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"Every individual has his own insanity": Applying Vygotsky's work on defectology to the question of mental health as an issue of inclusion

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ABSTRACT

In Volume 2 of the *Collected Works*, Vygotsky argues for more inclusive treatment of people who depart from the developmental norm. In this essay I review facets of his approach and discuss how they may inform current attention to extranormative mental health makeups, e.g., tendencies toward depression, anxiety, bipolarity, and related neurological influences on personality. I focus on the following sets of Vygotskian tenets: (1) his belief that mental and cognitive differences do not comprise defects or deficiencies, but rather present developmental channels that depart from the evolutionary norm; (2) his assertion that "secondary disabilities" resulting from stigmatization related to difference produce more deleterious effects on one than does the source of difference itself; (3) his belief that feelings of inadequacy, if socially channeled toward productive roundabout means of mediation, can productively promote human growth within existing cultural channels; and (4) his conviction that the goal of education and human development is to promote progress toward a culture's higher mental functions – i.e., those ways of thinking endemic to particular cultural orientations to the world – rather than to remediate sources of difference.

1. Introduction

Volume 2 of Plenum's *The Collected Works of L. S. Vygotsky*, *Fundamentals of Defectology* includes work from a variety of points in Vygotsky's career during which he treated the topic of *defektologia*. This Soviet field focused on characteristics of the human makeup that have typically been the concern of abnormal psychology, learning disabilities, and special education: the inabilities to hear or speak, and cognitive functioning at significantly lower than normal levels. The term *defectology* actually mischaracterizes Vygotsky's (1993) own approach to differences from the evolutionary norm, which he did not consider to be defective or prohibitive in enabling a full immersion in societal life. Nonetheless, the language and ideology of deficit remains at large in spite of efforts to attend more respectfully to issues of difference that concerned Vygotsky as he undertook to address how best to educate the millions of children who survived World War I and the Bolshevik and Russian Revolutions that precipitated the Soviet era, yet who did so both physically and mentally traumatized.

I have found Vygotsky's (1993) work on defectology to have salience in my own efforts to understand and come to terms with issues of mental health, or more precisely, what is termed mental illness. These issues have served as central aspects of life in my family, a situation I explore through autoethnographic inquiry (Smagorinsky, 2011a). In that essay I argue that mental health makeup, like the issues of defectology investigated by Vygotsky, have been viewed with a deficit mentality that emphasizes the individual suffering of the afflicted. Vygotsky, however, took a revolutionary approach to the education of the blind, the deaf, the maimed, the cognitively different, and others falling outside the textbook and diagnostic norm by focusing on the

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settings of human development and their role in supporting and accommodating those who fall outside the diagnostic normal range.

In my extrapolation from Vygotsky's emphasis on the potential of those exhibiting physical and cognitive difference to my own interest in mental health, I have adopted the terms *extranormal* and *neuroatypical* to account for those whose mental makeup stands outside the norm—not in deficit, but in relation to different orientations to the social and natural worlds. I use the term "extranormal" and its derivatives rather than "non-normal" because terms such as "non-normal" assume that there is indeed a definable norm, which suggests that those who engage the world in extranormative ways do so in deficit to the majority. I see "extranormal" as a more inclusive term that suggests additional possibilities for those having a mental health profile outside the typical range. I use the term "neuroatypical" to contrast with "neurotypical," the term that those diagnosed with Asperger's syndrome use for people not considered to be on the autism spectrum. Neurotypicals, to those whose makeups fall within the Asperger's syndrome spectrum, do not necessarily possess enviable qualities. Rather, from this perspective, the obsession among those on the "normal" mental health spectrum with adhering to social rules occupies time, attention, and energy that could be put to better use (see, e.g., Smagorinsky, 2011a).

Following prior explorations of both (1) mental health as a nondeviant makeup that needs to rise above its stigmas and assert the need for inclusive environments (Smagorinsky, 2011a), and (2) Vygotsky's (1993) outline of a theory of defectology that emphasizes the normal character of difference and need for inclusion in society's broader cultural stream (Smagorinsky, in press), in this paper I put these ideas in more extensive dialogue with one another to provide a more finely developed approach to mental health theory and practice that focuses on the creating of settings, including schools, that help to mediate extranormal development toward satisfying lives and humane understanding and acceptance.

The title of this exploration follows from Vygotsky's (1993) remark that "Probably, the notion of calling emotional illness *moral insanity* would never have been conceived, if first the attempt had been made to summarize all the shortcomings of values and motives met among normal people. Then, it might have been discovered that every individual has his own insanity" (p. 37; emphasis in original). With this insight he questioned the whole notion of normativity in human makeup and raised the possibility that all people have idiosyncratic makeups that defy any effort to draw exclusive boundaries between normative and extranormative ways of being in the world.

Vygotsky's (1993) attention to moral insanity – exhibited when people of difference lash out at the negative factors in their environments – further situated his attention within his career concern with the settings of human development and their role in mediating personalities toward teleological ends. He said,

> While the earlier term *moral insanity* implied an incurable condition, transferring these children into a different environment often shows that we are dealing with a particularly keen sensitivity and that the deadening [of] this sensitivity is a means of self defense, of closing oneself off, and of surrounding oneself with a biological defensive armor against environmental conditions. In a new environment, such children display completely different characteristics. Such results occur when children's characteristics and activities are examined not in isolation, but in their relation to the whole, in the dynamics of their development. (p. 38; emphasis in original)

This emphasis on understanding the manner in which the settings of human development can affect one's sense of self in such a way as to frame whole perceptions of self and society was consistent with his broader theory of a socio-cultural-historical psychology in which one's trajectory is socially mediated so as to produce what my colleagues and I have called *meta-experiences,* i.e., the experience of experiences: the manner in which prior experiences contribute to one's affective sense of self so as to frame new experiences (see Smagorinsky, 2011b; Smagorinsky & Daigle, 2011; Smagorinsky, Daigle, O'Donnell-Allen, & Bynum, 2010). Being treated as inferior thus produces a deficit framework through which feelings of inadequacy produce a debilitation that is far greater than the actual source of being treated as different. I will elaborate on this perspective in the remaining sections of this essay.

2. Mental illness and extranormality

> 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. (National Alliance on Mental Illness, 1996–2011).

As the National Alliance on Mental Illness (NAMI) asserts, mental health issues can be terribly debilitating to those who live with them, not only those who are extranormative themselves but people who share lives with those who live outside the mental health norm. As I detail in Smagorinsky (2011a), both my daughter and I are on the high-functioning end of the extranormative spectrum, although her degree of each condition is amplified far more than is mine. She has had formal diagnoses of Asperger's syndrome (or more specifically in her case, PDD-NOS: Pervasive Developmental Disorder-Not Otherwise Specified), depression, chronic anxiety, Tourette's syndrome, obsessive–compulsive disorder, and oppositional-defiance disorder. Although I have only been formally diagnosed with chronic anxiety, for which I have been taking paroxetine since 1999, I can also lay claim to an

obsessive–compulsive makeup (which is mitigated by the paroxetine) and many characteristics of Asperger's syndrome, which came to my attention during my daughter's diagnoses.

Life in our house during our daughter's youth (she is now 25 and living on her own, albeit with the continuing support of therapy and medication) was volatile. With my daughter's permission and support, I was able to tell this story as a way to explore what it means to live as a person of mental health extranormativity (Smagorinsky, 2011a). My perspective on these matters does not come from formal medical or psychological training, but rather from the emic position of living inside these conditions and from knowing them through experience. This experiential knowledge has been aided and formalized by my involvement in both my daughter's and my own therapy for many years, by my participation in her various diagnoses and my own, by my reading on topics that inform my understanding, and no doubt by my academic bent that enables me to formulate ideas conceptually and thus orchestrate knowledge from these various sources into something that amounts to a theory of mental health and how best to treat those who exhibit departures from the neurotypical norm. By "treat" I am less concerned with formal treatment from a mental health care professional, and more concerned with how people in the normal course of events, including educators, attend and respond to those whose neurological makeup leads them to act differently in relation to the mainstream population.

In my initial foray into this dimension of treatment, I was struck by Vygotsky's (1993) insights, which I initially came across serendipitously while writing a review of the *Cambridge Companion to Vygotsky* (Kozulin & Gindis, 2007), which includes Kozulin and Gindis's (2007) account of defectology (Smagorinsky, 2009). After incorporating some of Vygotsky's insights into my 2011 essay, I undertook a complete reading of Volume 2 of Vygotsky's (1993) *Collected Works* focusing on defectology, producing a second essay focused on the ideas he elaborates in that series of papers and lectures (Smagorinsky, in press). In the present essay I put my explorations of mental health questions and Vygotsky's approach to defectological education in more direct dialogue in the hopes of providing a more nuanced understanding of how these lines of inquiry intersect and mutually inform one another.

I would like to start by examining the phrasing of NAMI's definition of mental illness, which I quoted at the beginning of this section. They open by saying, "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." First, I should state that I'm grateful for all the work undertaken by NAMI and other organizations of this type, without which I would be working in the dark in trying to understand my family's experiences. At the same time, I see their phrasing as falling within the deficit view of mental health difference, as indicated by their use of "disorder" and "diminished" as opposed to phrasings that suggest that mental health provides one with extranormative ways of being in the world, not necessarily ones that produce disorder or diminishment.

The analogy of a defective pancreas has its appeal: an organ is not working properly, and so should be treated. However, a defective pancreas that is left untreated leads to death, and treatments for diabetes all directly provide the body with ways to provide what the defective pancreas does not by means of insulin replacements and other adjustments in diet in order to enable the body a balance that a healthy pancreas contributes to the whole of a functioning organ system. Doctors can even transplant a whole new pancreas in to replace the malfunctioning organ. The attention to treating a disabled pancreas thus focuses directly on the pancreas itself such that its functions are either replicated artificially or enabled by an entirely new organ.[2]

Mental health, however works quite differently. Although departures from the mental health norm can produce death, as the many suicides attributed to severe depression illustrate (Fenton, 2000), depression itself is not deadly, as is a pancreatic dysfunction. And transplants are not available to replace the neurological components that produce the condition of obsessive-compulsiveness or other departure from the diagnostic norm. Medications such as paroxetine are available to alter the manner in which the nervous system works and thus mitigate the feelings that accompany various departures from the evolutionary norm that people report as disturbing to their equilibrium. And so the analogy between mental health and physical illness is tempting, and indeed provided me with considerable solace when I first undertook treatment for chronic anxiety, particularly the medications that enabled me to board airplanes and give talks at professional meetings.

Over time, however, I have come to question the analogy's appropriateness when it comes to developing an informed appreciation for what is involved in extranormative mental health makeups and how to properly address them. The pills I take every day, along with those I take to enable flying on planes and speaking in public, are surely effective and in that manner are analogous to the antibiotics that treat an illness. But the illness goes away for the most part, while chronic anxiety is called chronic for a reason. I am therefore interested in the problem of living with a neuroatypical makeup so that I and others are not considered to be diseased, but rather are viewed as living neurologically in ways that most people do not. With that framework, I do not consider these issues to be disorders, but different sorts of orders. Viewed from this perspective, these conditions benefit from an understanding of Vygotsky's work in defectology, which I outline next.

3. Vygotsky on defectology

Vygotsky's (1993) view of the "defect" is encapsulated in his assertion that "blindness is not merely a defect, a minus, a weakness, but in some sense is also the source of manifestations of abilities, a plus, a strength (however strange or paradoxical this may seem!)" (p. 97). He strongly resisted the idea that a difference is a deficiency, arguing instead that departures from the evolutionary norm simply call for alternative or "roundabout" means of mediation. Vygotsky's approach was thus positive and forward-looking and dedicated to cultivating potential. No theory, he maintained, "is possible if it proceeds from exclusively

[2] As someone who has lost loved ones to diabetes, I am painfully aware of what follows from a malfunctioning pancreas.

negative premises" (p. 31) such as the "philanthropic, invalid-oriented point of view" toward difference which he found to be central to the Christian views he observed to be predominant in early 20th century Europe (p. 75). This perspective, he concluded, was founded on the belief that the endurance of suffering is a key facet of spiritual growth and that the bestowal of pity on those affected is the proper manner of treatment.

Given his rejection of one's departure from the evolutionary norm as a sign of disorder and defectiveness, Vygotsky (1993) deliberately focused on difference rather than deficit. Kotik-Friedgut and Friedgut (2008) maintain that Vygotsky "never called these children 'defective' or 'handicapped' but referred to them as 'anomalous,' insisting that, properly nurtured, they could attain levels comparable to their peers" (cf. Feigenberg, 1996, p. 69).[3] Above all else, Vygotsky's approach to psychology was fundamentally developmental (or, to use the term available in translation, *genetic*, which can be confusing to English speakers who read it incorrectly as referring to genes and thus biological development, which was only peripheral to Vygotsky's social–cultural–historical approach). A child, to Vygotsky, is a work in progress, one who can circumvent areas of difference to develop new capacities for a satisfying and productive life in society. Vygotsky's developmental emphasis stood in contrast to the biological perspectives on difference current in his day – see, for instance, his extensive critiques of Piaget's developmental stage theory triggered by advances in age (Vygotsky, 1987) – and still available today, particularly in the field of education (see, e.g., McDevitt & Ormrod, 2007). He critiqued those who viewed areas of difference as instances of biological defects, arguing instead that psychologists should more properly consider "the alliance of social and biological regularities in child development" in a dialectical fashion (p. 124).

The potential for more optimistic, future-oriented, and possibility-centered settings for development is available, he argued, and should become the focus of educational psychology and practice:

> On the one hand, the defect means a minus, a limitation, a weakness, a delay in development; on the other, it stimulates a heightened, intensified advancement, precisely because it creates difficulties.... Any defect creates stimuli for compensatory processes… the compensatory processes in a child's development and behavior… substitute for, supersede, and overarch the defect. *The child's physical and psychological reaction to the handicap is the central and basic problem – indeed, the sole reality – with which defectology deals*.... Thanks to the organic unity of personality, another faculty undertakes to accomplish the task [that a weakened capacity cannot achieve]. (Vygotsky, 1993, p. 32; emphasis added)

To Vygotsky, then, the "defect" is only a condition to be circumvented through other means. His emphasis on the whole of a child's personality and capabilities separated him from those who viewed difference as an isolated problem to be treated directly. The comprehensive, integrated, potential-oriented perspective that he took in contrast emphasizes the possibilities for culturally-mediated developmental processes to produce capabilities that lead to fully productive lives in social context.

In extrapolating Vygotsky's (1993) views of cognitive and physical difference to questions of mental health, then, the first order of business is to jettison the language and ideology of deficit when considering departures from the evolutionary norm. Taking this measure is more easily said than done, especially when one considers that people with bipolar, obsessive–compulsive, depressive, anxious, and other extranormative personality makeups can appear to lack what others have in terms of personal stability and social functioning. People with extreme orientations away from the norm can be socially threatening and dangerous, not merely in their odd manner and affect but in their occasional tendencies toward violence and destruction. These most sensational cases of asocial and antisocial behavior, however, often form the primary perception that many have of those who depart from the diagnostic norm. Historically, people of difference have been characterized in popular culture media as both deficient and dangerous, from the depictions of physically different people representing evil (e.g., the callous, wheelchair-bound Mr. Potter of Frank Capra's *It's a Wonderful Life*) to the illustrations of mental health departures as fiendish and deadly (e.g., the Norman Bates character of Alfred Hitchcock's *Psycho*) (see Wahl, 2004).

Given the number of criminal acts committed by people diagnosed as mentally ill, the perception gets plausible reinforcement, and to some, simply the act of deliberate murder suggests that the actor cannot be emotionally well (Wallace, 2010). However, as those who have analyzed media representations of such groups as women and minorities have argued, media depictions often operate from stereotypes based on the most negative of traits (Entman & Rojecki, 2001), as when Hurricane Katrina survivors in New Orleans where variously characterized by news reporters as "looting" (African Americans) and "finding food" (European Americans) for the same act: taking goods for survival from abandoned places of business (Sommers, Apfelbaum, Dukes, Toosi, & Wang, 2006). Now, undoubtedly some African Americans engage in looting following a disaster, and some European Americans are out trying to find food and vice-versa. Yet the media's reliance on entrenched stereotypes from a White perspective helps to reinforce among the White public a negative perception of Blacks and a sympathetic perception of Whites.

Similarly, people who depart from the mental health norm are prone to such stereotyping, particularly those whose behavior is not of the extreme sort that invites caricature and derision in media coverage and representation. The term "mentally ill" can conjure images of haunting, horrific screaming and wailing in barbaric lunatic asylums, even as it is used to describe those relatively normal-looking people experiencing depression. These impressions follow from the societal tendency to view people who are different as deficient, and to view one's own norm as the standard by which all other ways of being stand in deficit. This tendency has materialized in issues not only of race and mental health but also of gender (Gilligan, 1982), nationality

[3] In spite of this claim by Kotik-Friedgut and Friedgut (2008), the Plenum translation of Volume 2 of the *Collected Works* by Knox and Stevens (1993) does represent some of Vygotsky's language in deficit terms. As Van der Veer (1992) and others have argued, English translations of Vygotsky must be read with caution given the wide variation in how his ideas and language have been interpreted.

(Comaroff & Comaroff, 2001), region (McNamee & Miller, 2004), speech accent (Gluszek & Dovideo, 2010), religion (Mullen, 2007), poverty (Bomer, Dworin, May, & Semingson, 2008), and virtually any other trait that is amenable to identification, reduction, and distortion.

This deficit perspective is available in much language used to characterize those who depart from the mental health norm, such as the common descriptor of *disorder*. I will use my own experiences as one with an obsessive–compulsive personality to illustrate why this term is problematic. First, I will acknowledge that having an obsessive–compulsive makeup can be difficult to live with, both for me and for others who have to endure my tendencies toward narrowly-focused attention on things that consume my interests at the exclusion of much else. Before I began taking paroxetine, I often had difficulties sleeping, because I would obsess on my plans for the following day, both with my academic work and with my avocational passion, my gardening. If I were engaged in any sort of building project in my yard, I would lie in bed the night before undertaking a particular task – building a section of a retaining wall, constructing one of the dams I built to create waterfalls in the creek that ran through my property, and so on – rehearsing steps of the process in an endless loop that gripped my consciousness so that falling asleep was not possible. This process often left me tired the next day; and completing the task only set up the next night's obsessive anticipation of the following day's procedures in loops of repetition that I could not force out of my mind. Undoubtedly, the notion that this condition constitutes a disorder follows from the challenges that such tendencies provide for those who endure them.

At the same time, I believe that I can credit much of the success of my career to having this disposition, especially given that it is coupled with chronic anxiety that drives me to complete tasks well ahead of deadlines. Even tempered by paroxetine, these conditions still affect me, albeit in less manic ways. Together they produce a disposition to finish jobs immediately and thoroughly. My career record demonstrates high levels of productivity; when I needed to document my accomplishments for a promotion dossier, I calculated that I've averaged over seven publications a year for a quarter-century, going back to mid-way through my doctoral program when I taught high school English full-time, got married and had two children, conducted my doctoral research, and published two books and a set of journal articles while writing my dissertation, mostly on a different topic.

I once attributed my ability to produce at high levels while under duress to my work ethic. But over time I have come to understand that work ethic is the wrong explanation, because it has nothing to do with ethics or morality. Rather, it follows from necessity due to the conditions that are central to my personality, conditions that, rather comprising a set of disorders, provide me with an order that works quite well in many, if not all, aspects of my work life. Indeed, one of my worries when I began a medication program following a major panic attack while delivering a talk at a conference in 1999 that forced me to walk out of the room in mid-sentence was that the medication would mitigate the drive that I had come to value in my professional life, even as it did not always contribute to harmonious personal relationships. Fortunately, that drive remained intact as the medication controlled the feeling of being in overdrive caused by my extreme and pervasive anxiety.

In this section I have argued against the deficit perspective embedded in attitudes toward people who depart from the evolutionary norm in their neurological makeup. I don't make this case with the romantic belief that all's well, just a little different, for those of us who fall outside the spectrum's normal range. My father, who also shared my anxious makeup, had a major heart attack at age 49, just as I had my major panic attack at age 47, and I might have been spared that more drastic outcome by this early intervention. (He survived and lived to age 81, albeit with health problems that followed from what we referred to at the time as his Type A personality.) Those who live with these conditions, yet for reasons of poverty, neglect, denial, and other factors do not get treatment, can indeed live tragic and difficult lives, and I in no way wish to deny their existence or the obstacles they face in achieving happiness. At the same time, the degree to which all on this spectrum are disordered, deficient, and so on ought to be an open question, one that I hope to contest through this exploration.

3. Vygotsky's views on feelings of inadequacy

Vygotsky (1993) argued that the feelings of inadequacy that often accompany cognitive or physical difference typically have one of two very different effects on those affected. Most commonly, feelings of inadequacy are produced by the deficit view that often is directed toward those of difference, and this environment of pity, charity, rejection, dismissal, and so on results in a *secondary disability*: a sense of stigma that leads to long-term feelings of inferiority. This secondary disability, argues Vygotsky, is far more debilitating to the individual than the source of difference itself. More positively, feelings of inadequacy can produce generative action designed to circumvent (rather than overcome) the area of difference so that broader cultural activity is available through alternative means. I next relate these two consequences of feelings of inadequacy to issues of mental health.

4.1. Stigma and secondary disabilities

As a Jew living in the restricted Pale of Settlement, where Jews were sequestered due to the rampant anti-Semitism of Eastern Europe, Vygotsky spent his upbringing as “the other.” This experience, along with many other episodes in which his Jewish heritage led to his rejection by the dominant culture, appears to have informed his views of social ostracism and how it produces debilitating feelings of inferiority among victims of discrimination (Smagorinsky, in press). In his formulation of defectological education, he emphasized the need for an inclusive view of difference such that anyone, regardless of how seemingly challenged they were by blindness and other departures from the evolutionary norm, could find alternative pathways of development that resulted in full participation and appreciation in society's broader activities.

In Vygotsky's society as well as our own, however, such supportive environments are difficult to construct and sustain, given the prevalent tendency to view any source of difference as being in deficit relative to the dominant culture's norms. In the absence

of an inclusive environment and accompanying culture and social practices designed to respect and cultivate people of difference, those who do not fit the diagnostic norm experience the secondary disability that consists of feelings of inferiority. 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).

Vygotsky (1993) argued against the ossification of perceived norms into a standard by which others may be deemed deviant. He noted that "Blindness is not a disease but the normal condition for a blind child; he senses his uniqueness only indirectly and secondarily as a result of his social experience" (p. 81). This observation situates his perspective on difference as a form of normality. He notes that people do not see themselves as different until treated by others as such (see Heuer, 2007, for a similar account of deafness). His example of the blind corresponds to current views among the unsighted that their lack of vision makes them unique and potentially more perceptive than those who can see, in defiant resistance to the idea that they are handicapped. Vygotsky's key insight is that *the people around the child of difference* often construct a potentially disabling environment of pity, rejection, scorn, and other negative means of reinforcement that lead to feelings of inferiority. He asserted that through the creation of future-oriented mediational settings, alternative pathways of development may be opened and cultivated so that a "defect" could be reconsidered as a stimulus for an alternative developmental pathway such that each person's strengths are cultivated and developed, the topic I take up in the next section. In particular, he argued, "education must cope not *so much with these biological factors as with their social consequences*" (p. 66; emphasis in original).

Vygotsky (1993) was fundamentally concerned with how people feel as a result of how they are treated. One term he emphasizes is translated as "self-esteem," which is not to be trivialized as living a simplified feel-good life. Rather, self-esteem in his view follows from being treated in a manner that validates one's life as full and capable of contributing to society through productive labor. Toward this end he argued that "The immediate consequence of the defect is to diminish the child's social standing; the defect manifests itself as a social aberration.... The handicap, then, evokes its compensation not directly but indirectly, through the feelings of inferiority which it generates.... [A]n inferiority complex is a psychological evaluation of one's own social position" (p. 35). This insight relates his attention to defectology to his broader interest in 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). As with his general theory of human development, any conception that separated the intellect from the whole of organic functioning is impoverished and misguided: "thought and affect are parts of the same, single whole, and that whole is human consciousness" (p. 236), he concluded.

This attention to the role of affect in overall human development manifests his attention to *perezhivanie* (Vygotsky, 1994), or what my colleagues and I have called *meta-experience*: the manner in which experience is experienced so as to frame new experiences. Children of difference who are treated as defective bring this experience to new experiences in ways characterized by feelings of inferiority and deviant social orientation. These feelings in turn frame new experiences, reinforcing the belief that one is inadequate, deficient, and disordered. Addressing these feelings by treating the evolutionarily different as part of the whole of society's fabric, Vygotsky believed, is critical to enabling one to develop the higher mental functions characteristic of general cultural ways of engaging with the world. Vygotsky (1993) emphasized that "the changing relationship between affect and intellect is the very essence of the entire psychological development of a child" (p. 239), a point that helps link his work in defectology to his larger career project.

I can attest to feelings of shame, embarrassment, and diminishment the first time I saw an official document following from one of my daughter's hospitalizations on which she was diagnosed as "mentally ill," a verdict that predated her evaluation as being on the autism spectrum, which is not regarded as a mental illness by health professionals. At the time, I associated this condition with mass murderers like Jeffrey Dahmer and John Wayne Gacy, people who were "sick" not in terms of health but in terms of their deviance from any standard of decency and fruitful engagement with the world. Just as, in my youth, I had appropriated negative associations with many types of people – from Poles to "queers" to females and on and on – I had appropriated the prevalent cultural view of mental illness as deviant, of people claiming depression as weak, of those taking medications as avoiding dealing with their problems, and other perspectives I have since rejected, as I have rejected other discriminatory viewpoints that I developed astonishingly early in life. Undoubtedly, I was both a product of my environment and in turn a participant in the degradation of the lives of those different from me. My daughter's identification of being mentally ill was among my first recognitions that either they needed to change the diagnosis, or I needed to change the way I thought in order to change the way other people felt about who they are.

Although this realization was revolutionary to me, it has been the topic of considerable discussion among those interested in inclusive attitudes toward those whose makeup stands outside the diagnostic norm (James, 2005; Kluth, 2010; Ortiz, 2008; Thomas & Campbell, 2008). Given the world of discrimination of all types that characterizes human society, I foresee no widespread public revolution to match my own new understanding of how the social environment produces secondary disabilities, a topic that Vygotsky (2003) wrote about nine decades ago with limited penetration into the public mind. At the same time, helping educators to understand the phenomenon of the secondary disability for neuroatypicals is conceivably an important starting place, given that schools provide the nexus for society's values and are often at the forefront of confronting bullying, discrimination, and other forms of ill-treatment toward those from outside the dominant culture and orientation to the world.

4.2. Inadequacy as a stimulus for generative action

Vygotsky's attention to the secondary disability is among his most important contributions to the field of defectology. And yet he also found that one's response to feelings of inadequacy may produce generative action to circumvent the source of the

feelings – the "defect" – through adaptation. This transformation requires a focused volitional effort that is socially reinforced, rather than viewed socially as pitiful and defective, as a fruitful avenue for promoting a healthy developmental pathway. Vygotsky (1993) viewed compensatory development to be an instance of a generative response to difference:

> *always and in all circumstances*, development, complicated by a defect, represents a creative (physical and psychological) process. It represents the creation and re-creation of a child's personality based on the restructuring of all the adaptive functions and on the formation of new processes… generated by the handicap, and creating new, roundabout paths for development.... This uniquely individual reaction to a defect represents 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)

To Vygotsky, goals motivate tool-mediated human action. The presence of an extranormative facet of biological makeup, he argued, "is not only the main condition for the *attainment of a goal* but also the indispensable condition for the very *emergence and existence of the goal*" (p. 158; emphasis in original). Elsewhere in his writing, Vygotsky (2004) asserts that those who are perfectly adapted to their environments have nothing to strive for, an observation consistent with Tulviste's (1991) premise that human cognition develops in relation to the problems posed by environments. The intellect develops through the process of adaption to circumstances, such that "thinking means overcoming difficulties" (Vygotsky, 1993, p. 194).

In order for one to engage productively with obstacles so that compensatory processes take on this generative function, Vygotsky (1993) argued that a departure from the evolutionary norm needs to be reconsidered for its potential to motivate a productive adaptive response. A biological difference, he maintained,

> serves as a stimulus for the development of roundabout paths of adjustment, of substitute functions which build a superstructure and which strive to compensate for the deficit and bring the entire system of the disturbed equilibrium into a new order.... 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. (p. 169)

A feeling of inadequacy can thus have a beneficial effect when learners are treated as productive people adapting to their environments. In this sense, Vygotsky combined the two seemingly oppositional responses to difference – as debilitated by social response and as potentially generative – by asserting the importance of constructing positive, future-oriented environments that support the possibilities required for successful adaptations, thus eliminating the stigmatic context that produces secondary disabilities. Society's role is thus to provide "special cultural tools suitable to the psychological make-up of such a child, or of mastering common cultural forms with the help of special pedagogical methods, *because the most important and decisive condition of cultural development – precisely the ability to use psychological tools – is preserved in such children*" (p. 47; emphasis in original).

Applying this perspective to questions of mental health requires a recognition that an obstacle exists and that a roundabout means of mediation is both available and appropriate. As Vygotsky (1993) notes of the blind, blindness is their normal condition, and only by being informed that other people can see – a concept that no doubt is difficult to grasp for those who are unsighted from birth – do they come to the understanding that sightedness is the norm for the bulk of the population. Vygotsky was critical of the notion that the solution to blindness is to try to amplify vision.[4] Rather, he argued that alternative means of mediation should become available, not to enable sight, but to enable full participation in society's activities and purpose, as did Helen Keller, an older contemporary of Vygotsky's whom he used to illustrate these possibilities. Heightening other means of perception, providing cultural tools such as walking sticks and guide dogs, learning to read texts in Braille, and other means of engaging with the world illustrate the sort of roundabout mediational means that might enable one to participate productively in society and thus feel like a valued contributor to the greater good.

This feeling of acceptance and appreciation helps to ward off what Vygotsky (1993) described as moral insanity, the lashing out at others for producing feelings of inferiority and rejection. The infamous shooters in the Columbine, Colorado school massacre illustrate tragically what extreme moral insanity looks like. To social conservatives, their outburst illustrated the failures of liberal influences on education. Sommers (2002) described the tragedy as the sole responsibility of "two badly socialized boys" (p. 35) whose actions were traceable to "the views of the progressive-education theorists who advocated abandoning the traditional mission of indoctrinating children in the 'old morality' and persuaded the American educational establishment to adopt instead the romantic moral pedagogy of Rousseau" (p. 35). Sommers maintained that these two bad boys, and not the many students who taunted and ostracized them on a daily basis or the nihilistic culture in which they immersed themselves, contributed to the problems at Columbine. *Time* magazine's coverage of the incident reported the remarks of social insider and football player Evan Todd in the wake of the shooting:

> Columbine is a clean, good place, except for those rejects. Sure we teased them. But what do you expect with kids who come to school with weird hairdos and horns on their hats? It's not just jocks; the whole school's disgusted with them. They're a bunch of homos.... If you want to get rid of someone, usually you tease 'em. So the whole school would call them homos. (1999, pp. 50–51; cited in Kimmel et al., n.d.)

[4] As someone who has worn eyeglasses since age 7, I do appreciate the technologies that amplify weak vision. Vygotsky, however, is talking about the absence of vision rather than a correctable weakness in vision.

The two boys who were treated in this manner exhibited moral insanity in their actions, which were stoked by emotion when they elected not to take their medications in order to increase their rage and cultivate the feelings of inferiority that led to their alienation and belief that they needed to strike back at their antagonists, innocent bystanders be damned.

My point here is not to excuse the shooters' actions, but to try to account for the role of the environment in creating the need they perceived for their violent, deadly response. From a Vygotskian perspective, a school should provide an environment of acceptance such that, rather than lashing out at oppressors, people of difference are enabled ways of participating in the broader cultural purpose of institutions through alternative means. Part of this effort includes educating people about mental health variation so that difference is not treated as deficit, threat, or object of derision. Such a program of understanding is no doubt difficult to establish, given that many adults belittle those who are different from themselves and thus would have a hard time encouraging inclusive attitudes in others, particularly youth going through waves of insecurities of their own. No doubt the goal of constructing inclusive school and societal settings reflects the sort of Romanticism derided by Sommers (2002) in her dismissal of the role of the environment as a factor in the Columbine massacre. At the same time, creating empathic settings that provide alternative means of participation in social activity seems a worthwhile goal, no matter how unattainable in full it might be in the turmoil of reality, to accommodate differences of any sort, including extranormative mental health makeup.

5. Integrating people of difference in with the broader cultural stream

Vygotsky's (1993) belief in the importance of inclusion of the developmentally different is evident in his view that society's goal ought to be to promote its culture's higher mental functions in all citizens, regardless of how that development is mediated. Vygotsky did not focus his attention on the source of difference itself, given that in his era, such conditions as the absence of sight could not be improved. Rather, he took the position that the goal of all human development is the fostering of higher mental processes. Vygotsky's (1987a) outline of higher mental functions – culturally-specific ways of thinking that form the basis of social life – informed his view of educating children of difference. "The greatest possibilities for the development of the abnormal child," he wrote, "most likely lie in the higher, rather than the lower, functions" (p. 198); i.e., in the frameworks for thinking appropriated through cultural practice, those available through life in the collective, rather than those provided biologically.

Vygotsky's (1993) vision for the education of extranormal learners was geared toward the ultimate developmental goal of allowing the accrual of social status. Life's basic goal, he presumed, is to become socialized. With respect to the child of difference, he argued that

> The child absorbs social forms of behavior, which he begins to apply to himself just as others earlier applied this method to him or as he himself applied them to other people.... [C]ollective forms of cooperative work precede individual forms of behavior, grow out of their foundation, and act as the direct roots and sources of their appearance. (p. 196)

Vygotsky's (1993) approach was multi-faceted. For the learner, collaborative action in everyday social activity helps to foster alternative pathways toward conventional ends. Just as important, however, are the beliefs and actions of the collaborator, who must cease to view the evolutionarily different child as deficient: "the task is not so much the education of blind children as it is the reeducation of the sighted. The latter must change their attitude toward blindness and toward the blind. The reeducation of the sighted poses a social pedagogical task of enormous importance" (p. 86). He emphasized the normativity of the source of difference to the individual affected: "The fundamental idea," he maintained, "is to overcome the very notion of a handicap" (p. 93). One cannot implant seeing eyes in a blind child. But one can construct a setting in which feelings of inadequacy that follow from the absence of sight are elided by treating the child's condition as a sort of normality. What matters is that, by some means, the child develops higher mental functions, with or without the benefit of sight.

This perspective assumes that a society does indeed have a unified sense of purpose and ideology that is truly liberating for all citizens. During the formation of the Soviet Union, the belief that the new society should proceed according to a common motive – the overriding purpose toward which cultural practice ought to be directed (Wertsch, 1985) – served to guide policy and governance. This view was evident in Luria's (1976) study of the impact of broad societal change on the thinking of residents of remote villages and mountain pasturelands of Uzbekistan and Kirghizia in the 1930's, in which he concluded that these people "had lived for centuries in economic stagnation and illiteracy, their development hindered among other things by the religion of Islam. Only the radical restructuring of the economy, the rapid elimination of illiteracy, and the removal of the Moslem influence could achieve, over and above an expansion in world view, a genuine revolution in cognitive activity" (p. *vi*) to incorporate them more seamlessly into Soviet society.

This emphasis on cultural assimilation can be questionable for pluralistic societies such as the U.S. in which efforts to impose a single form of culture on all, as advocated by conservative scholars (e.g., Hirsch, 1987) and politicians (e.g., Palin, 2010), have been criticized for their nativist orientation and xenophobia. In Europe it has recently produced violent acts of outrage against multicultural trends in such unlikely places as Oslo, where Anders Behring Breivik (2011) brought attention to his monocultural, anti-Muslim manifesto by slaughtering nearly 100 people he considered to be associated with the Labour Party that he believed was compromising Norway's ethnic purity.

In hindsight, Vygotsky's (1993) own examples are somewhat alarming, such as his belief that the Young Patriot and Young Communist youth movements should include people of biological difference so that they too could be swept up in the social currents provided by the new, proletariat-oriented Soviet Union. This society eventually turned to repression to maintain its ideological purity, including the suppression of Vygotsky's own writing. One has to overlook the perils of promoting monoculturalism

and the potential for discrimination against outsiders and people of difference in order to find merit in Vygotsky's more appealing argument that biological differences should not exclude people from participating in society to the fullest extent possible. A more temperate view of inclusion – one that allows for diverse motives within single societies – is necessary for both democratic nations and visions of humane understanding of difference. That is the perspective that I believe is available from Vygotsky if one disregards his enthusiasm in the 1920s for the nascent Soviet Union's potential for overturning tsarist repression and providing common people with productive and happy lives, an optimism that was betrayed by subsequent events.

With this important reservation established, one can extract from Vygotsky's (1993) formulation an inclusive view toward those of biological difference, both in terms of the issues with which he was concerned and the mental health issues to which I attempt to extrapolate his ideas. Vygotsky continually emphasized the importance of fitting in societally, of being included and accepted, in the midst of critical biological and developmental difference. These tenets include the postulation that there are two simultaneous lines of development, one biological and one cultural. The biological line, which provides the focus for much attention to developmental differences, concerns the physical, cognitive, and neurological makeup provided by the gene pool; one may be born disposed to be tall or short, sighted or unsighted, and no degree of intervention can change those givens. Because these conditions cannot be developed, they were of less interest to Vygotsky than the cultural line of development, which recent studies have demonstrated begins at birth (Cole, 1996) through adult projections of a social future and actions and practices that promote that outcome, for good or ill.

Vygotsky's future-oriented psychology viewed individuals as part of collective life that develops its means of engagement with the world through historical practice and is directed toward teleological ends. Its focus on the future therefore relies on means of cultural engagement that will continue to propel it toward a satisfying future according to a collectivist framework for concurrent personal and social growth. His belief in a future that follows from established cultural pathways, and that is grounded in meta-experiences that in turn frame new experiences, suggests the roles of two related factors in human development: telos, a sense of optimal outcome for individuals and their societies (Wertsch, 2000); and prolepsis, the subtle means by which people's social futures are shaped by the assumptions and actions of those who surround them (Cole, 1996). These factors are critical in considering human trajectories and how people with extranormal makeups embark on life pathways that are conditioned socially and culturally. These pathways are marked and encouraged by cultural tools and signs that provide the overall flow of societal direction and purpose: “it is not the tools or signs, in and of themselves, which are important for thought development,” observe Knox and Stevens (1993), “but the *meaning* encoded in them” (p. 15; emphasis in original).

With respect to the diagnostic norm of mental health, Vygotsky's (1993) views have salience, at least in modified form, given that my frame of reference is the U.S., which is democratic by design in spite of claims that it has a distinctive identity that must be preserved, as argued by social conservatives (e. g., Bloom, 1987). Given the global possibilities afforded by new technologies, multiple cultural channels are now available for participation in society, whether those of one's own nation or those provided by others. Among my daughter's primary means of mediation and communities of acceptance was the anime culture that originated in Japan before growing into a worldwide phenomenon. Through this community of practice, she was able to participate as an artist, translator, scanlator,[5] editor, discussant, author, conventioneer, and other roles that provided her with the sort of social status often lacking in mainstream society for people of difference. If anything, the traits that made her appear odd in her immediate, corporeal adolescent world were viewed as enviable assets in this community.

Not everyone who departs from the diagnostic norm is able to gravitate so happily into a community of practice. Researchers have found a relation between depression and suicide for some time now (e.g., Vandivort & Locke, 1979). Vygotsky's emphasis on biological difference did not attend to the neurological aspects of one's makeup that can contribute to such profound feelings of depression that life is no longer worth living. His ideas thus require modification if they are to be of service in considerations of mental health issues.

6. Discussion

In this essay I have provided a prolegomenon to a consideration of Vygotsky's (1993) work in defectology and its potential to inform 21st century treatment of mental health issues. I find his work compelling, if in some areas off the mark, in informing such discussions. First, his work questions norms, an undertaking I have assumed (Smagorinsky, 2011a) in my autoethnographic exploration of mental health challenges. What is normative is a local question; and just as Vygotsky argued that every individual has his or her own insanity, I would assert that every individual has his or her own normality. Treating difference as deficit seems untenable in society and education in this era, and yet the stigmas associated with “mental illness” remain. I hope that this paper helps to contradict the prevalent view, one I held not so long ago, that extranormative mental health profiles necessarily represent disorders.

What transforms a disorder into a different sort of order is the way in which personality is socially constructed by others, and consequently by the self. Accepting difference as a different sort of norm helps to construct inclusive environments that, rather than casting some as inferior and objects of pity and scorn, views those who are diagnosed as different as assets whose

[5] Scanlation (also scanslation) is the unauthorized scanning, translation, editing and distribution of comics from a foreign language into the language of the distributors. The term is most often used for Japanese (manga), but also for Korean (manhwa) and Chinese (manhua) graphic narratives. Scanlations are generally distributed for free via the Internet, either by direct download, BitTorrent or IRC. The word scanlation is a portmanteau of *scan* and trans*lation*. (adapted from http://en.wikipedia.org/wiki/Scanlation)

perspective can enrich established ways of ordering society. Moderating extreme facets of personality through medication and therapy can assist in this process, without the shame often associated with participating in treatment efforts.

Finally, enabling full participation in communities of practice, while not an elixir, offers normative channels within society's constructive practices to allow for appreciation as a contributing member of society and the status that such a role affords. Not all such channels provide constructive opportunities; I would surmise, for instance, that people who participate in the Nazi subculture may well be neuroatypical and find status within this movement, which I do not regard as consistent with the development of a healthy society. I do not claim that enabling channels of participation is unproblematic or guaranteed to help form healthy personalities. I do believe, however, that taking this perspective as a general approach to considering extranormal mental health makeups reduces the likelihood of dysphoria such as the secondary disability described by Vygotsky (1993) and promotes the possibility of developing healthier people and societies.

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