PALGRAVE STUDIES IN PLAY, PERFORMANCE, LEARNING, AND DEVELOPMENT

Edited by PETER SMAGORINSKY

Creativity and Community among Autism-Spectrum Youth

CREATING POSITIVE SOCIAL UPDRAFTS THROUGH PLAY AND PERFORMANCE

Palgrave Studies In Play, Performance, Learning, and Development

Series Editor

Lois Holzman
East Side Institute for Group
and Short Term Psychotherapy
New York, New York, USA

This series showcases research, theory and practice linking play and performance to learning and development across the life span. Bringing the concerns of play theorists and performance practitioners together with those of educational and developmental psychologists and counsellors coincides with the increasing professional and public recognition that changing times require a reconceptualization of what it means to develop, to learn and to teach. In particular, outside of school and informal learning, the arts, and creativity are coming to be understood as essential in order to address school failure and isolation. Drawing upon existing expertise with in and across disciplinary and geographical borders and theoretical perspectives, the series features collaborative projects and theoretical crossovers in the work of theatre artists, youth workers and scholars in educational, developmental, clinical and community psychology, social work and medicine—providing real world evidence of play and theatrical-type performance as powerful catalysts for social-emotional-cognitive growth and successful learning.

More information about this series at
http://www.springer.com/series/14603

Peter Smagorinsky
Editor

Creativity and Community among Autism-Spectrum Youth

Creating Positive Social Updrafts through Play and Performance

palgrave
macmillan

Editor
Peter Smagorinsky
The University of Georgia
Athens, Georgia, USA

Palgrave Studies In Play, Performance, Learning, and Development
ISBN 978-1-137-54796-5   ISBN 978-1-137-54797-2 (eBook)
DOI 10.1057/978-1-137-54797-2

Library of Congress Control Number: 2016958219

Cover illustration: © SPUTNIK / Alamy Stock Photo

Printed on acid-free paper

This Palgrave Macmillan imprint is published by Springer Nature
The registered company is Nature America Inc.
The registered company address is: 1 New York Plaza, New York, NY 10004, U.S.A.

Dedicated to Alysha and Kevin, who have taught me so much;
and to David, who has put up with so much along the way

SERIES EDITOR FOREWORD

I am delighted to launch this series, "Studies in Play, Performance, Learning and Development" with such an eclectic and creative book as *Creating Positive Social Updrafts through Play and Performance: Fostering Creativity and Community among Autism-Spectrum Youth*. Peter Smagorinsky has done a wonderful job creating a themed volume in which scholars and practitioners speak passionately and informatively about some of the most cutting-edge work being done by, with, and for young people diagnosed on the autism spectrum. These authors, aided immeasurably by the mental health, play/performance, and Vygotskian framework presented in Smagorinsky's chapters, give readers the gift of their relationships with the people with whom they work and play. There is no dead prose within the pages of this book!

In the beginning, I envisioned the series as an opportunity to bring together some things that too often remain apart: (1) theory, research, and practical intervention related to (2) what we know—and still need to discover—about the human activities of playing and performing with (3) what we know—and need to still discover—about human learning and development. And while the cross fertilization of the "play and performance" folks with the "learning and development" people is underway, the scholars and practitioners engaged in this kind of work are spread out in many fields—from education; developmental, social, and organizational psychology; psychotherapy; and counseling to drama and the performing arts, performance studies, and applied and educational theater.

For two decades, I have had the privilege of meeting, learning from, and partnering with hundreds of people like the contributors to *Creating*

Positive Social Updrafts in the USA and globally. What I hear again and again is a desire to expand their own voices and reach, so that they may continue to innovate and discover more about the kinds of activities that help individuals, groups—indeed, humanity—go beyond the present conditions. My thanks to Smagorinsky and his contributors for their leadership in this effort.

New York, NY, USA
Lois Holzman

FOREWORD

This is an important and timely book. Notions of diversity and inclusion have too often tended to draw upon outdated and deeply troubled social hierarchies of racial categories. This definition of diversity, while seeking to right longstanding social ills that have perpetuated racial and social inequities, has, more often than not, left out many people whose difference is not visible.

The understanding that diversity is something visible is as outdated as it is a deeply troubled and troubling practice. It leads to methods of identifying diversity by a quick glance at people's faces or quantifying it by determining numbers of people needed from specific groups in order to be representative of their ratio in the entire population. This notion of diversity tends to tokenize people of color, on the one hand, while overlooking people whose differences are not visible, on the other hand. White people and people of mixed race, for instance, who have different orientations toward sexuality and gender, different ways of learning, and different ways of behaving, remain unseen when viewed from this narrow definition of diversity. In these pages, definitions of diversity and practices of inclusion are expanded through finely crafted chapters that show autism-spectrum youths learning through play and performance.

An accomplished scholar of learning and literacy, Peter Smagorinsky is uniquely positioned to speak to the topic of fostering creativity and community among autism-spectrum learners. In the first three chapters, he critiques the willful ignorance of peoples whose class and race positions afford them the luxury of disinterestedness and disregard for the lives and perseverance of autism-spectrum youths. The remaining chapters of the book assemble a well-versed range of professionals who offer several entry points to and in-depth perspectives on working with autism-spectrum youth and their families. They speak of methods for learning and teaching that draw upon social therapies, inclusive theater, exploring expression through Shakespeare, pretend play, collaborative online anime spaces, performance pedagogies, and poetry in order to illustrate how these learning spaces can cultivate social updrafts of mutually sustaining learning relationships.

Throughout, readers learn about the myth of mental illness, a myth that individualizes a disorder—treating it as pathology and disability that manifests itself in the symptoms of diseased thinking and maladapted behavior— as though mental illness is a sickness that needs to be treated by finding just the right cure for that person. The writers gathered here offer instead an understanding of the trials and affordances of different epistemologies and approaches to interacting with the world. In doing so, the authors challenge the conception of neurodiversity as a deficit, a biological deficiency, or an individual lack of ability. Each in this collection begins with the assumption that the onus to change is not on the autism-spectrum youths themselves, but on all students, teachers, parents, professors, and administrators alike who work and learn with these children and youths.

This book offers concrete descriptions of playful social learning moments that help create positive social updrafts. This book allows readers to see diversity in a broader way, to conceptualize integration and inclusion as playful, inviting, and creative sets of shared practices that open up new spaces for learning through the mutually sustaining and reciprocal relationships. This book helps to envision fresh ways for dwelling in the borders of differences, visible or not.

Associate Dean of Academic Affairs,
Diversity and Inclusion
College of Social Sciences and Humanities
Northeastern University
617-373-3349
Ellen Cushman

ACKNOWLEDGEMENTS

This book was a long time in the making. Thanks to Lois Holzman for inviting me to develop it and for her endless patience in allowing it to stumble, take detours, and finally take shape through our many discussions and written exchanges. Nick Walker was also generous in helping me with certain difficult phrasings in characterizing autistic people. Thanks as well to the contributors who have helped me illustrate the construct of positive social updraft with their programs and research. Finally, I appreciate the help of the friendly folks at Palgrave Macmillan for supporting this project and helping to bring it home.

CONTENTS

List of Figures

PART I

Theoretical Framework

CHAPTER 1

Introduction

Peter Smagorinsky

> As a person with autism I want to emphasize the importance of developing the child's talents. Skills are often uneven in autism, and a child may be good at one thing and poor at another. I had talents in drawing, and these talents later developed into a career in designing cattle handling systems for major beef companies. Too often there is too much emphasis on the deficits and not enough emphasis on the talents. Abilities in children with autism will vary greatly, and many individuals will function at a lower level than me. However, developing talents and improving skills will benefit all. If a child becomes fixated on trains, then use the great motivation of that fixation to motivate learning other skills. For example use a book about trains to teaching reading, use calculating the speed of a train to teach math, and encourage an interest in history by studying the history of the railroads. ~Temple Grandin (Adams et al. 2012)

> In forests and tide pools, the value of biological diversity is resilience: the ability to withstand shifting conditions and resist attacks from predators. In a world changing faster than ever, honoring and nurturing neurodiversity is civilization's best chance to thrive in an uncertain future. ~Steve Silberman (2013)

Both of the quotes with which I open this chapter speak about the potential of autistic[1] people to live lives that are personally fulfilling and that

P. Smagorinsky (✉)
Department of Language and Literacy Education, The University of Georgia, USA

P. Smagorinsky (ed.), *Creativity and Community among Autism-Spectrum Youth*, DOI 10.1057/978-1-137-54797-2_1

contribute to the well-being of society. Unfortunately, however, those on the spectrum tend to be viewed negatively as weird, sick, disabled, disordered, abnormal, and laden with deficits. This book is an effort both to shift the public conception of autistic people toward an understanding of assets and possibility, and to illustrate how the people who surround those on the spectrum may adapt their beliefs and conduct to enable autistic people lead lives that are satisfying and fulfilling.

In this book we take a perspective grounded in Vygotsky's (1987) notion of culturally mediated human development, one that is focused on potential and concerned with fostering it through social processes. In considering questions of development, I always summon a question I heard James Wertsch pose at a conference: *Development toward what*? Given my agreement with Wertsch's (1985) summation of L.S. Vygotsky's historical-cultural-social perspective on psychology, I extend that question to include attention to critical related factors: *Development through what mediational channels*, *development through which mediational tools*, *development in light of whose priorities and value systems*, *and development toward what social and cultural endpoints*?

The contributors to this volume assert that autism is less a static condition than a set of traits that provide the basis for the development of personality through participation in significant cultural activities. This perspective on human difference is available through Vygotsky's (1993) writing in the field known as *defectology*, a term whose unfortunate name I unpack in Chap. 2. This field falls within the general purview of Vygotsky's individual, social, cultural, and historical developmental psychology and is concerned with people of physical and cognitive difference—primarily the deaf, blind, and cognitively impaired children of the early Soviet Union (see Chap. 2). We have adapted a Vygotskian perspective to consider twenty-first-century treatment of those who are classified with what are commonly known as autism spectrum *disorders* (ASD) (see Smagorinsky 2011a, 2012a, b, 2014a, b; Cook and Smagorinsky 2014), a pathology-oriented characterization that we contest in this volume.

According to the Centers for Disease Control and Prevention (2015), "Autism spectrum *disorder* (ASD) is a group of developmental *disabilities* that can cause significant social, communication and behavioral challenges" (n. p.; emphasis added). This statement reveals the pathological way in which autism is defined, even by those who consider themselves sympathetic to the autistic population. The National Institute of Neurological Disorders and Stroke (2016) further states, "The severity of ASD can vary greatly and is based on the degree to which social communication, insistence of sameness of activities and surroundings, and repetitive patterns of behavior affect the daily functioning of the individual" (n. p.). Greater symptomatic degrees of this "neurological disorder" are treated as indications of "severity," again suggesting that the greater the presence of traits, the more diseased one is considered. Autism, in the view of the general public and the services through which they are informed, is thus widely viewed as an abnormality and disablement of severe consequences.

The authors of this volume take a very different perspective not only in their rejection of this pathological perspective but also in their focus of attention in promoting greater well-being. They are especially attentive to the need for *adaptations in the social environment of human development* (see Chap. 3), rather than solely focusing on individuals who are considered anomalous; and the role of *play and performance* within these social channels to allow groups to construct boundaries and means of self-regulation sensitive to the needs of the whole group.

This emphasis on participation in cultural activity runs counter to the asocial manner in which autism is often conceived. The authors of the chapters in the book demonstrate how autism-spectrum children and youth may be taken up in a *positive social updraft* through which their actions may be channeled in ways that affirm their worth and status within social groups. As the Silberman (2013) quote that begins this chapter suggests, the point is twofold: to address the developmental needs of those on the spectrum, and to enrich the whole of society with the qualities available from those who have long been considered pathetic and abnormal and are best treated with isolation and neglect.

The authors in this volume document the poverty of the perspective that views the human race as hierarchical and human development as measurable through prescriptive notions of normality, a scale that inevitably finds autism-spectrum children and youth (and adults) to be defective. Rather, the contributors work from the premise that human life, although socially channeled toward a common motive within broad societies, includes unlimited endpoints and accompanying pathways for individuals and their social groups to travel. Throughout history, society has provided general value systems and outcomes through which both personal and collective actions are mediated. Individuals within societies are typically socially pressured to take on the identity afforded by those cultural streams, from the leverage of national policies for general populations such as youth in school to more micro-level forces such that left-handed people must adapt to living a right-handed life.[2]

People in the USA and other competitive Western societies are raised within a set of tensions that value conformity to rules on the one hand,

and individualism on the other. Human development within such tensions can be subject to a great deal of dissonance, especially for those whose individualism provides a poor fit with societal convention. Such people tend to be treated as oddballs and weirdos, scorned as deficient for their different orientations and ways of engaging with the world.

In this volume, the authors attend especially to autistic people, particularly children and adolescents, whose differences typically lead to their rejection and dismissal by the general population as being of lesser social value. Their differences might be rooted in neurological makeup that produces classifications of deficiency and disorder, might follow practices of a nondominant culture, may be a consequence of external trauma, may have origins in physical or cognitive points of difference that impinge on what are considered typical ways of being, or might proceed from other circumstances. In contrast, the contributors describe how social contexts may be found, constructed, or adapted so that children and youth on the autism spectrum may be treated as contributing members to the greater social order, even as they do so through different means of engagement.

An Alternative to the Standard, Individualistic View of Human Development

The contributors to this volume are particularly concerned about the ways in which social groups, especially those that are dominant, tend to construct environments that limit the types of people who may participate in their activities with confidence and positive reinforcement. We share Vygotsky's (1993) assumption that if problems follow from a person developing in a manner contrary to what is anticipated by others, *these problems are social* rather than deficiencies of the individual.

There is a tendency to locate the individualistic perspective on what is called "mental health"—a term I trouble later in this chapter—as the special province of Western societies. Yet societies from outside the Western purview share this perspective as well. Lee (1997) states that

> Most Asian Americans attempt to deal with their psychological problems without seeking professional services. Many tend to rely on the family in dealing with their problems. Traditional families often treat mental disorders by urging the disturbed family members to change their behavior. They believe that self-control, will power, avoidance of unpleasant thoughts, keeping busy, and trying not to think too much about problems can help individuals to deal with their troubles. Each family member, including the

> extended family members, may offer his or her recommended treatment. When the troubled person and his or her family are not able to resolve the problem, they often turn to resources available in their community, such as elders, spiritual healers, ministers, monks, herbalists, fortune tellers, or physicians. Many come to mental health professionals as the last resort, while others are forced to receive counseling by the courts, hospitals, schools, and other social services agencies. (n.p.)

Although there is attention to changes within the family, the onus, as in Western approaches, is on individual self-control, or perhaps on individualized treatments such as acupuncture. Within this perspective, the individual is *disturbed*, *disordered*, or *troubled*—a view that fits well within the Western view—and in need of repair. This perspective is common among diagnosticians and is pervasive among the general public, becoming near axiomatic in the ways in which people who exhibit anomalous tendencies are socially and medically constructed in U S society and beyond.

In this volume the authors question this emphasis on the individual as the locus of responsibility for difference, shifting attention instead to the environment. Paradoxically perhaps, we assume that although all human conduct and development are socially mediated so that cultures have definable contours and processes, those outcomes and processes are not deterministic, and a dominant culture's ideal destinations or means of arriving at them do not suit all. Further, especially in large nations composed of people of many cultural orientations, multiple pathways and outcomes must be available such that the notion of standardization to a norm becomes too preposterous a condition to impose on multifarious people and subgroups. In our conception, cultural variation includes the cultures that involve people who carry classifications regarding their "mental health" in that their goals, practices, and social standards typically have a particular character that requires adaptive thinking and action on the part of its participants and, from our perspective, on the part of those who surround them.

Typically, however, societies develop beliefs about propriety that lead the majority to view neurodivergent people as having deficiencies that should be corrected. The solution to deafness is to repair the problem with a cochlear implant; the solution for people considered to be mentally ill is to provide the individual with therapy and medication; the solution to being left-handed is to require right-handed performance; and so on. As I know from my own experiences with systemic anxiety, Asperger's traits, and obsessive-compulsiveness, medication can provide relief from anxiety and other conditions that make social life a challenge. Yet such interventions are designed to change the individual's neurological functioning and thus address only a part of what makes life difficult. Similarly, therapy tends to address the individual's feelings of distress. What it does not contribute to is a *change in the social setting* in which the individual is considered to be abnormal, or sick, or disordered, or any number of other pejorative deficit conceptions.

In contrast, many on the autism spectrum *don't want to be normal*. One person on the Asperger's spectrum has characterized the *neurotypical* population—those of "typical" neurological functioning, that is, those who have a style of neurocognitive functioning that falls within the dominant societal standards of "normality"—as follows: "Neurotypical syndrome is a neurobiological disorder characterized by preoccupation with social concerns, delusions of superiority, and obsession with conformity" (quoted by Blume 1998). This preoccupation with following social norms and conventions, to many on the spectrum, is a useless waste of time, and not to be emulated or striven for. Not only is neurotypicality not to be desired, it is considered by those on the spectrum to be debilitating in its own way, focused on appearances and concerned with fitting into other people's notions of how to engage with the world.

The Medical Model, and Difference as a Disease of the Individual

The authors in this volume distance themselves from the *medical model* of treatment of human difference (Laing 1971), which is focused on the physical origins and symptoms of difference and attempts to repair them, as a medical doctor might address bodily maladies from warts to kidney failure. This emphasis on individual difference as a form of disease has been called the *pathology paradigm*, which involves, according to Walker (2013), the following assumptions:

> 1. There is one "right," "normal," or "healthy" way for human brains and human minds to be configured and to function (or one relatively narrow "normal" range into which the configuration and functioning of human brains and minds ought to fall).
> 2. If your neurological configuration and functioning (and, as a result, your ways of thinking and behaving) diverge substantially from the dominant standard of "normal," then there is Something Wrong With You. (n. p.)

Neurological variation in the medical model is considered largely as a *disorder*, treatable primarily by medicinal or at times surgical intervention for the patient who is inevitably described as *suffering* from the point of difference. Contributors to this volume do acknowledge the role of interventions that attend to the physical source of difference, such as an antidepressant that employs serotonin reuptake inhibitors. We see, however, such solutions as partial and aimed symptomatically, rather than at the broader culture that defines difference as deficiency and in need of repair.

The medical model tends to be cure-oriented and focused on the sick individual. These remedies are viewed as ways to normalize the condition according to societal mores. This approach is vulnerable to a tendency noted by Hjörne and Säljö (2004) in which professionals encountering a complex social situation categorize people in ways that solve *their own* problems of diagnosis but not those of the people purportedly being served, a problem that Daniels (2006) argues inhibits assistance more than it helps. In this sense, categorizing serves as a sociocultural process and not necessarily a medical diagnosis of firm reliability, a process controlled by the diagnosticians at times to the detriment of the autistic person.

In contrast, the authors are interested in human development in social, cultural, and historical settings. An emphasis on socially situated development shifts the emphasis from cure to participation in meaningful cultural activities through which differences cease to be prohibitive in enabling engagement. Rather than relying on the repair of a deficit, this approach attends to what Vygotsky (1993) calls “roundabout” means of mediating social engagement, such as the blind person’s use of a white cane to navigate unfamiliar spaces and traffic patterns. The goal is not to provide sight to the blind, but to provide people lacking sight with other ways of processing and maneuvering about their surroundings so as to participate more fully in cultural activity.

Concurrently, and of paramount importance, the goal is to *alter how people view and accommodate the blindness in others.* Although physical limitations such as the inability to see are not the focus of this volume, the general principle of seeking alternative mediational means for participation in general cultural activity remains central to our approach to considering how social groups may treat neurodivergent people inclusively.

Walker (2013) characterizes this alternative perspective as the *neurodiversity paradigm* (cf. Silberman 2015), one that involves the following assumptions:

1. Neurodiversity—the diversity of brains and minds—is a natural, healthy, and valuable form of human diversity.
2. There is no “normal” or “right” style of human brain or human mind, any more than there is one “normal” or “right” ethnicity, gender, or culture.
3. The social dynamics that manifest in regard to neurodiversity are similar to the social dynamics that manifest in regard to other forms of human diversity (e.g., diversity of race, culture, gender, or sexual orientation). These dynamics include the dynamics of social power relations—the dynamics of social inequality, privilege, and oppression—as well as the dynamics by which diversity, when embraced, acts as a source of creative potential within a group or society. (n. p.)

The term “neurodiversity,” coined by autistic Australian sociologist Judy Singer in the 1990s as part of a broader effort among people on the spectrum to assert their humanity in the face of the debilitating assumptions that surround them, was popularized by Harvey Blume (1998), who wrote in *The Atlantic* magazine, “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? Cybernetics and computer culture, for example, may favor a somewhat autistic cast of mind” (n. p.). Still regarded by mainstream researchers as “controversial,” this perspective takes the position that neurological differences should be recognized and respected, as would other types of diversity in the human makeup. This rejection of the medical model and its accompanying pathology paradigm, and this acceptance of a modified version of the neurodiversity paradigm, are central values articulated by the contributors to this collection.

Is Mental Health Strictly Mental?

One area I’ve struggled to articulate throughout my effort to understand life on the autism spectrum is the conception of what it means to be mentally healthy or ill. My conversations with my series editor Lois Holzman during the production of this volume have been helpful in my developing an understanding, if not expertise, in this area. In essence, she has helped me recognize the difficulties that I, along with many others, have had with making a break with the medical model of mental health. On one hand, I’ve rejected it in accepting the Vygotskian notion that having an anomalous mental orientation is primarily a social problem rather than a problem of the individual; on the other hand, I have simultaneously struggled to distance myself from terminology and related concepts to which I've been exposed for my whole life of over six decades. As with any effort to surpass an inadequate paradigm, mine still feels the influence of extant, well-established ideas, ideas that I feel deep in my bones. The production of this book represents an intentional, determined effort to break with the perceptions of difference that have surrounded me for over 60 years.

I will begin with the common term "mental illness." Mental illness is characterized on the website of one of the nation's most vigorous and respectable advocacy groups, the National Alliance on Mental Illness (NAMI) (1996–2011), as follows:

> Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.… Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives. The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.

NAMI's definition of mental illness follows the medical model of diagnosis inscribed in the manual published by the American Psychiatric Association (1994) for responding to mental health issues. Although I am grateful for all of the sincere work undertaken by NAMI, I see their phrasing as falling within the deficit view of mental health difference, as indicated by their use of the word "disorder" and "diminished."

Their analogy of repairing a defective pancreas has its appeal, suggesting that science and medicine can repair what nature couldn't get right the first time around. I have been saved by medicine and science before, and am not against Western medicine or the rational science that provides its foundation. If it weren't for medical interventions, I'd be writing this chapter from the grave.

However, I find the extrapolation from malfunctioning organs to atypical mental frames of mind to be misapplied. A defective human vital organ that is left untreated leads to death as a consequence of biological malfunctioning. A pancreatic impairment is amenable to treatment that provides the body with what the defective pancreas does not by means of insulin replacements. Doctors can even transplant a new pancreas to replace the faulty organ. Treating a disabled pancreas thus focuses directly on the pancreas itself such that its functions are either replicated artificially or replaced by a substitute. No one needs to reconceive the pancreas, or the person whose pancreas fails to produce insulin properly, in order for this intervention to work.

What is commonly thought of as mental health, however, is not analogous to physical illness in this fashion. Although such consequences as suicide may be attributed to severe depression (Fenton 2000), depression itself is not deadly in the manner of a pancreatic dysfunction, and doctors cannot transplant neurological components from one body to another (at least, not during the era of this book's production). Medications are available to alter the manner in which the nervous system works and thus temper disturbing thoughts and feelings; I take one such drug myself for chronic anxiety and obsessive-compulsiveness (see Smagorinsky 2011a) and am grateful for its availability and its calming effect on my otherwise über-intense demeanor. My drug is known as "the detachment drug" for its ability to help users become less maniacally obsessed with all that's wrong with life. Those obsessions used to make my life very challenging and at times quite miserable for me and for those who surrounded me.

My reliance on that daily pill, however, or my need for additional medications to suppress panic attacks when I board airplanes or speak in public, does not mean that I accept the full range of assumptions that the medical community makes about mental makeups that depart from the evolutionary norm. The analogy between mental health and physical illness contributes to the idea that people who are different are the only ones with a responsibility to change themselves. Although attention to stigma is included in the perspective articulated by research and doctors, it is termed as a means of understanding the treatment of *individuals'* nonstandard neurological functioning, rather than *changes in the environment* such that neurodivergence[3] is not stigmatized pathologically, with or without medical intervention.

I have thus far focused on where the issue is located—in the "sick" individual or the insensitive environment—a conundrum regarding which I have a fairly clear answer, one that should be evident to the reader by now. But there are greater complexities that merit attention. By characterizing the various states of mind as involving *mental* health or illness, the issues are not confined only to the affected individual; they are located in "the mind," a construct that in common thought is a function of the brain. Mental illness is thus thought generally to be a problem within an individual's head, as "He's sick in the head," "She's a head case," "He went mental," and other phrasings imply.

However, those working within the Vygotskian tradition tend to embrace Wertsch's (1991) extension of Vygotsky's notion of tool mediation to include the axiom that *the mind extends beyond the skin*. Mind is not only a full-body experience, one that melds cognition, affect, neurology, trauma, diet, and much else; it is a distributed phenomenon, linked inextricably to whatever mediational tools, including engagement with people and their social environments, that people use both to process and represent their worlds and in turn act on them. In other words, "mental health" and "mental illness" mischaracterize neurodivergence by locating it as a problem in the head, and nowhere else.

Problems follow aplenty from conceptualizing the mind as encased within the skull, and from considering "mental health" to be primarily a property of dysfunctional neurologically motivated cognition that can be straightened out with proper interventions, at times of a very behaviorist sort (see Feinstein, this volume). This tendency to treat the mind as a compartmentalized portion of the individual body is consistent with much available through the medical model of "mental health" treatment, as is viewing atypical makeups as solely the province of a discrete neurological system. It follows from such assumptions that the best, and perhaps only, way to "treat" difference is to medicate the neurological system to normalize it and, in turn, moderate whatever mental activity produces anomalous ways of being in the world.

In advancing this perspective, I am not claiming that one's neurological system is irrelevant; my own body would disagree. I am asserting, however, that the neurological system is among many factors in the overall construction of a disposition and way of engaging with one's surroundings, one that is affected by the social environment and its treatment of difference. This broadened perspective, one that assumes neuroplasticity rather than static hard-wiring, opens the door for approaches to difference that include efforts beyond individual medication and therapy.

The neurological system is known as the body's information processor, without which a human (or other creature that includes one) could not function. It includes two major subsystems: the central nervous system, including the brain and spinal cord with its many nerve fibers that produce electronic impulses; and the peripheral nervous system, which includes cranial and spinal nerves that reach the rest of the body. The peripheral nervous system includes the somatic nervous system (consciously controlled muscle movements) and the autonomic nervous system (involuntary activities such as breathing), which in turn includes the sympathetic system (cell and organ functions activated by threat) and the parasympathetic system (which inhibits cell and organ function and slows the body down following a response to threat). This whole system is not autonomous, but may be affected by a variety of external factors: diet, attacks on the immune system, stress, and exposure to heavy metals.

As this account indicates, there's a lot more to how one is neurologically organized than what is strictly "mental." Further, the mind's functioning is also a consequence of how the environment supports an individual's or a group's engagement with the social surroundings. With an extension to the role of social life in how difference is constructed and acted on by others, both relationally and in the sign and tool systems that structure social life, the neurodiversity paradigm might better be called the *socially mediated neurodiversity paradigm*.

What is then called "mental health" is quite deceptive, and as many rhetoricians and discourse analysts have asserted, the discursive environment of human activity provides a principal means of structuring belief systems and accompanying social practices. Neurodivergence does not follow solely from the "hard-wiring" of the neurological system. Some, and perhaps many, sources of difference are neurological in orientation, such as a bipolar personality, described by NAMI (n.d.) as "a brain *disorder* that causes unusual shifts in mood, energy, activity levels, and the ability to carry out daily tasks" (n. p.; emphasis added). Some challenges follow from environmental factors such as the events that result in trauma, such as when depression follows from the death of a loved one (Depression and Bipolar Support Alliance n.d.). Yet other classifications are contested, such as instances of overdiagnosis and overmedication of people to address what are considered aberrations in their behavior. In such instances the DSM provides diagnosticians with pathologizing views of patients and thus mental illness classifications (Frances 2010). The tendency to over-classify children and youth of minoritized racial groups as having abnormal makeups is especially pernicious and corresponds with dominant culture expectations for how they are perceived (Lee and Neuharth-Pritchett 2008).

The authors in this volume contest this deficit perspective, instead viewing neurodiverse populations as having potential, a premise that sees their current state developmentally and amenable to socially mediated formation into productive lives of fulfillment. The possibilities available through such a perspective tend to be social and activity-oriented, foregrounding present activity with a future orientation in how one participates with others in social performances, often undertaken with a playful, experimental frame of mind through which new boundaries are explored and constructed to channel activity productively. (See http://www.madinamerica.com/ for ongoing discussion of this perspective in relation to socially mediated neurodivergence.)

This recognition leads me to a final observation in this section: The public's conception of people of neurodivergent makeups tends to rest on the extremes. On the one hand, there are savants, the sort of character played by Dustin Hoffman in the film *Rain Man* (Levinson 1988), whose autism produces a narrow form of genius that can be channeled into productive activity (although the film's ultimate destination, the gaming tables of Las Vegas, might be considered a dubious use for these abilities). On the other hand, there are people whose frustrations lead them to violent outbursts; these are the sort of people for whom President Obama included a provision in his proposed gun laws to address mental health (National Conference of State Legislatures 2016). For the vast majority between the savants and the threats, however, attention has been limited. This population in the middle provides the focus for this volume.

An Environmental Approach

The shift in attention to the social environment of human development requires one to consider how settings can be altered to allow more human types to be regarded in supportive, appreciative ways, rather than to herd all people through the same developmental chute. Such an adaptation on the part of those in the environment, rather than requiring change only of the individual, has been difficult to achieve. Institutions have become more accommodating in the last few decades, for example, providing such features as wheelchair-accessible ramps and, when affordable, such services as sign interpreters. By and large, however, the onus for adjusting to being different has been placed on the individual of atypical makeup rather than on the surrounding community. The problem of adaptation (see Chap. 3) is thus thrust on the person with the fewest resources to acclimate, while those whose lives are least compromised by difference have minimal responsibility for altering their thinking and conduct. If the stress of adapting individually to one's surroundings can itself produce additional risks for those already considered "at risk" in society (Lee 2008), then shifting attention from the individual to the surroundings would lessen the sense of disaffiliation and alienation often experienced by people exhibiting difference.

Because the neurodivergent population is viewed as deficient, they are subject to what Vygotsky (1993) calls the *secondary disability*. Vygotsky undertook studies of people impaired by continual war in Eastern Europe during World War I and the ensuing Russian Revolution and Civil War. In his sadly neglected oeuvre on "defectology,[4]" Vygotsky (1993) outlines his conclusions on how to account for those people who lack critical physical and mental capabilities such as sight or full-bodied movement.

According to Vygotsky (1993), people do not know that they are different until they are treated as such, often accompanied by the judgmental extremes of scorn and pity. In his conception, their points of difference are not the source of their troubles. Rather, the problem is created by those who treat them as if they have lower social value, producing a *secondary disability* of feelings of inferiority, a malady that is far more harmful to them than the initial source of difference itself. Vygotsky (1993) asserted that "the social aspect formerly diagnosed as secondary and derivative, in fact, turns out to be primary and major. One must boldly look at this problem as a social problem" (p. 112). The authors in this volume take this bold approach in their consideration of how to provide satisfying channels of activity through which autistic people may lead satisfying lives in which their strengths, rather than their points of variance, are foregrounded to serve as assets that are affirmed through social engagement in worthwhile cultural activities.

Positive Social Updraft

Vygotsky's (1993) work in defectology emphasizes, "Full social esteem is the ultimate aim of education inasmuch as all the processes of overcompensation are directed at achieving social status" (p. 57). The solution for anomalous people, he argued, is for other people to contribute to feelings of value by including those who are different in cultural practice such that they have opportunities to participate in ways that take advantage of their assets. In prior work I have used the metaphor of "positive social updraft" to characterize the social channels through which neurodivergent people might be swept up into broader cultural streams such that they feel valued, appreciated, and empowered, and such that they direct their energies toward constructing social futures of promise and potential (Cook and Smagorinsky 2014; Smagorinsky 2013; Walker and Smagorinsky 2013).

I adopted the metaphor of *updraft* from the process of wind currents, such as those that are swept up through a chimney. These currents both have an upward motion themselves and catch other elements in their draft, carrying them upward in their flow. A wind draft is also evident among racers who follow other competitors in order to be drawn along in the air currents they create in their wake. A social updraft provides cultural mediational means that propel people socially "upward" and thus allow people of atypical makeups to become fully involved in significant cultural activity that brings them a feeling of belonging and appreciation.

I have used this metaphor in a variety of contexts. In some cases I have argued that school-based and extracurricular programs such as music, theater, and art can provide the social updraft for youth who are disaffected from established institutions, particularly school. Supporting such programs, I have argued, can help youth whose points of difference—race, immigration status, area of residency, social class, sexual identity, neurodivergence, and many others—often lead to feelings of alienation. Involvement in such programmatic opportunities can provide them with a socially sanctioned activity in which their worth becomes validated, leading to a greater likelihood that they may become more productively involved in other areas of society and its activities.

Such channels illustrate the construct of a *positive social updraft*: an activity system that enables full involvement in worthwhile cultural action, particularly among those who are considered to be social or cultural outsiders who might otherwise be limited in opportunities for legitimate social participation. Although the term "positive" is relative in interpretation, on the whole it refers to socially constructive practices that lead to the achievement of cultural ends. Some cultural practices and the larger purposes toward which they are put, even though they may lead to personal validation, could be considered other than positive for the broader society, for example, physically violent gang activity on one extreme and interpersonally violent social cliques on the other (see Miller et al. 2013). The authors in this volume assume that a positive social updraft contributes to a constructive orientation to social life, broadly speaking. It changes the dynamics of those in the surroundings whose adaptations require of them both a greater empathy toward others and a more astute recognition that their own norms may be prejudicial toward people who follow different orders.