of race and ability as social constructs, and given the lens I view intersectionality with, that positionality is woven throughout my analysis. In this analysis, I took on the role of an ethnographer, studying the hearts and minds of parents of African American boys with Autism and trying to present their stories to others. In that endeavor, borrowing the framework of a statement from Anders (2011) and Noblitt (1999), I define my positionality and approach to this analysis in this way:

*As an “ethnographer”, raced African-American devoid of privilege, gendered female and targeted, classed with little material and great spiritual wealth and status through the pursuit of post-graduate education, I work to understand and write against traditional, ableist perspectives often rooted in racist perspectives. It is an endeavor seemingly impossible to achieve but an aim nonetheless. A postcritical orientation keeps me focused on emotion and affect and a determination to display an opposing narrative to the absent Black father, angry Black mother and race prone to poverty and a lack of substantive achievements. The accounts I tell here are then partial, positional, and thus personal, and multiple. I work to understand, critique, and reimagine the African American family.*

Counter-storytelling serves as a powerful means of giving voice to those critical scholars defined as “living in the margins”. Hearing the strengths (prompt 2) hopes and dreams (prompt 3) for these narrator’s Black sons with Autism is a powerful counter to the often-forecasted trajectory of this population, and is a necessary disruptor to dominant deficit narratives in K-12 and secondary education. My analysis took place in two phases. In Phase 1, I used excerpts from the narrators nanofiction texts to highlight the strengths of their children as opposed to the deficit views held by those giving the diagnosis and many who teach and advocate for children and adults with this disability as outlined in the DSM-V. Outside of diagnostic assessments, the DSM-V is the single tool used by those who hold the power to define diagnoses, and outline the signs and symptoms of Autism. In the second phase, I utilized <http://www.wordclouds.com> to create word

clouds for each of the narrators hopes and dreams (prompt 3) and also analyzed the cloud through blackout poetry. In the wordclouds the power narrative and counternarratives appear in the foreground.

## Data Analysis: Phase 1

### Power Narrative

*Severity is based on social communication impairments and restricted, repetitive patterns of behavior. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day). The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013.*

### Counternarrative: Narrator 1 (CW)

The more he develops, the more he amazes me. The viola? Wait, you remember turn by turn AND street names in your community? So, viola, drums and now the piano? What matters most are those moments when HE gets it. That sparkle in his eye usually comes with tears. He's overwhelmed but its ok. It's only the beginning. Just walk, we'll push.

(Celebrating Preston's Strength (CW), Pos. 2)

### Power Narrative

74 *Severity is based on social communication impairments and restricted, repetitive patterns of*  
75 *behavior.* Symptoms cause clinically significant impairment in social, occupational, or other  
76 important areas of current functioning. The Diagnostic and Statistical Manual of Mental Disorders  
77 (5th ed.; DSM–5; American Psychiatric Association, 2013).

78 **Counternarrative: Narrator 2 (KW)**

79 He's able to dress himself, shower (with assistance at times), speak, attend school  
80 and we are encouraged that he will be an independent adult and be able to enroll in  
81 college. He is polite, respectful, amazing at logistics, maps, enjoys different genres  
82 of music, instruments, and he's articulate and able to have a conversation with  
83 anyone that he's comfortable with, although he can be socially awkward. His future  
84 is bright, and we celebrate him. (Preston's Strengths (KW), Pos. 4-10)

85 **Power Narrative**

86 *Severity is based on social communication impairments and restricted, repetitive patterns of*  
87 *behavior.* Deficits in developing, maintaining, and understand relationships, ranging, for example,  
88 from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing  
89 imaginative play or in making friends; to absence of interest in peers. The Diagnostic and  
90 Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013)

91 **Counternarrative: Narrator 3 (NJ)**

92 ...But his love for his family and animals, and sense of humor are the best I have ever seen  
93 in a human being. He has grown to become so resilient, after the struggles he has had and  
94 obstacles he has had to overcome. (Kayden's Strengths (NJ), Pos. 2-5)

95 **Power Narrative**

*Severity is based on social communication impairments and restricted, repetitive patterns of behavior. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).*

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013

#### **Counternarrative: Narrator 4 (CS)**

...Angelo does not hold back with bragging about himself. He tells others at school how he is a pro or master at Pokemon, Minecraft, LEGOs, playing the guitar and how he has Autism and he is super smart. I love how confident he is in himself. (Angelo's Strengths (CS), Pos. 3-7)

These power narratives and counternarratives reinforce the fact that if you have met one person with *Autism*, you have met *one* person with *Autism*. These children with disabilities are individual in their strengths, symptoms and presentation. They are uniquely talented and face individual difficulties and do not deserve to be stifled by perceptions and limiting trajectories. Diagnoses do not equal destination.

119 Power, DSM-V: Word Cloud 1

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128 “Ritualized, repetitive, inflexible, rigid behavior patterns.”

129 Narrator 1: Word Cloud, Counternarrative

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138 Preston is a unique, spec

139 Power DSM-V –

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Word Cloud 2

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148 *“Significant social impairment”*

149 **Narrator 2: Word Cloud, Counternarrative**

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159 *“He’s amazing, polite [and] respectful [with a] bright future.”*

160 **Power DSM-V –**

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**Word Cloud 3**



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170 *“Difficulties developing and maintaining peer relationships.*

171 **Narrator 3: Word Cloud, Counternarrative**

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181 *“[Kayden] is a resilient human [who has] overcome struggles and obstacles.” and “[Kayden]*

182 *shows love to family and animals.”*

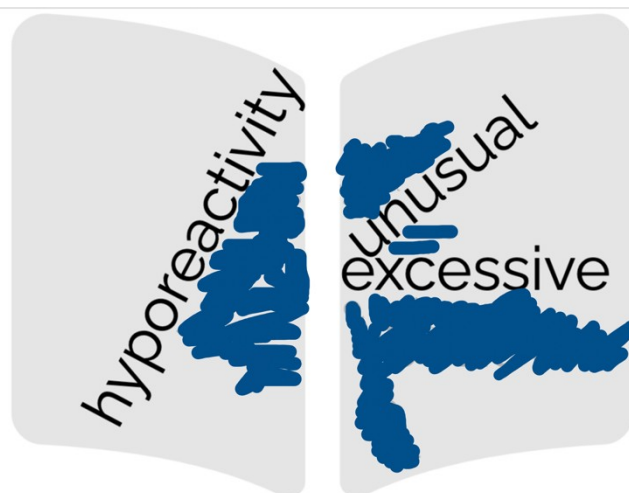
183 **Power DSM-V – Word Cloud 4**

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“Unusua[ly] excessive hyporeactivity.”

**Narrator 4: Word Cloud, Counternarrative**



“Angelo is a smart, confident master at LEGO’s, Minecraft [and] Pokemon...with Autism.”

**Visual Sense Making**

Power Narrative: Deficit View	Counternarrative: Asset-Based View
Children with Autism demonstrate inflexibility and rigidity.	Children with Autism are unique, special blessing; more than a diagnosis.
Children with Autism have significant social impairments.	Children with Autism are amazing, polite and respectful and can have bright futures.

Children with Autism demonstrate difficulties developing and maintaining peer relationships.	Children with Autism are beautiful human who overcome struggles and obstacles.
Children with Autism demonstrate unusual excessive hyper- and/or hyporeactivity.	Children with Autism are smart and confident with unique interests and skills.

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## Reflections

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The intent of this analysis was to highlight the contrasts between the power narratives in disability identification as listed in the DSM-V and the individual strengths, hopes and dreams and potential trajectories of the children with disabilities within these narratives. The progression of data collection took these authors from the diagnosis to strengths of their sons to their hopes and dreams for their children. The aim of this analysis was to strengthen the families and allow them to change the narrative and take control of who and what defines their son. My analysis was guided by Solórzano and Yosso's (2002) position that counterstories "teach others that by combining elements from both the story and the current reality, one can construct another world that is richer than either the story or the reality alone".

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Counternarrative analysis with parent perspectives of the day of diagnosis was a powerfully cathartic experience for the authors and rich experience for the reader. Retelling the experience caused a shift in the power dynamic once held by the assessor, doctor or school Psychologist. Hearing the strengths (prompt 2) hopes and dreams (prompt 3) for these narrator's Black sons with Autism is a powerful counter to the often-forecasted trajectory of this population, and is a necessary disruptor to dominant deficit narratives in K-12 and secondary education.

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The power shifted and the deficit thinking shifted when the prompts shifted from the diagnosis of the disability to their son's unique strengths. In that moment, no longer were their sons defined by the DSM-V, or professional's perceptions of their deficits, they were now sowing

227 words of hope and crafting new narratives of the beauty of their son's strengths and their hopes and  
228 dreams for them.