Vygotsky, "Defectology," and the Russian/Soviet Approach to Human Difference

Peter Smagorinsky

The University of Georgia

In this chapter I review the Soviet tradition in what corresponds to U.S. “special education.” To the Soviets, and to the Russia that emerged from its dissolution, this field has been known by the unfortunate name of “defectology.” I have hoped mightily that this term is a product of an awkward translation, yet my Russian colleagues assure me that it accurately captures the original. McCagg (1989) reports that Russian academic ideas about anomalous children were heavily influenced by the Germans when the first special research and training centers were opened in the early 20th century. This influence included the use of the term “defective” to characterize children with special needs. The Latin origins of *defectologia* suggest failure, shortcoming, and other terms associated with deficiency. McCagg confirms what most people with 21st Century ears would think: "this term would not survive 3 minutes in a discussion of the handicapped in the Western world today because it carries too much negative connotation toward the disabled” (p. 40). Three minutes? I can only hope that it wouldn’t last nearly that long.

The term’s deficit-drenched connotations, however, bely the fundamentally empathic and nurturing approach that Soviet and Russian defectologists have brought to their education of children either born with, or having developed through life traumas, bodies and minds—entities that I do not consider distinct from one another—that do not conform to the norm or that do not progress according to age-based schedules. The richest primary source of understanding of Soviet and Russian defectology comes from the second volume of collected works of L. S. Vygotsky (1993), a Soviet psychologist whose major work was carried out between 1924 and 1934, when he died at 37 years of age after contending with tuberculosis his whole adult life. A principal secondary source is McCagg (1989), whose history of disability theory and practice in the Soviet Union

includes specific attention to defectology while also historicizing this field within the broader stream of Soviet psychology and education and their European antecedents.

This attention to defectology is intended to broaden the range of theoretical streams informing the related fields of Disability Studies, Critical Disability Studies, Disability Studies in Education, and Critical Special Education. These perspectives collectively provide the foundation for critiques mounted against mainstream special education in the U.S. and in international circles, and the basis for pushback against any notion that "disability" diminishes human value. These perspectives tend to get traced historically to the Frankfurt School that emerged between the first and second World Wars, and its emphasis on deconstructing power hierarchies, including those associated with positioning people of cognitive, neurological, and physical difference as deficient.

Well before the Frankfort School began to assert the value of all humans using Marxist principles, a distinctively separate line of work emerged in the form of defectology. This school was also deeply indebted to Marxism once it was adapted by Soviet psychologist L. S. Vygotsky for the new Soviet Union's egalitarian founding principles (if not their actual practice under Stalin). This profoundly important body of work has been neglected not only in the context of Vygotsky's career, but in the formulation of current Western efforts at inclusive, respectful attention to all people available through the various Disability fields.

This chapter is designed to introduce this body of work's contributions to fields oriented to providing humane, sensitive educational and social opportunities to children and youth often viewed as hopeless and of little value to the broader culture. The goals and values of defectology and Disability fields are often remarkably similar, perhaps not

a surprise given their shared Marxist heritage (Smagorinsky, Cole, & Braga, 2017). However, the Soviet attention to materiality and powerful theorization of long-term, socially-mediated human development appears to make a unique contribution to the education of those whose bodies and minds depart from evolutionary norms. It is grounded in the field of cultural-historical psychology, a field that Cole (1996) presents as eclectic in its sources, as likely to draw on Russian poets as it is on rhetoric, psychology, or other fields. Nonetheless, its firm grounding in the emerging field of psychology of nearly a century ago provides it with a distinctive perspective that allows it both to complement the work of our contemporary Disability fields and offer insights that appear unique.

Defectology in Tsarist Russia and the Soviet Union

Retarded, defective, idiot….these are such harsh terms to the modern ear. But a century and more ago—and a lot more recently as well—they were accepted and widely used. Here I will rely on McCagg's (1989) account to historicize the emergence of the field of defectology in the European context, both in terms of the vocabulary of over a century ago and in the epistemologies that governed thinking about the norms of human development at the time.

Pre-Soviet European (and Current U.S.) Conceptions of Human Difference

McCagg (1989) is mindful of the time in which the field of defectology came into being, and the historical context in which it first appeared. Diagnostics in the 19th century were relatively primitive, especially with young children who often died before their conditions could be understood or treated, leaving the testimonials of those who survived to adulthood as the primary source of knowledge about people whose bodies and minds

defied societal norms and expectations. Amidst this uncertainty, defectology provided a very broad way of studying people exhibiting a great range of evolutionary absences, particularly blindness, deafness, cognitive impairment, and other conditions considered physically debilitating to those representing the ableist norm.

McCagg (1989) finds that the medical model for diagnosing difference was firmly established well before the emergence of defectology. In the late 1700s, for instance, Austrian emperor Joseph II set up special asylums for "weak-minded children, as well as separate school institutions for the blind and deaf" (p. 43). This sort of intervention was advanced during the French Revolution, when the Bicêtre Hospital in Paris was liberated to house and treat people considered insane separately from people jailed for poverty-driven crimes. This distinction decriminalized mental health and provided the basis for Superintendent Philippe Pinel's 1793 revolutionary introduction of humane methods to the treatment of those considered mentally ill (an approach retrospectively found by Foucault, 1961/1964, to be fraudulent in its purported humaneness). The primitive state of medicine, and great shortage of trained doctors of the era, contributed to the ignorance surrounding attention to anomalous bodies and minds and how best to either treat them or protect society from having to be concerned about them.

Meanwhile, the emergence of the European Enlightenment promoted the need for widespread education, which "handicapped" children were ill-suited for, leading to their segregation from mainstream education and society. Further, at that point, there was little to no differentiation among anomalous ways of being in Europe (and nascently in the U.S.): "the old etiological confusion of the handicapped groups, which had been based on sheer ignorance, gave way to a new lumping together of these people based on

expediency, as well" (McCagg, p. 45). All handicapped conditions were considered more or less the same, because considering all departures from the norm to be all of a piece allowed authorities to manage the problem of variation through a single solution: exclusion. This old European solution of segregating people out of existence could easily describe modern-day U.S. means of treating "disability," where a lack of political will or willingness to invest in and care for people considered mentally ill continues to produce horrific conditions and hopeless lives for so many (Judd, 2017). The lack of progress in caring for people who fall outside norms and expectations remains shocking, shameful, and cruel at a historical period well beyond the ignorant beliefs extant during the 18th and 19th centuries.

The Enlightenment brought about both a reliance on scientific solutions and a need for more universal education. A medical approach to human difference proliferated, in part due to scientific and medical studies of "wild" people in Europe who lived in secluded areas, such as those exhibiting

> cretinism—an environmentally caused idiocy that was widespread in the valleys between the Alps. One could not help but guess, even in the days of primitive diagnostics, that the solution here would have to be medical, not just pedagogical. The cretins were clearly not just uneducated: they were physically defective. Their treatment could not be handed over just to educators, but clearly had to be retained in the hands of the medical profession. (McCagg, 1989, p. 45)

McCagg (1989), I infer, is not so much defending the development of medical views of human variation, as he is explaining how they came to take hold. In the 1800s, there was simply little understanding of human difference, and there were few avenues

for addressing it. Enlightenment values suggested scientific solutions for social problems, and medicine was an emerging, if very imprecise, science. Further, education for the masses was a new phenomenon, itself barely ready to take on the challenge of educating the great range of humanity enrolled in its classrooms. The times, then, were ripe for making a "handicap" or "disability" into a medical condition amenable to a medical solution. Again, this conception remains alive and well in mainstream special education (Gabel, 2005), therapy (Smagorinsky, 2016a), and virtually any other field in which difference is constructed as deficit.

McCagg (1989) reports that in mid-nineteenth century Germany, a "medical curative pedagogy—*Heilpädogogik*"—was established specifically to address "the schooling of the handicapped" (p. 46). This approach became institutionalized late in the 19th century in Germany and elsewhere in Europe. The label of retardation was applied to anyone not progressing according to age-group norms, including immigrant children deemed "retarded" by natives. Such a perspective was available to me while growing up, when "Pollack jokes" emphasizing the lack of intelligence among immigrants from Poland were widely shared, largely because at one point Polish immigrants had been perceived as slow learners of English. It remains in effect today in political rhetoric issued all the way up to the White House that characterizes Mexican immigrants to the U.S. as not only intellectually challenged but morally backward as well.

These "curative" services expanded greatly during the 1800s, leading to both appropriate treatment and abuses. They were made available through crash courses offered to pedagogues over how to best educate the children enrolled, a problematic endeavor given that "abnormal" children were virtually all considered "retarded,"

whether they were deaf, blind, or cognitively behind their peers. This "scientific" conclusion has not stood up over time among specialists. In the U.S. and elsewhere, however, such assumptions remain in play in policy and practice.

Early in the 19th century, Dr. Jean Itard of the Paris Institute for the Deaf published his study of a "wild boy," leading him to seek, as a medical doctor during the Enlightenment, a form of special education that attempted to get down to the "natural mind" of people considered handicapped. In Germany, according to McCagg (1989), disability "seemed in general more a social question than in France, and the result was a holistic tradition of disability rehabilitation, which increasingly contrasted with the individualistic pedagogical tradition of the Atlantic countries. Some well-known historical factors reinforced this tradition, which—to repeat—was in no small degree appropriate, given the extreme difficulty of disability diagnosis" of the day (p. 45). McCagg notes that politics contributed to the different national conceptions of how to address human difference, with Germans rejecting French ideas (e.g., Rousseau's naturalistic views) in favor of Germanic philosophy according to Kant and Herbart, producing a conception of comprehensive rehabilitation. The Germans took the approach "that all varieties of human deficiency be studied together, rather than separately; that medical doctors as well as pedagogues be deeply involved in the care of the handicapped; and that science, not accident, dominate such serious matters" (McCagg, p. 46).

Approaches based on primitive efforts to medicalize disability produced a number of misguided, ultimately abusive treatments. McCagg (1989) notes in particular the German insistence that lip reading, rather than sign languages, be used exclusively for deaf education, under the assumption that "a mode of thinking dominated by images, and

allegedly encouraged by sign language, was inhibitory to the abstract mode of thinking that was considered necessary to produce a cultured person. This was science and holism carried to unintelligent excess" (p. 46). Normalizing deaf communication thus involved cutting deaf people off from approaches that have now proven highly effective, under the guise of a "scientific" assumption with no basis, one extensively refuted since.

The curative approach developed in Germany, a nation whose cultural imprint on Europe was powerful, found receptive audiences across the continent, at least where political affiliations and nationalistic loyalties allowed. To McCagg (1989), in addition to these tribally-motivated concerns,

> *Heilpädogogik* and the *Hilfsschulen* may have seemed extremely interesting to an Eastern European government [Hungary] faced with the problem of spreading education among a large population that the ruling classes had traditionally regarded as stupid peasants. In the socio-economic backwardness of Hungary, defectiveness may have seemed a far broader phenomenon than the officially recorded statistics regarding the deaf, blind, and weak-minded might imply. (p. 48)

These pathologizing assumptions based on the SES group into which one is born remain in play today, with both class-based intelligence and class-based morality presumed to be the province of the affluent and with immigrants, the impoverished, and the socially othered assumed to be deficient and in need of educational reformation (Smagorinsky & Taxel, 2005). This perspective helped to provide the context in which other approaches such as defectology came into being around the turn of the 20th century.

The Emergence of Defectology Prior to World War I

In 1908, Tsarist Russian psychiatrist and special education school organizer V. P. Kashchenko founded what he called a "sanatorium school, implying a joint medical and pedagogical approach to retardation" (McCagg, 1989, p. 48). Kashchenko in turn introduced the term defectology in Moscow in 1912. According to McCagg (1989), "the word defective did not conjure up, even in the West, the connotations of prejudice it does today. One may find it as a classifier term in the New York Public Library catalogue, for example, which was composed in that day. It was perfectly respectable" as a term applied to those exhibiting makeups that departed from the evolutionary norm (p. 40). In 1919, Kashchenko used the term "medical pedagogical station," a literal translation of *Heilpädogogik*, for his Moscow clinic.

Kashchenko himself, as this timetable suggests, was an old-school Tsarist who adapted to the Bolshevik turnover and became established as among the leading Soviet architects of what became known as schools of defectology, at least until Stalin deposed him in the 1930s. This term referred to a range of "defects" including deafness, blindness, and various forms of cognitive impairment viewed as "retardation" in his day. Even in the midst of the turmoil that eventually produced the Soviet Union in December, 1922, Kashchenko and colleagues had begun setting up institutes and congresses, such as the First All-Russian Congress for Struggle against Child Defectiveness, Delinquency and Homelessness in 1920 as part of a broader effort to found "a new centralized Soviet system for educating physically abnormal and mentally retarded children" (McCagg, 1989, p. 41). Again, these terms were standard at the time, only later to be replaced by means of reference more in tune with the ears of later generations. According to McCagg, by the 1930s, when the term "defectology" might have begun to sound outdated, "there

was no going back for Soviet defectology. Perhaps its label was by then too well established, too revolutionary-national, to be cast aside" (p. 42). The political, nationalist shading of human understanding remains a theme in the development of philosophies and practices attendant to the manner in which the lives of those considered "disabled" are conceived and cultivated.

Along with Kashchenko, Drs. Rossolimo and Griboedov are credited by one authoritative source with establishing *Heilpädogogik* and defectology in Russia and the ensuing Soviet Union. McCagg (1989) finds no definitive pathway from Germany to Russia for this adoption, noting that

> the transfusion of ideas is not surprising, given the universal prestige of German science at the time, its dominance in Russian universities, and the frequency with which Russian intellectuals visited the German lands. It thus seems most probably that what these Russians came to call defectology derived from this transfusion. . . . The diagnostic and rehabilitative tasks they faced in Russia were enormous. . . . Especially when the Revolution of 1917 provided both an opportunity and a demand for quick solutions to enormous social problems, the hardly tried German model for remedial education must have seemed the answer to a prayer. (p. 49)

As McCagg (1989) notes, the nationalism that helped to shape educational politics later created divisions between Germany and Russia that prevented such cross-national sharing of intellectual contributions and practices. Initially, however, the German model easily made its way into Soviet thinking, along with the foundational ideas of Karl Marx in forming a political economy.

McCagg (1989) finds that the original conception of defectology has undergone significant changes over time, "perhaps most of all because of the work of L. S. Vygotsky, the revolutionary of early Soviet psychology" from Belarus's Jewish population, a heritage despised by the Romanov dynasty of Russia to the point of banishment and reprisal by pogrom (p. 51). I next turn to Vygotsky's much-overlooked contributions to this field and how his attention to the anomalous child, to use his translated parlance, fits within his broader conception of a comprehensive, socially-mediated developmental psychology.

Setting the Historical Stage for Vygotsky's Dramatic Appearance

McCagg (1989) relates how the Bolshevik Revolution produced a purge of established, bourgeois, and anti-revolutionary psychologists from positions of authority in Moscow. Some of the old-school psychologists pragmatically shifted to Bolshevism to save their careers, without substantially incorporating Marxist principles into their conception. Toward the goal of making psychology more of a Marxist discipline, K. N. Kornilov was appointed head of the Moscow Psychology Institute due to his greater value on materialism than many of his colleagues held.

At roughly the same time, Vygotsky, still in his 20s and working on his doctoral dissertation (a work of literary criticism produced from his sickbed, focused on "the psychology of art" through textual analysis; see Smagorinsky, 2011a), gave a talk at a 1924 congress in Moscow that shook the field and launched his stardom. As described by McCagg, "Vygotsky was an ardent, believing Marxist, and was possessed by a nigh messianic energy. He had a dynamic effect on the younger members of the institute. He soon seemed to incarnate the revolution there" (p. 52). This stunning entrée gave him

revolutionary authority to establish a Laboratory for Study of the Psychology of Abnormal Childhood modeled on a school he had set up in Gomel before his ascendance to greater fame and influence in Moscow. This lab in turn put him in contact with the defectologists working in the *Heilpädogogik*. However, the defectologists working from older traditions worked from a doctrine that "insisted on medical involvement in the education of abnormal children, on a vague linkage between various social and physical abnormalities, and on an activist approach to all of them. Now, Vygotsky made it over into a specifically Marxist, high philosophical science" far more robust than what had previously been conceived of (McCagg, 1989, p. 53), abetted by the extraordinary intellectual firepower of the psychologists whom Vygotsky recruited to work with him on this great national challenge.

Once again, however, the reigning political forces compromised advances in the field. Stalin was paranoid about academia and generally suppressed their influence, often through violent means (Zinchenko, 2007). Vygotsky himself found his work under attack because he did not fully embrace a Stalinist orthodoxy and, by the end of his brief life, feared death through other means. Although his work experienced a later revival, what he produced during his own lifetime was airbrushed out of the picture of Soviet psychology and education, replaced by more congenial perspectives that Stalin found less threatening. The death blow, or at least a knockout punch followed by decades on the canvas, came in the 1936 proclamation by the Central Committee of the Soviet Communist Party, "On Pedagogical Perversions in the Commissariat of Education," which produced a Pedology Decree that, among other things, essentially banned the practice of defectology and villainized the likes of Vygotsky for practicing such

bourgeois forms of education. Just a year later, Stalin launched the Great Terror in which all dissent was treated with deadly response.

Only after Stalin's death in 1953 was the door opened to a rediscovery of Vygotsky's contributions, often in other languages than Russian before becoming available in his own adopted country. I next review Vygotsky's work in defectology, working from the primary sources now available in translation from his prolific career as distilled in his writing and in lectures and transcriptions of his sickbed articulation of his ideas.

Vygotsky's Cultural Historical Theory

Vygotsky's work has variously been characterized as sociocultural, sociocognitive, cultural-historical, social constructionist (or constructivist), and other terms that locate the process of cognition first in the environment, and only later, through a process of appropriation, as an individual mental function. Contexts in this sense are never static, but founded on cultural history such that they have specific properties and values that are continually refined as people occupy and transform the settings of human development. This attention to contexts does not mean that biology is irrelevant, however; Vygotsky (1929) distinguished between the biological and cultural lines of development through which "psychological functions [involve] the working out of new methods of reasoning, the mastering of the cultural methods of behavior" (p. 415). These lines converge early in life, perhaps with the first human contact (Cole, 1996).

Yet any disruption in either line may amplify its presence, as when a person becomes blinded. Schools have long been dominated by the age-based stage theory provided by Piaget that has institutionalized age-level schooling schedules as the norm

and considered those who lag in conventional developmental ways to be deficient and behind, a problem evident in much mainstream special education (see the contributors to Gabel, 2005). A cultural-historical approach would view development according to more local norms, and even so, not treat deviations as deficiencies. Further, sudden changes, such as those affecting Eastern Europe during a decade of continual warfare between the beginning of the first World War and the end of the Russian Civil War, had the tragic consequence of hundreds of thousands of damaged and traumatized children and youth, who in turn became the responsibility of the public education system. This change in physical capabilities, to the Soviet defectologists inspired by Vygotsky, did not indicate a suddenly degraded life. Rather, it suggested the need for the people in the context to help construct new and different developmental pathways to allow for participation in society's practices and processes.

Vygotsky's Approach to the Anomalous Human

The field of defectology provided an education for the many children and youth who were maimed, dismembered, blinded, deafened, or cognitively impaired by the violence of the first World War, the Bolshevik Revolution, and Civil War that produced the Soviet Union in 1924, coinciding with the beginning of Vygotsky's career in Moscow. This important research program has largely been overlooked by scholars over time, perhaps overshadowed by his broader developmental research program and the small number of key ideas—the zone of proximal development, the role of play in development—that have reductively and inadequately been distilled from his career project (see Smagorinsky, in press A, in press B).

This period coincided with Hitler's embrace of eugenics, an ableist perspective enforced with deadly vengeance on those whose bodies did not meet the Aryan ideal. Yet Vygotsky challenged debilitating views of the physically different by arguing that they comprise a *social problem* rather than one of the individual presumably disabled by difference. Defectology was designed to construct more humane settings to help cultivate the potential of those generally felt to have little potential for living a satisfying life or contributing to a broader society's possibilities. Their lives, according to common perception, became stunted at the point of departure from the norm. Their presumed deficiencies framed their humanity; and their prospects for development into prosperous people were shut down by assumptions of limitation among those who surrounded them.

Vygotsky (1993) found that the "old defectology" viewed "a handicapped condition as a purely quantitative developmental limitation. . . . Reaction against this quantitative approach to all theoretical and practical problems is the most important characteristic of modern defectology" (p. 30). Rather, he believed,

> a child whose development is impeded by a defect is not simply a child less developed than his peers but is a child who has developed differently. . . . A child in each stage of his development, in each of his phases, represents a qualitative uniqueness, i.e., a specific organic and psychological structure; in precisely the same way, a handicapped child represents a qualitatively different, unique type of development. . . . Only with this idea of qualitative uniqueness (rather than the overworked quantitative variations of separate elements) in the phenomena and processes under examination, does defectology acquire for the first time, a methodological basis. (p. 154)

Vygotsky's (1993) rejection of quantitative assessments concerned their reductive, normative way of establishing a proper developmental growth trajectory from which deficits can be measured. His criticism is congruent with critiques from the various Disability fields with respect to modern-day special education, with its Piagetian developmental model based on biological stages and diagnosis of developmental lags requiring remediation. To Vygotsky, this "mechanistic notion is unfounded methodologically speaking." Rather, he argued, the appropriate approach is to consider "the alliance of social and biological regularities in child development" in a dialectical fashion (p. 124).

Vygotsky (1993) regarded the biological difference—in defectology, blindness, deafness, and cognitive impairment—as a person's *primary disability*. This point of difference served as the sole focus of attention for the diagnosticians prior to the development of defectology, and remains a continuing problem in 21st century diagnostics. However, the primary disability is mainly a problem *when people in the environment treat the person as inferior* for exhibiting these non-normative bodily functions. Unfortunately, this social belief in a person's inferiority may be appropriated by the affected individual, producing the far more damaging *secondary disability* of feelings of low self-esteem. The "problem" of disability is in this conception *a social problem* that requires a re-education of the general population, who then work to provide avenues for participation in cultural practices through which people of anomalous makeup develop feelings of affirmation and inclusion.

Attempting to repair the defective person, Vygotsky (1993) believed, was misguided; and this medical model of viewing difference as a curable problem remains in

effect today in many special education programs (Danforth, 2009). Rather, he sought to include those lacking normative functions by making available "roundabout" or alternative means of mediation, such as the use of a braille to assist the unsighted. Vygotsky's approach to the anomalous human makeup was thus positive, optimistic, and future-oriented; "no theory," he maintained, "is possible if it proceeds from exclusively negative premises" (p. 31). This future-oriented perspective was designed to help all people lead fully productive lives, particularly those whose bodies do not conform with the evolutionary norm.

The Effects of Feelings of Inadequacy

Vygotsky argued that feelings of inadequacy may be resolved in two very different ways for those who live with physical or cognitive "disability." First, he asserted that the feelings of inadequacy could serve to motivate positive new ways of engaging with society. Through Vienna-based Alfred Adler's (1933) influence, Vygotsky (1993) argued that "*Via subjective feelings of inadequacy, a physical handicap dialectically transforms itself into psychological drives toward compensation and overcompensation*" (p. 33; emphasis in original). Adler is often viewed as a disciple of Sigmund Freud, yet like Vygotsky broke with Freud's individualistic emphasis in psychotherapy and his focus on past life events. Both Adler and Vygotsky took a social perspective on the human psyche, one that was concerned with one's forward trajectory more than its early, traumatic experiences. Adler's notion of *social interest*—an individual's personal interest in furthering the welfare of others—is central to Vygotsky's view that "disability" is a social problem rather than a problem held by individuals.

Vygotsky's view of compensation was thus oriented to the future. Compensation allows a bypass of obstacles via adjustments that represent "a continually evolving adaptive process. If a blind or deaf child achieves the same level of development as a normal child, then the child with a defect achieves this *in another way, by another course, by other means*" (p. 34; emphasis in original). A person considered "disabled" makes adaptations through mediational means that allow for participation in society's cultural practices.

Human difference thus needs to be valued for its potential to motivate a personally-initiated productive adaptive response that allows for cultural participation and thus feelings of affirmation: "Cultural development is the main area for compensation of deficiency when further organic development is impossible; in this respect, the path of cultural development is unlimited" (Vygotsky, 1993, p. 169). He thus sees the need for mutual adaptations. Society must provide environments that promote development toward cultural ends via roundabout means. At the same time, individuals should appropriate alternative means of mediation to compensate for their ill-fit with conventional societal structures so as to navigate their surroundings with greater facility.

A feeling of inadequacy can thus have a beneficial effect *when learners are treated as productive people adapting to their environments*. These alternative developmental pathways, made available in a supportive setting, make it so that "the most important and decisive condition of cultural development—precisely the ability to use psychological tools—is preserved in such children" (Vygotsky, 1993, p. 47). Vygotsky offered this view to counter the prevailing perspective, one that he located in European Christian traditions, that people of anomalous makeup should be pitied or

treated with charity, both of which to Vygotsky contributed to the feelings of deficiency that comprise the secondary disability.

A reciprocal process of adaptation, he emphasized, must be undertaken *by the people surrounding the anomalous child*, who accept these alternative means of navigating the physical and social worlds nonjudgmentally and respectfully. People surrounding those considered "disabled" have an adaptive responsibility to construct alternative pathways that allow for satisfying navigation of the world such that one's positive sense of self is affirmed. Vygotsky's approach was thus oriented to *assets* rather than *deficits*, a view well-aligned with the various Disability fields and their attention to both the discursive environment of social interaction and the material means through which its navigations become possible.

Vygotsky (1993) thus addressed the notion of "disability" through attention to the environment, where the creation of future-oriented, affirmational mediational settings, and alternative pathways of development are provided for people of anomalous makeup such that their points of difference are not foregrounded in people's construction of their potential. Vygotsky shifted the terms of the debate *from re-mediation of the deficit to education of the surrounding community*. This attention to *settings* was a critical dimension of Vygotsky's (1993) broader psychological project that emphasized the necessary integration of all aspects of human development with one's affective engagement with the world (Vygotsky, 1971, 1994, 1999a, 1999b). "Full social esteem," he insisted, "is the ultimate aim of education inasmuch as all the processes of overcompensation are directed at achieving social status" (1993, p. 57). What matters is that children are provided the means through which they have the potential to develop

higher mental functions—those that are developed within cultural contours and that distill value systems, appropriate practices, and teleological goals—even in the absence of a phylogenetically typical capacity, e.g., seeing or hearing.

Those who can compensate for a "disability" by learning roundabout means develop unconventional ways of integrating themselves into society. In doing so, they may develop capacities for insights not available to those whose makeup does not require adaptation, because they learn to see the world through other means and from other perspective. In Vygotsky's (1993) ideal society, those who develop such capabilities are encouraged and embraced as valued productive members, appreciated and understood by fellow citizens whose own willingness to shift their understanding of difference helps to construct and support those alternative means of participation.

"Mental Health" from a Defectological Perspective

I close with a brief account of how I have adapted Vygotsky's defectological approach to the issue of what is widely, and I believe deceptively, called "mental health." Vygotsky himself was never concerned with neurological variation that produces a host of what are called disabilities and disorders; and most of what I read in the Disability fields concerns physical differences more than those associated with what is understood as the mind. I undertook this adaptation for very practical purposes when I began to accept the presence of neurodiversity in my own family and in myself (see Smagorinsky, 2011b), particularly with respect to what are known as autism spectrum *disorder*, obsessive-compulsive *disorder*, and chronic anxiety *disorder*, all of which run through my own system and that of family members.

My pathway to Disability fields thus began through a personal recognition that I was different in ways I had trouble understanding, rather than through empathy for others or formal learning via the reading of Disability field scholarship. This pathway led me to Vygotsky's work in defectology, although quite indirectly; and ultimately led me to see the relation between what I was learning and what has been articulated by Disability scholars and practitioners. In other words, I have ended up in Disability fields through an alternative route, one that I hope has some value for those whose pathways have been much more conventional: as special education practitioners disillusioned by common practice, as humanities scholars concerned with discursive constructions of difference, and other routes. Rather, I arrived at this point as a person who might be considered mentally ill according to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), yet who resists being considered disabled, disordered, handicapped, or other pejorative and debilitating term in common diagnostic and social parlance.

In a series of publications (Cook & Smagorinsky, 2014; Smagorinsky, 2011b, 2012a, 2012b, 2014a, 2014b, 2016a, 2016b, 2016c, 2016d), I have seized especially on Vygotsky's (1993) notion of the secondary disability and his view that human difference is primarily a social problem to help me frame my understanding of what it means to live a neurodivergent life. I have argued that neurodivergence is a social problem more than a problem of the individual, with the education of those surrounding the neurodivergent person more important than trying to normalize people manifesting unusual neurological makeups.

I have also argued that any notion of "disability" is situational, using the example of the blind person in a room with sighted people in which the lights go out and the room is pitched into darkness, leaving the blind person the only one able to navigate easily to find a way out. "Disability" is also relational, a function of how other people relate to difference, providing avenues for acceptance and appreciation rather than pity and rejection. In this sense, I have argued that as an academic, I have an Asperger's Advantage because my career rewards those who can pursue narrow interests in excruciating detail, an Asperger's trait that I believe has helped distinguish my research and publications. When bundled with chronic anxiety and obsessiveness-compulsiveness, this disposition both works efficiently at a rare level of detail, and drives a need to complete tasks ahead of schedule. As an academic, I have benefitted enormously from what is generally considered disabling.

I have also developed the notion of *positive social updraft*, a set of conditions that allows for constructive, affirmational participation in valued social activities. This notion is directly adapted from Vygotsky's (1993) romantic belief that the Soviet Union could provide young people with opportunities to become involved in Soviet social movements oriented to promoting their egalitarian national culture, a belief shattered by Stalin's shifting of these group's responsibilities to becoming tattletales on behalf of the state, including reporting actions of their own parents considered dangerous to the Soviet mission (Snyder, 2010).

Less idealistically, I have formulated the notion of positive social updraft to describe the manner in which neurodivergent youth may become involved in cultural practices that foreground their assets and minimize their shortcomings. For instance,

Cook and Smagorinsky (2014) describe a young woman on the Asperger's spectrum whose awkward social skills were minimized and her artistic abilities amplified through the online anime culture to which she contributed. Shunned by others in her material world and considered a problem in her family, she found affirmation through this medium and, as Vygotsky would assume, developed a positive self-image through the online response to her chosen personas. Her "disabilities" thus receded and her potential became ripe for development as the social context of the online community allowed her to prosper as a valued participant.

Discussion

In this chapter I have introduced the Soviet defectological tradition to the Disability fields, contextualizing its development and providing extensions to areas not part of defectology's original purview and generally not written extensively about in Disability publications. In doing so I hope to have provided the field with an intellectual stream rooted in 1700s Europe, adapted and developed in the first decades of the 20th century in Russia and the Soviet Union, still practiced in modern-day Russia, and amenable to adaptation to new areas of human difference moving forward. I have found Vygotsky's principles to be quite durable and informative to my interests in neurodiversity, and I hope to Disability scholars interested in the broadest possible application of their work.

I do not contend that defectology has solved all problems uniquely. Indeed, it shares many assumptions of Disability fields. It does emerge, however, from a different cultural context and provides a language for identifying problems such as the secondary disability that have been hiding in plain sight to people like me for some time now. I hope

that my own realizations have some value to those who share my concerns for the diverse human species and aspire to cultivate the potential of all people, regardless of how they are made up, through more sensitive and appreciative beliefs and contexts and through the provision of positive social updrafts through which they may most fruitfully realize their human potential.

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