

'Us' and 'them': the limits and possibilities of a 'politics of neurodiversity' in neoliberal times

Katherine Runswick-Cole, The Research Institute for Health and Social Change, Manchester Metropolitan University, Manchester, UK

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Abstract

The neurodiversity movement claims that: there are neurological differences in the human population, and that autism is a natural variation among humans, not a disease or a disorder, just 'a difference' (Jaarsma and Welin, 2012). A 'politics of neurodiversity' (Singer, 1999) is based on the claim that the 'neurodiverse' population constitutes a political grouping comparable to those of class, gender, sexuality or race (Jaarsma and Welin, 2012). This paper considers the limits and possibilities of neurodiverse political activism, and concludes by calling for a politics of identity that does not depend on a politics of 'us' and 'them' (Ruffolo, 2009).

Introduction

In this paper, my aim is to set out the limits and possibilities of a 'politics of neurodiversity' in a neoliberal social policy context. I will argue that while the neurodiversity movement has sought to shape neoliberal social policy by arguing for recognition and acceptance of autism-as-difference, its achievements have been and, perhaps, can only be limited. I will argue that this is because social movements, like the neurodiversity movement, that rely on identity politics, will inevitably fail to trouble the 'us' and 'them' upon which neoliberal societies are premised and through which such societies both subordinate and commodify difference. The paper ends with a call to move

away from a reliance on identity politics towards a politics of identity which steps away from essentialist claims (Ruffolo, 2009).

Neurodiversity and neoliberalism

I begin by clarifying two contested terms: neurodiversity and neoliberalism. Briefly, the neurodiversity movement is a new social movement that makes two claims:

1. there are neurological (brain wiring) differences in the human population of which autism is one.
2. autism is a natural variation among humans (not a disease or a disorder) just 'a difference' (Jaarsma and Welin, 2012).

Judy Singer a sociologist, who identifies with the label of Asperger Syndrome, (which is described as a form of autism) is widely credited with introducing the phrase 'neurodiversity' in the article 'Why can't you be normal for once in your life?' (Singer, 1999). She argued for a 'politics of neurodiversity' in which she sees the 'neurodiverse' population as constituting a political grouping comparable to other identity groups, such as those based on class, gender, sexuality or race (Jaarsma and Welin, 2012).

Neoliberalism, on the other hand, is the term commonly used to refer to monetary and trade policies that are associated with a "free market economy" (Richardson, 2005). Neoliberalism has dominated Western politics and global markets since the early 1980s and is focused on social policies concerned with personal, sexual and domestic life, including welfare reform, and education (Richardson, 2005). Neoliberalism underpins a policy agenda

committed to pulling back the role of the state with an emphasis on individual freedom and rights; neoliberalism is opposed to what it sees as excessive intervention by the state in citizens' and families' lives (Goodley, 2011). As a result, neoliberalism is committed to the transfer of public services and functions, such as health, education and social care, to the private sector (Richardson, 2005). The role of government in a neoliberal policy context is to encourage self-governing individuals to be responsible citizens compliant with the needs of the state (Richardson, 2005). Neoliberalism is sustained by identifying the responsible compliant citizens - 'us' - and those who fail to live up to the neoliberal ideal type - 'them'. To begin to explore the relationship between neoliberalism and neurodiversity, I begin by locating the neurodiversity movement in a neoliberal context.

'Autism-as-disorder' – a bio-genetic approach

In order to understand where the neurodiversity movement has come from, it is useful to tell a, perhaps, more familiar story which I describe here as the 'autism-as-disorder' narrative; this is the view that if you have autism, there is 'something wrong' with you. Autism has long been the object of study as a 'disorder'. In 1943, the psychologist, Leo Kanner, described autism as a childhood disorder characterised as 'autistic aloneness,' an obsession with routine and profound difficulties with communication (Jaarsma and Welin, 2012). In 1981, Lorna Wing, a psychologist and mother of a child with autism, identified these difficulties as the 'triad of impairments': difficulty with social communication, social interaction and social imagination (Wing, 1981). Jaarsma and Welin (2012) state that about seventy-five percent of those

diagnosed with autism also have 'intellectual disabilities' and that sensory difficulties connected to sound and hearing, sight and seeing, touch and taste are also common for people with the 'disorder'.

In 1944, Hans Asperger first described Asperger's Syndrome (AS) as a form of autism. Asperger's Syndrome (AS) differs from Kanner's, or 'classic', autism in that those diagnosed with AS are judged to have at least average intelligence (an IQ of above 70) with no significant language delay (Attwood 2000, 2007). Autism is currently understood as 'a spectrum disorder' (NAS, 2008:np). This approach was developed in the early 1990s by Wing, who positioned Kanner's syndrome at the more 'severe' end of the spectrum and Asperger's at the 'milder' end. The incidence of autism is currently estimated at 1 in 150 children in England (Baker, 2011).

Diagnostic criteria for the identification of autism are based on behavioural assessments carried out by "suitably qualified professionals" as follows:

1. a family history is taken, sometimes a semi-structured interview such as the Autism Diagnostic Interview (ADI-R) or the Diagnostic Interview for Social and Communication Disorders (DISCO) is used,
2. focused observations are made by 'suitably qualified' professionals sometimes using the Autism Diagnostic Observation Schedule (ADOS)
3. cognitive assessments and communication assessments are made

(National Autistic Society, 2012)

There is no clear biomedical cause for autism; it is generally claimed that while there is no single biogenetic cause for autism, autism is the outcome of an unexplained interaction between genetics and environmental factors.

There are, however, many biogenetic theories as to the causes of autism that share the view that there is something 'wrong', at the corporeal level, with the person with autism. Explanatory theories include: Baron-Cohen's (2004) conceptualisation of 'theory of mind', Frith's (1983) discussion of 'weak central coherence' and Baron-Cohen's (2002) notion of the 'extreme male brain'.

Evidence for a genetic etiology of autism is supported by the claim that the increased risk of having a second child with autism is estimated as 20-50 times higher than average (Baker, 2011). There has been a global rise in the numbers of children labeled with autism over the last twenty years, and numerous explanations have been given for the rise ranging from mercury in vaccines (Wakefield et al., 1998) to diagnostic trendiness (Baker, 2006).

Wakefield's research was particularly controversial and resulted in a low take up by families of the Measles Mumps and Rubella (MMR) vaccine which has led to a sharp rise in the number of cases of measles in the United Kingdom (BBC Reporter, 2013); the research has since been discredited (Harris, 2013).

In contrast to these biomedical accounts of autism, Timimi et al. (2010) have suggested that the rise in the number of people labeled with autism is linked to the demands of the neoliberal market system. They suggest that the requirement to sell goods and products in the market place includes having to sell your 'self' (p. 242). Those who are unable to do this well are then seen as

a 'problem' for (medical) experts who the state appoints to help turn the person into a productive citizen (Timimi, 2010).

These understandings of autism based on a deficit, biomedical model have increasingly been challenged and rejected by people labeled with autism themselves.

'Autism-as-difference' – a neurodiverse approach

The neurodiversity movement offers a counter narrative to the 'autism-as-disorder' model outlined above. Neurodiversity is defined as a bio-political category concerned with promoting the rights of, and preventing discrimination against, people who are neurologically different from the 'neurotypical' (or the non-autistic) population. Neurodiversity is premised on a brain-centred approach to human personhood (Ortega, 2009). Such an approach suggests that beliefs, desires, and emotions can all be explained in cerebral, or neuro-chemical terms, and any associated social or cultural effects are also attributed to brain difference (Ortega, 2009).

The term 'neurodiverse' has been claimed by people labeled with autism, but it has also been used by those with other 'neurological differences', including: attention deficit-hyperactivity disorder, bipolar disorder, developmental dyspraxia, dyslexia, epilepsy, and Tourette's syndrome (Baker, 2011). The practice of including 'autistics and their cousins' (Ortega, 2009) in the neurodiverse community has been resisted by some who argue for limiting neurodiversity only to those individuals labeled with autism. However, it has been argued that:

Limiting neurodiversity only to those with autism and related differences, however, resembles limiting ethnic diversity to discourse about individuals of African American descent. (Baker 2011:22)

In stark contrast to the 'autism-as-disorder' narrative above, proponents of the neurodiversity movement make the claim that autism is not a disorder to be cured, rather it is a human specificity or difference, that involves different ways of socializing, communicating and sensing and that these differences must be respected (Jaarsma and Wellin, 2012). Neurodiversity represents a shift away from psychoanalytic narratives of autistic disorder towards neurobiological and genetic accounts of difference (Ortega, 2009). Autistic self-advocates often draw on neuro-scientific language and metaphors to describe themselves (Ortega, 2009). However, they claim that, from a moral and political standpoint, differences in brain structure and neurological functioning have no more significance than differences in, say, race, gender or sexuality (Jaarsma and Wellin, 2012). Indeed, they make a further claim that high functioning autism is not just part of the natural variation but it is also a *valuable* part of diversity and that neurodiverse people can contribute to the neoliberal market economy. As Temple Grandin, a well known autistic advocate and inventor of the chute which revolutionised the cattle industry in the United States, explains:

In some ways, I credit my autism for enabling me to understand cattle. After all, if I hadn't used the squeeze chute on myself, I might not have wondered how it affected cattle. I have been lucky, because my understanding of animals and visual thinking led me to a satisfying career in which my autistic traits don't impede my progress." (11:111

cited in Jaarsma and Wellin, 2012:5)

The neurodiversity movement, thus, goes beyond simply claiming rights and anti-discriminatory practices for neurodiverse people but argues for *recognition* and *acceptance* of (valuable) difference. In so doing, autistic self-advocates reject research that focuses on cure for autism considering such research to be oppressive and responsible for diverting much needed resources from the lives of neurodiverse individuals (Kapp, 2012). Orsini and Smith (2010) mark the distinction between ‘*autism activism*’ which is focused on therapy and cure and ‘*autistic activism*’ that focuses on the rights and recognition of autistic people – a distinction I will continue to use throughout this paper.

The neurodiversity movement has drawn parallels between itself and other minoritized political groups. For example, the neurodiversity movement has pointed to the fact that until 1973 the American Psychiatric Association (APA) viewed homosexuality as a disorder. In 1973, the APA decided that the ‘problems’ homosexuals faced were the outcome of social conditions rather than an inherent feature of a ‘disorder’. The neurodiversity movement has claimed that, similarly, many ‘autists’ have psychiatric and psychological problems due to the “autism-phobic” character of present society (Jaarsma and Wellin, 2012). The phrases ‘autist’, ‘Aspie’ and ‘autistic’ are, therefore, preferred to the term ‘people with autism’, as autism is regarded as an inseparable aspect of the individual’s identity (Ortega, 2009).

Members of the neurodiverse community have also drawn on ideas from the wider disabled people’s movement to support their advocacy. They use the

social model of disability (Oliver, 1990) to distinguish between the biological nature of the condition (autism) and the social oppression (disability) rooted in the inaccessibility of social, economic and political arrangements for neurodiverse people (Baker, 2011). However, in contrast to first wave proponents of the social model of disability (Oliver, 1990), who have had little to say about biology beyond the argument that disability is a form of social oppression imposed upon people with impairments, neurodiverse activism affirms individual, biological difference.

The neurodiversity movement has also campaigned for acceptance of difference by hijacking what could be described as the language or the tools of the oppressor. For example, the Institute for the Study of the Neurotypical uses satire to describe non-autistic people as suffering from 'Neurotypical Syndrome (NT). NT is described as 'a neurobiological disorder characterised by preoccupation with social concerns, delusions of superiority, and obsession with conformity' (ISNT, 1998: np) .

A further aim of the neurodiversity movement is to provide spaces in which autistic people can feel pride in their autistic identity and gain support and advocacy from within their community (Kapp, 2012). In 1992, Jim Sinclair and Donna Williams founded the Autism Network International and, in 1996, the first autistic retreat, 'Autreat', which provides an 'autism-friendly environment (ie: no pressure to interact, no sensory overload, no crowded environments) took place in the United States.

Dawn Prince-Hughes, who identifies as being an Asperger Syndrome autobiographical writer, has also claimed the existence of an autistic culture:

[m]uch like the Deaf community, we autists are building an emergent culture. We individuals, with our cultures of one, are building a culture of many” (cited in Jaarsma and Wellin, 2012: 8).

Autistic culture, it is claimed, is a ‘minoritized’ culture comparable to Queer, Black or Deaf cultures. Much of what is seen as autistic cultural activity is carried out online. It is here that autists describe themselves as free from ‘neurotypical’ constraints such as the need to interpret body language or to engage in eye contact (Jaarsma and Wellin, 2012).

The promotion of autistic pride has sometimes been supported by the practice of retrospective and celebrity diagnosis where prominent, successful, historical, fictional and contemporary figures have been identified as autistic. Frith (2003) proposes that the fictional character Sherlock Holmes may have had a form of autism. Fitzgerald (2004) suggests that George Orwell, Isaac Newton, Albert Einstein and Andy Warhol were autistic. The neurodiverse community advocates for a recognition and acceptance of neurodiverse culture.

In celebrating autistic culture and identity, the neurodiversity movement has been criticised for being anti-cure. It is true that the movement opposes interventions that seek to eliminate behaviours such as avoiding eye contact or repetitive body movements (often termed ‘stimming’ or ‘flapping’ in the autism and autistic community). The neurodiversity movement also opposes any development of pre-natal screening for autism (Ortega, 2009).

Neurodiverse advocates have also been very critical of interventions that focus on normalisation, such as Applied Behavioural Analysis (ABA), which are viewed as harmful and oppressive practices (Kapp, 2012). However, neurodiverse communities do not oppose all forms of intervention and are happy to promote well-being and *adaptive* functioning rather than '*neurotypical*' functioning – an example might be supporting an 'autistic person' to develop a reliable communication system that does not necessarily rely on speech (Kapp, 2012).

The value put on intervention and cure is often seen as a source of conflict between parents/carers of children with autism and the Neurodiversity movement. Parents of children with autism who have allied themselves with campaigns for therapy and cure are seen as threatening to the Neurodiversity movement. However, some parents have embraced neurodiverse understandings to become allies to the movement (Kapp, 2012). One such example is *The Autism Acceptance Project* (<http://autismacceptanceproject.com/>) was founded by a mother (Ortega, 2009). However, it is often argued that only parents who have children described as having 'high functioning autism' support the neurodiversity movement, whereas those parents whose children are 'low functioning' support searches for rehabilitation and cure (Ortega, 2009).

Through their advocacy, both autism movements and autistic movements seek to influence neoliberal social policy.

The opportunities for activism for 'autism advocacy' and 'autistic advocacy' in a neoliberal social policy context

'Autism advocates' and 'autistic advocates' seek to influence neoliberal social policy in different ways. Autism advocates lobby for understanding and awareness of people on the autism spectrum based on an understanding of autism as autism-as-disorder, whereas autistic advocates argue for an understanding of autism based on autism-as-difference and demand recognition of their culture. Autism advocates have often used the language of autism to positive effect in order to generate a short hand for the identification and explication of the 'disorder' which has served as a passport to resources in education, health and social care (XXXXXXXX, 2012). Science is highly valued in the neoliberal West and so activism based on the scientific 'truth' of 'autism-as-disorder' is powerful. 'Evidence-based' policy, in neoliberal contexts, privileges biomedical knowledge and this, in turn, has been used to highlight the needs of people with autism in social policy. In England, for example, local education providers have created toolkits and guidance for 'autism friendly schools' to meet the needs of students with autism (eg: Derbyshire County Council, 2010). It is also common for the education authorities in England to provide schools with 'Autism Outreach' teams that are made up of 'specialist' teachers who advise mainstream schools on meeting the needs of children with autism. Mainstream organisations, such as the National Autistic Society in the United Kingdom, put forward the biomedical view to advance the argument that people with autism should be able to benefit from the redistributive policies characteristic

of neoliberal welfare state (Orsini and Smith, 2010). An example of the outcome of such advocacy is *The Autism Strategy* (Department of Health, 2010) that aims to help people with autism 'find work and live fulfilling lives' (Department of Health, 2010, np). It has been successful in raising awareness of autism, if not in making a significant impact on the employment rates of people labelled with autism.

Autistic advocacy differs from autism advocacy in significant ways but it too has demonstrated its potential in a neoliberal social policy context. As we have seen, neurodiverse communities demand that social policy both accept and recognise 'autism-as-difference', not disorder. A 'politics of neurodiversity' claims that the rights of the neurodiverse individuals must be met, as they would be for any other minority group (eg: race, ethnicity, class, gender, sexuality). This approach echoes calls from within the wider disabled people's movement for a celebration of disabled identity, sometimes characterised as the affirmation model of disability (Swain and French, 2000), However, in contrast to the neurodiversity movement, the affirmative model is based on a political, not biological, disabled identity category.

The notion of the 'cerebral subject' (Ortega, 2009), defined as a person with a 'differently wired brain', has contributed to new ways of bringing people together for political activism in the social policy sphere. Hughes (2009) characterises this activism as biological citizenship. Biological citizens see impairment, genetics and biomedical diagnosis as central to their identity (Hughes, 2009). Such biological citizenship has created supportive

communities for people, particularly for those who identify as neurodiverse. At the same time, by positioning autism as a 'cerebral difference', it has been possible to avoid stigma or blame for actions and behaviours that are judged to differ from the norm (Ortega, 2009). Indeed, 'blaming the brain' has the possibility to free individuals (those who are labelled with autism and their parents and carers) from reproach (Ortega, 2009).

Indeed, it has been claimed that advocacy premised on biological citizenship may, in some ways, shape a new politics. Rose (2001:19) describes this as "the politics of life itself":

Individuals who identify themselves and their community through their biology challenge the vectors that lead from biological imperfections or abnormality to stigma or exclusion. They use their individual and collective lives, the evidence of their own existence and their vital humanity, as antagonistic forces to any attempt to re-assemble strategies of negative eugenics within a new exclusionary biopolitics.... As somatic individuals engage with vital politics, a new ethics of life itself is taking shape.

Neurodiverse advocacy has certainly created a community for people who describe themselves as neurologically different to come together and to affirm their identity. Neurodiversity offers a 'safe' space away from the universal 'ableist' (Campbell, 2009), or neurotypical, gaze and away from the demands of the neurotypical world. By embracing the 'cerebral subject' individuals and their parents/carers can escape the omnipresent spectre of blame and advocate for resources and support that promote wellbeing and adaptive

functioning (as opposed to neurotypical functioning). Neurodiverse communities demand that social policy makers respond imaginatively to their concerns in ways that recognize and celebrate autistic difference, and if we agree with Rose, autistic advocacy promises a new and vital form of politics.

Crucially in a neoliberal context, a 'politics of neurodiversity' constructs individuals with autism as valued citizens, who are capable and productive, as Temple Grandin's story illustrates above. At the same time, by embracing scientific knowledge and asserting the biogenetic origins of autism, neurodiverse advocates can benefit from the redistributive welfare policies characteristic of neoliberal welfare state. There are, then, clearly possibilities for both 'autism advocacy' and 'autistic advocacy' but what might the limits of such politics be?

The possible limitations for activism for 'autism advocacy' and 'autistic advocacy' in a neoliberal social policy

So far, we have seen the possibilities that a 'politics of neurodiversity might offer. However, I will argue that as well as the possibilities arising from using identity politics to advocate for equality in neoliberal times, there are also limitations. Autism advocacy has been successful in promoting awareness of autism and the provision of services for people with autism by advocating on the basis that people with autism are 'disordered'. However, autistic advocacy counters the 'disorder narrative' but this approach also has its limitations, and even possible dangers in neoliberal times. We saw that the gay rights movement has identified a distinct "homosexual body", at the

corporeal level, that is different from, but no lesser than, the heterosexual biological norm (Richardson, 2005). The neurodiversity movement has similarly claimed this corporeal difference; the cerebral subject with a differently wired brain is distinct from but no lesser than the 'neurotypical' body. Both the gay rights movement and the neurodiversity movement rely on an argument for equality based on 'rights' and 'recognition'; in other words the rights of gay and autistic people should be recognized because, although they are different at the corporeal level, these bodies are no less valuable than straight or neurotypical bodies. The difficulty with this claim for equal rights is that it depends on simultaneously claiming that the neurodiverse/neurotypical body are both the same and different (Richardson, 2005). There seems to be an inherent contradiction here.

Moreover, the question of 'sameness' and 'difference' is particularly fraught in neoliberal contexts, as neoliberalism is premised on distinguishing 'us' and 'them' – the neoliberal ideal type and the 'Others' (Ramilow, 2006). Ramilow explains that neoliberal politics is preoccupied with defining and maintaining the borderlands between 'us' and 'them'. In the UK, neoliberalism underpins the current obsession with sorting the 'benefit scroungers' from those in work, the 'strivers' (Mulheirn, 2013). 'Us', then, are the able, *engaged* citizens, or the ideal neoliberal type, who actively engage in and contribute to the neoliberal project. Occupying a liminal space are the *compliant* citizens who are judged to occupy a 'state of exception' (Stone, 1994: 4); they admit their "handicap, social stigma, dependence, isolation and economic disadvantage" (Stone 1994: 4) and, therefore, may benefit from the politics of redistribution

and welfare benefits. These engaged and compliant citizens are then pitted against those who fall outside of the categories of 'engaged' and 'compliant' – 'them'. 'They' are those who cannot or choose not to become 'active' or 'compliant citizens': they are the 'scoungers'.

By refusing the 'handicap' model of autism, and arguing for a 'difference' rather than a 'disorder' narrative, the neurodiversity movement muddies the question of whether people with autism can, in neoliberal terms, rightfully occupy a 'state of exception' and continue to receive the benefits this implies. In the UK, where the Work Capability Assessment, which is used to determine who is fit for work and who will receive disability/sickness benefits, draws on medical-deficit understandings of bodies and minds, and so an unintended consequence of the call for the recognition of 'autism-as-difference' may be to threaten people's entitlements to support.

The commodification of difference

A further limitation of a politics of neurodiversity is that it has little to offer in challenging the rise of the commodification of difference. In the context of neoliberalism, services, such as health, education and care, are characterised as commodities, not rights (Goodley, 2011). I have described elsewhere (XXXXXXXXX, 2012) the ways in which the academy has commodified autism. Autism is bought and sold in the market place of academia in courses, conferences, research centres and published research (XXXXXXXXX, 2012). In the UK, there are research centres focusing on autism including *Autism*

Centre for Education and Research (University of Birmingham); *Autism Research Centre* (University of Cambridge); *Wales Autism Research Centre* (University of Cardiff); *Autism Centre* (Sheffield Hallam University) and; *Autism Research Unit* (University of Sunderland). Autism is sold in research, there is a UK-based charity called *Research Autism*, which funds research into three priority areas: interventions, including biomedical interventions, autism and mental health, autism and challenging behaviour (www.researchautism.net). There are several autism-focused scholarly and practitioner journals based in the UK, including: *The International Journal of Research and Practice* (published in association with NAS) and *Good Autism Practice*. Outside the academy, the autism industry is also flourishing. There is a huge commercial autism industry that trades interventions and treatment programmes, such as Applied Behaviour Analysis, Relationship Development Interaction and the Son-Rise programme, for profit.

Given the links that have been made between the autistic advocacy and the gay rights movements outlined above, it is not, perhaps, surprising to discover that the rise of the commodification of autism is paralleled by a rapid expansion in the commodification of queer in the academy: courses are marketed and sold, research centres generate income through grants and publications. In this way, knowledge is both produced and commodified within the academy. Richardson (2005) describes a growth in the number of lesbian and gay studies courses, a rise in the number of lesbian and gay research centres as well as the establishment of specialist groups within professional associations, including: the Sexuality and Space Specialty Group within the American Association of Geographers, the Gay and/or Lesbian Study groups

within the American Sociological Association and the British Sociological Association; the organisation of inter/national conferences; and a rapidly expanding literature including new journals such as *GLQ: A Journal of Lesbian and Gay Studies* (Richardson, 2005). While Richardson suggests that queer studies has established 'market dominance' in the arts and humanities, it could be argued that autism studies has done the same in the social sciences. Autism has been subjected to, produced by and exchanged within neoliberal market systems. Autism itself is, then, perhaps the quintessential neoliberal subject (mentioned to me in conversation with XXXXXXXX 26th January, 2013).

The homogeneity of difference

Through the processes of commodification, autism and neurodiversity have been produced as products with a strong, well-recognized brand identity (XXXXXXXXXX, 2012). The neurodiverse brand has been created through neuroscientific metaphors and folk psychology to construct a 'real' difference between neurodiverse and neurotypical populations (Ortega, 2009). This reveals a further limitation for 'a politics of neurodiversity' because implicit in the construction of the neurodiverse and neurotypical population is the homogenization of both populations (Ortega, 2009). Writers from disability studies have criticised the social model of disability for homogenizing the experiences of disabled people and for failing to attend to differences between groups of people with different impairments (Davis, 1998), and yet, a 'politics of neurodiversity' depends on the binary of 'neurodiverse' and 'neurotypical'

populations. There is, then, a danger that a politics of neurodiversity will fail to pay attention to the other forms of marginalization that underpin exclusionary and oppressive practices, including hetero/sexism, racism, poverty and imperialism, as well as the intersections between them (Goodley, 2011).

Returning to 'Us' and 'them'

As we have seen, Ramilow (2006: 170) tells us that 'neoliberalism depends on the creation and maintenance of 'us' and 'them' and that the 'us' and 'them' is built on 'heteronormativity, compulsory able-bodiedness, and institutional racism.' Movements, like the Gay Rights movement and the neurodiversity movement, clearly trouble the dominance of the heterosexual, able-bodied subject as the ideal neoliberal type, however, these movements also depend on, rather than challenges, a construction of 'us' and 'them' - the binaries of 'gay/straight' and 'neurodiverse/neurotypical'.

When difference troubles neoliberal contexts, the response is to manage difference; a key mechanism for this management is what can be described as acts of 'in/tolerance'. First, as we saw, neoliberalism tolerates those who can mimic the neoliberal ideal type. People, like Temple Grandin, who contribute to the market economy can be incorporated into the category of 'us'. Secondly, we saw how those who are happy to occupy 'state of exception', and admit their 'handicap', are tolerated within neoliberal policy and are allowed to benefit from the politics of redistribution (Stone, 1994). However, those who are neither engaged, nor compliant, will not be tolerated and will be marked as 'them'. In this way, the neoliberal state is able to

categorise, subordinate and exclude (McRuer, 2006). Worse still, it is in this climate of 'diversity' that neoliberalism is profiting from its acts of tolerance (as we have seen through the commodification of autism and queer). As McRuer (2006:19) says, such subordination, and we might add commodification (XXXXXXX, 2012) seems to be 'as good as it gets' for some minoritised groups. The limits and possibilities of a 'politics of neurodiversity' reveal the limits of identity politics in the context of neoliberalism. Sadly, revealing the limits of identity politics is not, in itself, enough to subvert the status quo (McRuer, 2006). The question of how we can move beyond the limits of identity politics remains.

McGuire (2011: xiii) offers us one possibility; she has urged us to begin a conversation about opportunities to "advocate otherwise" for impaired people that do not fall back into medical, individual and/or pathological ways of understanding and do not reinforce medical divisions which result in impairment inequalities. It seems that one way forward is, then, to abandon the politics of 'us' and 'them' to imagine things otherwise (McRuer, 2006).

Imagining things otherwise

Imagining things otherwise is a difficult project. The dominance of neoliberal approaches in the global North seems to stifle both opportunities for imagination and resistance. Neoliberal contexts celebrate the individual, rational, able, ideal-type. This celebration of the individual diminishes and negates 'the lived experience of many disabled people who are interdependent on others' (Overboe, 1999: 23). We have seen that identity

politics depends on the rhetoric of individual rights, and that minoritised groups must demand equality of rights for themselves by claiming both 'difference' and 'sameness'. However, it is in the claim for both 'sameness' and 'difference' that the 'lived experience of disabled people' is denied (Overboe, 1999: 23)

Overboe (1999: 23) suggests that rather than campaigning for 'equality of rights based on identity politics, there is a need to campaign for an 'equality of condition that 'validates both a disabled embodiment and sensibility'. Overboe (1999: 22) demands a recognition of 'difference in itself' in the hope of eliminating the concepts of ableism and individualism that haunt the lives of disabled people. 'Difference in itself' means that disabled people no longer have to accept ab/normative benchmarks or to rely on resemblance for validation of lived experience (Overboe, 1999). This approach is echoed by Ruffolo (2009) who expresses his desire to move away from identity politics towards a politics of identity that steps away from essentialist claims. Indeed, he suggests that a productive politics 'is always moving forward by making and breaking new connections' rather than relying on fixed subject positions (Ruffolo, 2009: 305), this, I would suggest, means moving beyond the limitations of the fixed subject positions of 'neurodiverse' and 'neurotypical'.

Conclusion

In this paper, I have set out the 'autism-as-disorder' narrative that underpins autism advocacy and the 'autism-as-difference' narrative that supports autistic

advocacy in neoliberal policy contexts. I have suggested that both approaches have been successful in advocating for resources but that both approaches are limited in so far as they depend on the binary, 'us' and 'them', upon which neoliberal social policy is premised and fail to challenge the subordination and commodification of difference. It remains to be seen whether it is possible to abandon identity politics in order to pursue a productive politics that moves beyond essentialist binaries. However, a failure to do so will inevitably limit the lives of anyone who, in neoliberal times, is consigned to the category of 'them'.

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